

## Grant Application Form

### Applicant information

Name of entity: \_\_\_\_\_

Type of entity (e.g. CC, company, sole trader): \_\_\_\_\_

Registration number: \_\_\_\_\_

Please attach registration documents

	Registered Not for Profit Organisation (NPO)	Registered Public Benefit Organisation (PBO)
Registration number		
Proof to be attached		

Address: \_\_\_\_\_

\_\_\_\_\_

Contact person: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Focus area and strategy of the entity: Please attach

Other donors (past and current). Detail to include name of donor, amount of funds received, when the funds was received and for what the funds was received: Please attach

Most recent Annual Financial Statements Please attach

Three (3) year cash flow forecast of the entity Please attach

Grant needed for (Select appropriate box):	Enterprise Development	Socio-economic Development
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If funds required for **Enterprise Development**, please complete **section A**.

If funds required for **Socio-economic Development**, please complete **section B**.

### SECTION A – Enterprise Development

Amount of funding required: \_\_\_\_\_

What is funding required for and what is the impact on the community: Please attach

### SECTION B – Socio-economic Development

Amount of funding required: \_\_\_\_\_

Project name for which funds are being requested: \_\_\_\_\_

Project strategy: Please attach

Project target area/community: \_\_\_\_\_

Select relevant project target focus area:

Focus area:	Description of focus area:
Nutrition	Community-based nutrition initiatives that support vulnerable people including children in day care centres and primary schools, and elderly people
Education	Education relating to early childhood development, primary schools, secondary schools and tertiary education
Skills Development	Skills development via technical institutions and colleges
Life Skills	e.g. Drug education, counselling, career guidance
Healthcare	School-based initiatives focused on health (eye care, oral hygiene, hearing, etc) in partnership with companies. Provision, maintenance, and re-use of wheel chairs for physically impaired people.
Other (please describe)	

Estimated number of persons to benefit from project: \_\_\_\_\_

Select relevant target groups:

Race:	Black	White	Coloured	Asian	Other	All
Age group:	Under 18	19 - 35	36 - 60	60+	All	
Gender:	Male	Female	Other	All		

Three (3) year cash flow forecast of the entity Please attach

### Banking information

Bank		Proof to be attached (Copy of Letter from Bank / bank statement / cancelled cheque)
Branch Name		
Branch Code		
Account Name		
Account Number		
Account Type		

<b>Name</b>	<b>Signature</b>	<b>Date</b>
<i>This form is being signed by a person that is duly authorised to do so, and on signing the form, is declaring that the completed information is correct.</i>		