

APPLICATION FOR FUNDING

All sections need to be completed in order for your application to be considered. Please print out the completed application and send it to the FirstRand Foundation (address on back page) with the attachments requested in Section 6.

Section 1 – Organisation's Details

Name of organisation Date of establishment PBO number	
NPO number	
Physical address (including magisterial district)	
Postal address (including postcode)	
Telephone number	
Facsimile number	
Name of person submitting application	
E-Mail address	
Website address	
Date	
	Date of establishment PBO number NPO number Physical address (including magisterial district) Postal address (including postcode) Telephone number Facsimile number Name of person submitting application E-Mail address Website address

13. Please provide the names and details of your Board members or Trustees or Directors with their roles (eg, Chairman) and demographics:

Name	Role	Race	Gender	Disabled



Section 2 – Management and Staff

14. Please provide the names and details of the management of your organisation together with their job titles (eg, Director):

Name	Job Title	Race	Gender	Disabled

15. Please provide a brief background of the Managing Director / Chief Executive of the organisation (time with organisation, previous roles, qualifications):

16. Please provide the numbers all staff members employed by your organisation in the following categories:

	Female	Male	Black	White	Coloured	Asian	Disabled
Full time staff							
Part time staff							
Total staff							
Volunteers							



Section 3 – Organisation's Objectives, Programmes and Impact

19. In which broad sector(s) does your organisation operate (please chappropriate boxes)? Education Health Social development Job creation Arts, culture and heritage Environment 20. In which province(s) does your organisation operate (please chappropriate boxes)? Eastern Cape North West Province Gauteng Western Cape	17. Please provide a brief overv (Date founded, primary obje		•	150 words
appropriate boxes)? Education			he organisation (the ch	nange your
appropriate boxes)? Education				
Social development		does your o	organisation operate (ple	ease check
Social development	Education		Health	
Arts, culture and heritage				
20. In which province(s) does your organisation operate (please chappropriate boxes)? Eastern Cape North West Province Free State Northern Province Gauteng Western Cape	·			
Limpopo	appropriate boxes)? Eastern Cape Free State Gauteng KwaZulu-Natal Limpopo	es your org	North West Province Northern Province	ase check



21. Please describe the beneficiaries of your organisation's work and provide the numbers in each category. If you work with more than one group of beneficiaries (eg, children and educators, nurses and patients, schools and government departments etc) then fill out a table for each group.							
Descriptio							
Time Perio	Female	Male	Black	White	Coloured	Asian	Disabled
Total	Temale	IVIAIC	Diack	VVIIIC	Colourca	7131411	Disabica
Descriptio							
Total	Female	Male	Black	White	Coloured	Asian	Disabled
22. How are the beneficiaries of your work involved in the planning and implementation of your work? 23. Please list the strengths and weaknesses of your organisation:							
23. Please list the strengths and weaknesses of your organisation: Strengths							
Weaknes	ses						



24. Please fill in the below for each programme or project that the organisation runs (if you have many programmes or projects, please select the three largest or attach a sheet to the application with details of the others):

Programme name	
Programme objective	
Annual cost	
(including overheads)	
Expected duration of programme	
Programme	
description (needs	
addressed, target	
group and activities)	
Number of beneficiaries	
Intended impact	
·	
Evidence of impact	
(eg, evaluation	
results; changes in	
test scores; changes in health; measured	
changes in	
behaviour; changes	
in policy; case study of how an individual,	
household,	
community or other	
stakeholder has changed as a result	
of the project; waiting	
lists; testimonials)	



Programme name	
Programme objective	
Annual cost (including overheads) Expected duration of programme Programme description (needs addressed, target group and activities)	
Number of beneficiaries Intended impact	
Evidence of impact (eg, evaluation results; changes in test scores; changes in health; measured changes in behaviour; changes in policy; case study of how an individual, household, community or other stakeholder has changed as a result of the project; waiting lists; testimonials)	



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Annual cost (including overheads) Expected duration of programme Programme description (needs addressed, target group and activities)	
Number of beneficiaries Intended impact	
Evidence of impact (eg, evaluation results; changes in test scores; changes in health; measured changes in behaviour; changes in policy; case study of how an individual, household, community or other stakeholder has changed as a result of the project; waiting lists; testimonials)	



25. Please provide the names and describe the nature of the relationship (eg, member, partner on specific project, working group, fund etc.), to organisations with which you are affiliated, or with whom you network on a regular basis.

Organisation	Nature of relationship

26. What are the biggest challenges/risks that may limit your organisation's ability to achieve its objectives?



Section 4 – Funding Request

27. Please provide a list of *current* donors of more than R20 000 (private sector, public sector, institutions, embassies, etc.) and amounts contributed for the current financial year, as well as donors approached and any amounts anticipated (please indicate whether approved or pending).

	Name of donor	Amount	Approved / Pending
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14		_	_
15			

28. If you a requesting unrestricted / operating funding, please describe the first three things you would spend it on ie, what are your priority needs (eg, management salaries, office costs, training, a vehicle, stipends etc)?

