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AIDS HELPLINE: 0800-123-22 Prevention is the cure

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GOVERNMENT NOTICE

DEPARTMENT OF TRADE AND INDUSTRY

No. 327

3 April 2001

FORM 01/1

APPLICATION FOR FUNDING IN TERMS OF THE LOTTERIES ACT (Act No.57 of 1997)

INSTRUCTIONS

1. Please indicate (with a cross in the relevant box) if your application for funding is in terms of:
 - ☐ Section 28 of the Act (Charities)
 - ☐ Section 29 of the Act (Sport and Recreation)
 - ☐ Section 30 of the Act (Arts, Culture and National Heritage)
 - ☐ Section 31 of the Act (Miscellaneous Purposes)
2. This application form is in three parts:
 - In section A: You give us details of your organisation. (*This document assumes the applicant organisation is to be the beneficiary of the funds requested.*)
 - In section B: You explain what funding you want and why.
 - In section C: You will find a Checklist to make sure that you send us all the documentation we need to process your application.
3. If there is not enough space on this form for your answers to our questions, please use and attach further sheets of paper.

SECTION A: DETAILS OF YOUR ORGANISATION

- A.1. Name of organisation:
- A.2.1 Are you an umbrella body? If so, which organisations are affiliated to you? (Please list them):
- A.2.2 Are you affiliated to an umbrella body/bodies? If so please list them:
- A.3. Postal address and post code:
- A.4. Street Address:
- A.5. Telephone numbers: A.6. Fax number:
- A.7. E-mail address:
- A.8. Name and position of the main person we should contact about your application:
- A.9. Name and position of an alternate contact person:
- A.10. If your main and alternate contact persons above have contact details that are different from those of the organisation, please supply these (addresses, telephone and fax numbers, and email addresses).

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A.11. What kind of an organisation are you? (e.g. Non-profit Organisation with the Department of Welfare, Section 18A, Section 21, Closed Corporation, Community Based Organisation, Non-governmental Organisation, etc):

.....

A.12. When was your organisation established or incorporated?

A.13. Registration number: (please attach proof)

A.14. VAT registration number, if any:

A.15. Your organisation's bank details:

Account Name:

Account Type: Account number:

Bank: Branch:

Branch Code: Address:

A.16. Please list all the people who are authorised to sign cheques on your accounts:

Name: Position in Organisation:

Name: Position in Organisation:

Name: Position in Organisation:
(plus others, if more than 3)

A.17. Please describe the main purposes and activities of your organisation:

.....

.....

A.18. Please estimate what *percentage* of your usual annual expenditure is of benefit to the following:

Children	_____ %	The elderly	_____ %
The disabled	_____ %	Other (specify)	_____ %
Disadvantaged communities	_____ %	Urban	_____ %
Women	_____ %	Rural	_____ %
Youth	_____ %	Informal settlements	_____ %

A.19. Please indicate what *percentage* of your expenditure last year went to each of the provinces:

Eastern Cape	_____ %	Free State	_____ %
Gauteng	_____ %	Kwazulu-Natal	_____ %
Mpumalanga	_____ %	Northern Cape	_____ %
Northern Province	_____ %	North West	_____ %
Western Cape	_____ %		

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A.20. Please give the numbers of your organisation's staff/voluntary workers:

Paid Staff total	Paid full-time:	Paid part-time:
Volunteers	Unpaid full-time:	Unpaid part-time:

A.21. Please provide a clear explanation of your organisation's financial affairs over the **last 3 financial years**, showing:

Total income per year, and detailing the sources of this money.
Total expenditure per year, and the items on which money was spent.
Surplus or deficit per year.

The more detail you can provide on this question, the better. We require copies of audited or appropriately authorised financial reports in support of your explanation.

SECTION B: THE FUNDS YOU ARE APPLYING FOR AND HOW YOU PLAN TO USE THEM, IF GRANTED

B.1. Are you applying for (tick the relevant box)

- ☐ A grant in support of *your overall operations*? OR,
☐ Funding for *a specific project/programme*?
If yes;
☐ Is it a new project/programme, or
☐ Is it an existing project/programme?

B.2. What amount are you requesting and for what period is it intended?

B.3. Please explain how you plan to use this money, if granted.

(Please use a separate sheet of paper for this answer, if required)

B.4. Please indicate (if not already covered under B3) which specific groups of people will benefit from our funding:

Children	_____ %	The elderly	_____ %
The disabled	_____ %	Other (specify)	_____ %
Disadvantaged communities	_____ %	Urban	_____ %
Women	_____ %	Rural	_____ %
Youth	_____ %	Informal settlements	_____ %

It will help us to evaluate your application if you can indicate *by percentages of funds requested* which groups of people will benefit from our funds (if granted).

B.5. Please indicate (*by percentage of funds requested*) which provinces will benefit from our funding:

Eastern Cape	_____ %	Free State	_____ %
Gauteng	_____ %	Kwazulu-Natal	_____ %

FORM 01/1

Mpumalanga	_____ %	Northern Cape	_____ %
Northern Province	_____ %	North West	_____ %
Western Cape	_____ %		

- B.6. Please provide your organisation's budgeted-income for the coming year. (List all anticipated/hoped-for income, broken down to show all amounts from all sources). All funders being approached for support should be listed by name.
- B.7. Please indicate clearly which funders (if any) have been or will be approached for some or all of the same funding which you are asking us for.
- B.8. Please provide as realistic an assessment as you can of your prospects for achieving your targeted income for the coming year
 e.g. source A = nearly 100% sure because its our own subscriptions
 source B = 80% sure because they always funded us before
 source C = unable to estimate, because they are a new possible source of funds
 source D = fairly likely since we have received encouraging indications etc
- B.9. Please declare any reserves, whether in your own organisation's name, or not, to which your organisation has access:
- B.10. Please provide details of your organisation's budgeted-expenditure for the coming year.
- B.11. If you have replied to B1 by stating that you are seeking funding for a Project/Program, please provide your detailed Business Plan and Implementation Plan for your proposed Project/Programme.

SECTION C: CHECKLIST

Please ensure the following documents accompany this form

- ☐ Your organisation's Constitution, Articles of Association, rules or Trust Deed.
- ☐ Audited financial statements for the **past three years**.
- ☐ Registration certificate.
- ☐ If you are applying for project/program funding, attach your business and implementation plan.
- ☐ All other information for which there was insufficient space in this form.

DECLARATION

I confirm, on behalf of (name of organisation) that I am authorised to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate and I agree that probity inspection may be conducted in respect of our organisation. If this application is successful, this organisation will use the grant only for the purposes specified in this application, and will comply with all the terms and conditions attached to the grant. I accept that false information provided by ourselves to the NLDTF would nullify this application and that any funds received by us on the basis of such false information would have to be refunded.

Name:

Identity number:

Position held in organisation:

Date: Signature:



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