

APPLICATION FOR FINANCIAL ASSISTANCE PROVIDED TO EXTERNAL ORGANISATIONS

GENERAL CONDITIONS AND REQUIREMENTS

1. The closing date for applications is 31 March each year. Any grants made by the Council will be payable as from the month of following the resolution of Council to pay such funds.
2. Grants are made for one year only. Organisations that require further financial assistance should therefore apply afresh each year. Any amount to be awarded is at the discretion of Council.
3. Applications for financial assistance will be considered **ONLY** if made on the prescribed application form **AND ONLY** if such application is accompanied by the following applicable documents:-
 - (i) a copy of the Organisation's constitution (only new applications, unless amended since previous submission)
 - (ii) the latest audited financial statements (if latest year not reflected, statements for previous year should be submitted);
 - (iii) should the applicant be unable to provide financial statements as per (ii) above, a detailed **BUSINESS PLAN** must be submitted with respect to newly established organisations/groups/clubs only (less than 3 months old);
 - (iv) proof of registration as a Non-Profit Organisation (NPO);
 - (v) Tax Clearance /Tax Exemption Certificate (obtainable from SA Revenue Service (SARS) applicable to organisations applying for R15 000,00 or more;
 - (vi) the latest annual report;
 - (vii) a copy of the applicant's latest detailed bank statement; and
 - (viii) a copy of the latest municipal account.
4. No application will be considered unless its Constitution contains a dissolution clause to the effect that in the event of dissolution of the organisation, any assets remaining shall be handed over to an organisation or society with similar objectives.
5. All applicants who have previously obtained assistance must report on how it was utilised.
6. The completed application form, together with all the required documentation as per paragraph 3 above, must be forwarded to:-

The Executive Director: Corporate Services
P O Box 116
PORT ELIZABETH
6000
Attention: Ms V Heera

OR

11TH Floor, Lillian Diedericks Building
Govan Mbeki Ave, PORT ELIZABETH

7. Queries: Tel: 041-506 3229 Fax: 041-506 3383 E-mail: finassist@mandelametro.gov.za

ALL DECISIONS OF THE COUNCIL ARE FINAL AND NO FURTHER CORRESPONDENCE IN RESPECT OF THE OUTCOME OF AN APPLICATION WILL BE ENTERED INTO.

INSTRUCTIONS FOR THE COMPLETION OF THE APPLICATION FORM:

- ✓ *ALL sections must be completed thoroughly.*
- ✓ *Incomplete and inaccurate application forms (or forms submitted without the required supporting documents) will be disqualified and will NOT be processed any further for consideration by the Council.*
- ✓ *If it is found that incorrect or false information has been supplied in the past in order to qualify for a grant, the funds allocated to that applicant will be recovered by means of legal action.*

SECTION A: DEMOGRAPHIC INFORMATION

1. Name of your organisation/body/institution.

2. Indicate with an X the applicable funding category within which your organisation/body/institution falls.

| FUNDING CATEGORY | | X |
|------------------|----------------------------|---|
| a | Welfare | |
| b | Education | |
| c | Arts & Culture | |
| d | Sport | |
| e | Local Economic Development | |
| f | Environment | |
| g | Other (please specify): | |

3. Welfare / Non-profit Organisation registration number: _____
(Kindly attach proof of registration).

4. Your organisation/institution's **physical/street** address: _____

Postal Code: _____ **Ward No:** _____

5. Your organisation/institution's **postal** address (if different to physical/street address):

Postal Code: _____

6. Your E-mail address and/or any other e-mail address. Please ensure legibility.

7. Telephone number(s): _____

8. Fax number(s): _____

SECTION B: SCOPE OF ACTIVITY OF YOUR ORGANISATION

9. Clearly specify the objectives/goals of your organisation.

10. Briefly outline your organisation's infrastructure requirements and/or operational strategies aimed at achieving its objectives/goals.

