



APPLICATION FOR FUNDING

1. Name of the project _____
 Physical Address _____
 Postal Address _____

2. Contact Person Name _____ Cell No _____
 Fax No _____ Email Address _____
 Contact Person Name (2) _____ Cell No _____
 Fax No _____ Email Address _____

Local Municipality _____
 District Municipality _____
 Village/Town Name _____
 Ward No _____

3. Discipline – Mark the relevant disciplines.

3.1 Arts, Culture and Heritage

Craft		Written/ Oral Literature		Theatre	
Film		Visual Arts		Digital Arts	
Dance		Fashion Design		Music	

3.2. Sport and Recreation

Recreation		Sport			
Indigenous Games (Specify)		School Development			
		Club Development			

Other (Specify): _____

DCSR APPLICATION FOR FUNDING

4. Type of Organization– Mark the relevant

NPO	CC	SECTION 21	Co Op	Individual
-----	----	------------	-------	------------

Other (Specify): _____

4.1 Are you registered with central supplier database (CSD) : _____

4.2 **If YES**, CSD registration number _____

5. Constitution

Does your organization have a constitution	Yes	No
--	-----	----

6. Membership

6.1 Please provide the following information on the management structure of your organization.

Surname	Name	Designation	Contact No	Youth or Adult	Gender M / F	Disability Y / N

6.2 Please provide the following information on members in your organization. In case your number is more than the space provided please provide information on a separate sheet.

Surname	Name	Designation	Contact No	Youth or Adult	Gender M / F	Disability Y / N



DCSR APPLICATION FOR FUNDING

7. What are the objectives of your organization?

8. Organization registration No _____

9. Tax number (If applicable) _____

10. Tax Clearance Certificate

Does your organization have a tax clearance certificate	Yes	No
Is your tax clearance certificate up to date	Yes	No

11. Banking details:

Name of Bank : _____

Name of the Account Holder : _____

Type of account: Account number: _____

Branch: Branch Code : _____

12. List members who are authorized to sign cheques on your account/s:

Name: _____ Position in Organization: _____

Name: _____ Position in Organization: _____

Name: _____ Position in Organization: _____

13. Please indicate the type of training received previously.

14. Have you received financial assistance previously? If yes please indicate.



DCSR APPLICATION FOR FUNDING

15. In a separate sheet, please narrate a brief profile of your organization.
16. In a separate sheet please indicate previous and recent achievements of your organization
17. What amount of money are you requesting? _____
18. For what period? (e.g, 6 months, 1 year etc) _____
19. Please attach a detailed budget breakdown with a motivation on the utilization of grant.
20. Indicate which groups of people will benefit from the funding, if granted and how many? [Give numbers]
 - Children with disabilities:
 - Adults with disabilities:
 - Women
 - Youths:
 - The elderly:
 - Children
 - Drug Abusers:
 - Criminal Offenders:
 - The Unemployed: The homeless:
 - Other (specify):

21. References

Please submit three references from the community leader in support of your application, for example, police commissioner, religious leader, local councilor, etc.

Name: _____	Position _____	Contact No _____
Name: _____	Position _____	Contact No _____
Name: _____	Position _____	Contact No _____

22. Compulsory Documents to be submitted

- The Constitution of the organization
- NPO registration certificate
- Costed Business Plan with clear milestones
- Motivation for the project
- The recent three months financial statement
- Itemized Budget for the project

23. Declaration

DCSR APPLICATION FOR FUNDING

Name of Director : _____
South African Identity number : _____
Position in organization : _____
Date : _____
Signature : _____

Applications should be sent to the following address/es:

Name of the Region	Physical Address	Contact