



# APPLICATION FOR GRANTS-IN-AID 2024/2025

**13 MAY - 15 JULY 2024**

## ETHEKWINI MUNICIPALITY

### INSTRUCTIONS

1. Please complete this form in detail. Incomplete forms will not be accepted.
2. Applications for grants will be considered only if made on the prescribed form.
3. The completed application form, together with all relevant documentation, should be forwarded to municipal offices on or before 15 JULY 2024

**NO LATE APPLICATIONS WILL BE ACCEPTED**

### SECTION A: DETAILS OF YOUR ORGANIZATION

1. Name of Organization: \_\_\_\_\_
2. Postal Address: \_\_\_\_\_ Street Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Tel No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
E-Mail: \_\_\_\_\_
4. Name and position of the contact person: \_\_\_\_\_
5. Registration or NPO number: \_\_\_\_\_ (please attach proof)
6. Area of operation (ward(s) where your organisation service)  
.....

### FOR OFFICE USE ONLY

Date received: \_\_\_\_\_  
Received by: \_\_\_\_\_  
Office at: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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7. Briefly describe the main purpose and activities of the organisation:

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8. Please give details of the Board of Trustees/ Management Committee:

Name	Position Held	Contact Details	Volunteer / Paid Staff

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**SECTION B: DETAILS OF FINANCIAL INFORMATION**

1. Your Organisation's bank details:

Account Name: \_\_\_\_\_

Account type: \_\_\_\_\_ Acc. No: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Branch Code: \_\_\_\_\_ Address: \_\_\_\_\_

2. List the people who are authorised to approve payments on your account.

Name: \_\_\_\_\_ Position in Organisation: \_\_\_\_\_

Name: \_\_\_\_\_ Position in Organisation: \_\_\_\_\_

Name: \_\_\_\_\_ Position in Organisation: \_\_\_\_\_

3. Please provide your organisation's financial affairs over the last 2 financial years plus current showing the following information:

Income Description	Current	Year 1	Year 2

Expenditure: Description	Current	Year 1	Year 2

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**SECTION C: DETAILS OF YOUR FUNDING REQUEST**

1. State the amount requested: R \_\_\_\_\_

2. Please specify how the funds will be spent, if granted (Use a separate sheet of paper if necessary)

3. Please tick the category of your application;

- Sports, Culture & Recreation
- Early Childhood Development
- Economic Empowerment
- Social Welfare
- Skills Development
- Religious/ Faith Based

4. Date of commencement of programme.

5. Please indicate which specific groups of people will benefit from funding (if granted)

- |                         |                          |         |                          |
|-------------------------|--------------------------|---------|--------------------------|
| Children                | <input type="checkbox"/> | Youth   | <input type="checkbox"/> |
| Disabled                | <input type="checkbox"/> | Elderly | <input type="checkbox"/> |
| Disadvantaged Community | <input type="checkbox"/> | Women   | <input type="checkbox"/> |

6. Did your organisation receive financial assistance from the Council's Grant-in-aid programme previously?

- Yes     No

If yes, in which years and describe the nature of the grant received:

Year	Description of Grant-in-aid received
_____	_____
_____	_____
_____	_____

**Compulsory: Please submit a progress report detailing how the Grant was spent.**

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7. Did your organisation receive financial assistance either from the National or Provincial Government or both?

Yes     No

If yes, in which years and describe the nature of the grant received:

Year	National or Provincial	Description of Grant-in-aid received
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please submit a progress report detailing how the money was spent.

**SECTION D: CHECKLIST**

Please indicate with a tick, which of the under-mentioned documentation has been attached to this application.

- Your organisations Constitution/ Trust Deed/ Articles of Association.
- Audited Financial Statement for the past 2 years/ Financial Information and Affidavit.
- Certified copy of NPO Certificate.
- Business and Implementation Plan.
- Bank statement (for the last six {6} months)
- Certified copies of ID book of all members signing the application as per section E {Declaration}
- Detailed Budget breakdown, List of needs, specific to the request for funds.
- Progress report on how previous funding was spent.
- DSD documents confirming members of the organisation

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**SECTION E: DECLARATION**

We, the undersigned, hereby certify that:

1. We are duly authorised to sign this declaration and to the best of our knowledge all information supplied in this application is true and accurate in all respect.
2. No changes have been made nor are changes envisaged to the constitution of the organisation, which have not been disclosed in this application.
3. We agree that probity inspection may be in respect of the organisation.
4. If this application is successful, this organisation will use the grant only for the purpose specified in this application and comply with all terms and conditions attached to the grant.
5. We accept that false information provided by ourselves to the eThekweni Municipality would nullify this application and that funds received by us on the basis of such false information would have to be refunded.

<b>NAME</b>	<b>ID NO</b>	<b>POSITION</b>	<b>SIGNATURE</b>

\*A minimum of 3 persons must sign this section, preferably the Board of Trustees or Executive.