SECTION C: PROJECT ACTIVITIES AND TARGET GROUP

11. Name of the project you are applying for: _____

12. Describe the aims and objectives of your project.

13. Describe the desired **outputs** and expected **impact** of your project.

14. Who will benefit from your project and in what way?

| | | | |
|----------|--|-----------------------------|--|
| Black | | Children | |
| Coloured | | Elderly | |
| White | | Women | |
| Indian | | Homeless | |
| Other: | | Physically disabled | |
| | | People living with HIV/AIDS | |

15. Where do most of the people in your target group live?

16. Briefly, describe your organisation's achievements and/or successes over the past two years.

SECTION D: MEMBERSHIP/AFFILIATION

17. Is your organisation a member of/or affiliated to a major association under its category?
Yes/No

If "yes", please provide the following information for the affiliated organisation:

(i) Name of organisation: _____

(ii) Accreditation / Registration No: _____

(ii) Name of contact person: _____

(ii) Contact details: (t) _____ (f) _____

(iii) E-mail address: _____

SECTION E: ORGANISATIONAL COMPOSITION

18. Does your organisation accept members from all different racial groups? Yes/No
If "yes", please provide a demographic breakdown of your membership:

| RACIAL DISTRIBUTION | % |
|----------------------------|----------|
| Black | |
| Coloured | |
| Indian | |
| White | |
| Other: | |
| Other: | |
| GENDER DISTRIBUTION | |
| Male | |
| Female | |

19. Number of registered members: _____ Membership fee: _____

SECTION F: FINANCIAL INFORMATION

20. Name of the audit firm/registered accountant/auditor or person that audits the financial records of your organisation:

21. Explain your organisation's major sources of finance and associated funding strategies.
(Please specify amount of funding from each source)

22. Kindly provide the banking details of your organisation and **attach a copy of your organisation's latest detailed bank statement:**

Account Name: _____

Banking/Financial Institution: _____

Branch Name / Code: _____

Account no.: _____

23. Total amount applying for: R_____

24. Provide estimated cost for each priority item.

25. Amount of assistance received from the *Municipality* by your organisation in previous years
(please indicate if first-time application)

| Amount | Year |
|--------|------|
| | |
| | |
| | |
| | |

26. Explain how the previous grant was utilised. **Attach explanatory report and all necessary documentation relating to the utilisation of the funds.**

SECTION G: MUNICIPAL ACCOUNT

27. Kindly supply the municipal account number(s) of your organisation and **attach a copy of the latest municipal account(s)**

28. Does your organisation have any arrear municipal account(s)? Yes/No

29. If “yes”, have arrangements been made with the Treasury Department on how to settle the arrears account(s)? Yes / No

30. If “yes”, please **attach signed copies of arrangements made with the Budget & Treasury Department**

31. If “no”, state the reason(s) for the failure to make arrangements with Budget & Treasury.

SECTION H: CHECKLIST

Kindly ensure that you have attached the following documents. Incomplete applications will not be considered.

| | Copy of | Mark X if copy attached; N/A where document not required |
|-------------|--|---|
| <i>e.g.</i> | <i>arrangements made with the Treasury Department i.t.o. arrears</i> | <i>N/A</i> |
| 1 | Proof of registration as a Non-Profit Organisation | |
| 2 | Latest detailed bank statement | |
| 3 | Annual report and/or documentation relating to the utilisation of the funds | |
| 4 | (a) latest audited financial statements (if latest year not reflected, statements for previous year); or | |
| | (b) business plan (new establishments) | |
| 5 | SARS Tax Clearance or Tax Exemption Certificate | |
| 6 | (a) copy of the latest municipal account(s) | |
| | (b) arrangements made with the Treasury i.t.o. arrears | |
| 7 | Organisation's constitution (first time applications, unless amended since previous submission) | |

DECLARATION

I, (print name in full) _____

ID No _____ in my capacity as
_____ of the organisation, declare that the

information rendered in this application is correct, in every respect.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

CHECKLIST:

| Documents attached | | Yes | No | N/A |
|--|--|-----|----|-----|
| 1 | Proof of registration as a Non-Profit Organisation | | | |
| 2 | Latest detailed bank statement | | | |
| 3 | Annual report and/or all necessary documentation relating to the utilisation of the funds | | | |
| 4 | Latest audited financial statements (if latest year not reflected, statements for previous year should be submitted); or Business Plan for newly established organisations | | | |
| 5 | Tax clearance or tax exemption certificate | | | |
| 6 | (a) copy of the latest municipal account(s) | | | |
| | (b) arrangements made with the Treasury Department i.t.o. arrear account(s) | | | |
| 7 | Organisation's constitution (only first time applications, unless amended since previous submission) | | | |
| 8 | Report on previous assistance received | | | |
| Final analysis | | | | |
| Application completed accurately | | | | |
| All necessary documentation attached | | | | |
| Application received on or before due date | | | | |

Financial year within which application submitted: _____

VERIFICATION BY CFO:

Good standing of municipal account Yes/No

Additional comments: _____

Signature: _____ Date: _____