

APPLICATION FOR FINANCIAL ASSISTANCE PROVIDED TO EXTERNAL ORGANISATIONS

GENERAL CONDITIONS AND REQUIREMENTS

1. The **closing date for applications is at noon on 31 March each year**. Any grants made by the Council will be payable as from the month 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 current 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 certificate/ proof of tax compliance status (obtainable from SA Revenue Service (SARS) applicable to organisations applying for R15 000,00 or more;
 - (vi) the latest annual report (previous year's 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
GQEBERHA
6000
Attention: Ms V Heera

OR

11TH Floor, Lillian Diedericks Building
191 Govan Mbeki Ave, GQEBERHA
7. **Queries only:** Tel: 041-506 3229 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 meticulously.
- ✓ Incomplete and inaccurate applications (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. Future applications will not be considered.

SECTION A: ORGANISATIONAL 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: _____
- (iii) Name of contact person: _____

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

(v) 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 auditor/ audit firm/ registered accountant 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: _____

SECTION H: CHECKLIST MUST BE COMPLETED BY APPLICANT

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

Document		Mark X if copy attached; N/A where document not required
e.g.	arrangements made with the Treasury Department i.t.o. arrears	N/A
1	Proof of registration as a Non-Profit Organisation	
2	SARS Tax Clearance Certificate/ Proof of tax compliance status	
3	Latest detailed bank statement	
4	(a) copy of the latest municipal account(s)	
	(b) arrangements made with the Treasury i.t.o. arrears	
5	a) latest audited financial statements / financial statements reviewed by a registered accounting professional for applications requesting assistance to the value of R50 000,00 or less; (if current year not reflected, statements for previous year); or	
	(b) business plan (new establishments i.e. less than 3 months old only . Older than 3 months to submit financial statements)	
6	Annual report – previous financial year (report presented to Annual General Meeting)	
7	Organisation’s constitution (first time applications, unless amended since previous submission)	
8	Report on previous assistance received and all necessary documentation relating to the utilisation of previous funds granted	

DECLARATION

I, _____
(print name in full)

ID No _____

in my **capacity as** _____

of _____,
(organisation name)

declare that the information rendered in this application is correct, in every respect.

Signature: _____ Date: _____

FOR NMBM OFFICE USE ONLY

CHECKLIST:

Documents attached		Yes /No	N/A
1	Proof of registration as a Non-Profit Organisation		
2	SARS Tax Clearance Certificate/ Proof of tax compliance status		
3	Latest detailed bank statement		
4	(a) copy of the latest municipal account(s)		
	(b) arrangements made with the Treasury Department i.t.o. arrear account(s)		
5	a) latest audited financial statements / for applications requesting assistance to the value of R50 000,00 or less, financial statements reviewed by a registered accounting professional; (if current year not reflected, statements for previous year); or		
	(b) business plan (new establishments i.e. less than 3 months old only. Older than 3 months to submit financial statements)		
6	Annual report of previous financial year (report presented to Annual General Meeting)		
7	Organisation's constitution (only first time applications, unless amended since previous submission)		
8	Report on previous assistance received		
Application completed accurately			
All necessary documentation attached			
Application received on or before due date			

Financial year within which application submitted: _____

VERIFICATION BY CFO:

Is municipal account in Good Standing? Yes/No

Additional comments:

Signature: _____ Date: _____

END