	Brief description of need	Amount needed
1		



2	
3	
3	

29. If you a requesting funding for a specific project, please complete the table below and attach a copy of the project's budget. *Please also ensure that you have included the project in your response to Question 24*.

Name and description of project	
Total budget for the	
organisation	
Total project budget	
Project budget shortfall	
Funding amount requested	
and what it would be used	
for	



Section 5 - Monitoring and Evaluation

30. Please describe your current monitoring and evaluation systems.

will be required to report on these indicators at the end of each year of funding. If you are requesting funding for a specific project, please complete the table according to the project within its specified time-frame. If the funding The first table is a description with an example. Please complete the second table (If you need more space, attach an 31. Please complete the following table for the organisation/ project for which funding is requested. Please note that you request is towards organisational expenses; please complete it for the overall objectives of the organisation. extra sheet to the application).

Objectives	Activities	Resources	Outputs	Outcomes	Data collection	Risks
What are the main	What actions	What are the	What are the	What are the realistic	What records/ tools/	What setbacks
objectives of the	will be carried	resources	realistic outputs of	outcomes of each	instruments will you	could arise to
organisation / project	out in order	ed	each activity?	activity?	use to measure the	prevent you from
(refer back to Q18 for	to achieve	in order to	These are the short	Have conditions	outputs and	achieving your
organisational	the	accomplish	term results of the		outcomes?	objectives?
objectives)?	objectives?	each activity	activities and are	beneficiaries? These	Will it be part of your	
These need to be		(financial,	usually expressed	can be quantitative/	routine data	
Specific, Measurable,		human – staff	numerically eg. 16	or qualitative in	collection?	
Achievable, Relevant,		and	educators trained	nature eg. change in		
Time-bound (SMART)		volunteers,	and accredited, 120	test scores, improved		
		tacilities etc)?	houses built, 54	satisfaction, improved		
			children fed five	confidence, decline in		



			times a week etc.	malnourishment etc.		
EXAMPLE						
To provide quality palliative care to 200	Train 10 home- based carers	One chief professional	Number of home- based carers	Increased patient coverage to 200	Training records & results	Not enough suitable caregiver
terminally ill patients in Soweto per month as		nurse/trainer	completing training with accreditation	Increase in quality of palliative care	Patient records	candidates/ caregivers don't
measured by patient records		Training venue				quality training
		and materials			Patient and family surveys	
	Provide daily	Vehicle for	Number of patient	Quality care provided	Patient records	Difficulty in
	care to all	monitoring	visits per day	off daily visits	Supervisor's records	dennying all stage 3 patients
	stage 3					Community
		Equipment for home based			Patient and family	accessibility Funding lapses
		carers			surveys	Difficult to record
					Quality control	quality of care
		Care givers				
		stipends				

Risks	
Data collection	
Outcomes	
Resources Outputs	
Activities	
Objectives	



Risks		
Data collection		
Outcomes		
Outputs		
Resources		
Activities		
Objectives		



Section 6 – Attachments

All applicants need to attach the following documents:

	Document	Attached?	Reason (if not
		(check)	attached)
1.	Latest annual report		
2.	Latest set of audited financial		
	statements		
3.	If your organisation has an associated		
	Trust, or any other body, that		
	contributes to the finances of the		
	organisation, please submit the audited		
	financial statements of this body		
4.	Most recent management accounts		
5.	Latest budget showing operating and		
	capital expenditure, as well as income		
6.	Budget of the specific project(s) that		
	you are requesting funding for (if		
	applicable)		
7.	One <i>recent</i> letter of reference for your		
	organisation or project		
	ican Chairman's Fund, De Beers Fund or t e attach the following additional document		Foundation) before
8.	A copy of your NPO registration certificate		
9.	A copy of your PBO registration and		
	details of your tax status e.g. Section		
	18A, 10(1)f or Section 30 organisation		
10.			
	with Government Departments		
11.	A signed copy of your constitution		
12.	Banking details typed on organisation		
	letterhead, signed by two senior		
	members of your organisation and		
	stamped by the organisation's bank		
13.	Three recent letters of reference for		
	your organisation or project from		
	community leaders or organisations		
	that are familiar with your work		



And if any of the additional information supports your proposal, please attach it:

14.	Photographs of your work that could be used to better explain or motivate your proposal	
15.	Plans or diagrams that would assist in the evaluation of your appeal. If your appeal is for a building project, you must submit the relevant drawings and plans to support the proposal.	
16.	Quotations for materials, training, equipment etc that you are requesting funding for in this proposal	
17.	Any internal or external evaluations of the impact of the work of the organisation	
18.	There may be special circumstances or information that has not been requested in this document that may be relevant to the proposal and assist in its evaluation. If this is the case, please submit any additional information that may assist in the evaluation of the proposal	

Please print out the completed application form and send it, together with the attachments, to:

By Hand:

FirstRand Foundation 6th Floor 28 Harrison Street Marshalltown Johannesburg By Post:

FirstRand Foundation PO Box 61593 Marshalltown 2107

By email: firstrandfoundation@tsi.org.za

The FirstRand Foundation is administered by Tshikululu Social Investments.