

NGO BUSINESS PLAN APPLICATION CHECKLIST (2015/16 AND THEREAFTER)

Name of Organisation	
Programme applied for funding	

Comment:

All Non-Government Organisation applying for funding for the 2015/16 financial year and thereafter (2016/17 & 2017/18) must verify and check all pages are completed and adhered to in terms of the Department's administrative compliance requirements.

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Supporting documentations (to be attached to the application)			
Proof of registration, affiliation or application in terms of the NPO, Trust Property Control and Companies Act(s)			
Proof of constitution of organisation			
Certified copy of financial statements or past 3 months bank statements if organisation is applying for less than R200 000.00 funding			
Office Use (Only)			
C Code			
Comments			
Name of Verifier		Signature	Date of Verification

Please provide the information required in this application. Complete all questions and use additional paper if necessary. For information on the application process, please read Schedule 6, the last page of this form. Where you are required to provide an attachment, it will be indicated in this form in *italics*.

NAME OF YOUR ORGANISATION						
STREET ADDRESS						
POSTAL ADDRESS						
CONTACT DETAILS	Name					
	Position					
	Telephone No.		Fax No.			
	E-mail Address					
Preferred language (Please tick)		English	Afrikaans	isiXhosa		
Is this APPLICATION submitted AS AN AFFILIATION? (Yes/No) If yes, please provide the name of the affiliated organisation, the contact person's name, telephone and email address.		Affiliation (Yes/No)				
		Name of Affiliated Org				
		Contact Person				
		Telephone Nr				
		E-mail Address				
Please indicate with an X your organisation type		NPO	Non Profit Company (previously referred as Section 21 Company)	Trust	Affiliation to NPO	In process of NPO registration
Please indicate Programme for which your organisation is applying for funding Note: Separate applications must be completed for each programme your organisation which to apply for funding						
REGION and/or LOCAL OFFICE and/or MAGISTERIAL DISTRICT and/or area/s of operation where you will be rendering services		Region				
		Local Office				
		Magisterial District				
TOTAL AMOUNT of funding you are applying for						
OFFICIAL USE						
NAME AND SIGNATURE OF DSD OFFICIAL receiving the proposal (include job title)		DSD Official				
		Signature				
		Job Title				
DATE RECEIVED (dd/mm/yyyy)						

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1 ORGANISATIONAL BACKGROUND

Please attach proof of the following documentations:

- Registration or application in terms of the NPO, Trust Property Control or Companies Act(s).
- Copy of organisation's constitution (latest version)

Did your organisation receive any government funding in the past? If so, when, how much and for what purpose:

If your organisation is not currently funded by the DSD, please describe the services you provided in the past:

2 BOARD/MANAGEMENT/FUNCTIONS & COMPOSITION

Please set out the functions of your Board / Trustees / Volunteer Management Committee:

Please complete the table below for your Board / Trustees/ Volunteer Management Committee:

Name and surname	ID No	Disabled / Not Disabled	Race	Telephone no, email address and physical address
Chairperson				
Deputy/Vice Chairperson				
Secretary				
Treasurer				
Additional members				