

Reg.No. 2001/029882/08
 REGISTERED OFFICE:
 PBO No. 930034723
 NPO No. 094-536
 522 Impala Road Glenvista 2058
PO Box 1127 Johannesburg 2000 South Africa
Tel (011) 682 0911 Fax (011) 682 0444/0555

## NON GOVERNMENTAL ORGANIZATIONS SUPPORT PROGRAMME FUNDING APPLICATION

A.	DEMOGRAPHIC DETAILS	
1.	NAME OF THE ORGANIZATION:	-
2.	PHYSICAL ADDRESS:	-
3.	POSTAL ADDRESS:	-
4.	DATE OF APPLICATION:	
5.	HOW LONG HAS THE ORGANIZATION BEEN OPERATING?	
6.	IN WHICH PROVINCES IS YOURORGANIZATION OPERATING? TICK IN THE FOLLOWIN	IG BOX:
	EASTERN CAPE	
	FREE STATE GAUTENG	
	KWAZULU NATAL	
	LIMPOPO	
	MPUMALANGA	
	NORTHWEST	
	WESTERN CAPE	
7.	CONTACT PERSON:	
8.	DESIGNATION IN THE ORGANIZATION:	
9.	TELEPHONE NUMBER (OFFICE):	_
10.	CELLULAR PHONE NUMBER:	-
11.	FAX NUMBER (OFFICE):	

	BSITE (IF APPLICABLE):
. RE	GISTRATION DETAILS:
1.	NPO NUMBER:
2.	NPO APPLICATION REF. NO(WHERE APPLICABLE):
3.	PBO NUMBER:
4.	PBO APPLICATION REF. NO(WHERE APPLICABLE):
5.	VAT REGISTRATION NUMBER (WHERE APPLICABLE):
. PR	OGRAMME AND PROJECT DETAILS:
1.	ORGANIZATIONAL KEY FOCUS AREAS:
2.	PROJECT NAME:
3.	PROJECT LIFE TERM:
4.	PROJECT LOCATION:
5.	PROECT'S OVERALL GOAL:
6.	PROJECT OBJECTIVES:

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8. I	PROJECT PLAN OF ACTION:	
8	8.1. What led to this project?	
8	8.2. What's the baseline in terms of	f the intended goal of the project?
8	8.3. Highlight project activities and	timelines.
8	8.4. How many beneficiaries is the	project targeting?
8	8.5. Highlight project inputs, outpu	ts, expected outcomes and overall impact.
8	8.6. Who are the project stakeholde	ers?
8	8.7. What will be the project succes	ss indicators?
		S SO FAR:
GOR	RVERNANCE & LEADERSHIP	
PRO		
PRO' ORG	VIDE DETAILS OF MANAGEMENT (	R AND THE PROJECT MANAGER):  1.2. NAME:
PRO' ORG	VIDE DETAILS OF MANAGEMENT (SANIZATION, FINANCIAL MANAGER	R AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION
PRO' ORG	VIDE DETAILS OF MANAGEMENT ( SANIZATION, FINANCIAL MANAGER  NAME:  DESIGNATION:  YEARS OF STAY:	A AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION  YEARS OF STAY:
PRO' ORG 1.1.	VIDE DETAILS OF MANAGEMENT (SANIZATION, FINANCIAL MANAGER)  NAME:  DESIGNATION:  YEARS OF STAY:	A AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION  YEARS OF STAY:
PRO' ORG 1.1.	VIDE DETAILS OF MANAGEMENT ( SANIZATION, FINANCIAL MANAGER  NAME:  DESIGNATION:  YEARS OF STAY:  NAME:	A AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION  YEARS OF STAY:
PRO' ORG 1.1.	VIDE DETAILS OF MANAGEMENT OF SANIZATION, FINANCIAL MANAGER NAME:  DESIGNATION:  YEARS OF STAY:  DESIGNATION:  YEARS OF STAY:	A AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION  YEARS OF STAY:
PRO'ORG	VIDE DETAILS OF MANAGEMENT ( SANIZATION, FINANCIAL MANAGER  NAME:  DESIGNATION:  YEARS OF STAY:  DESIGNATION:  YEARS OF STAY:  YEARS OF STAY:  YEARS OF STAY:	A AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION  YEARS OF STAY:  ——
PRO'ORG 1.1. 1.2. DOE YES	VIDE DETAILS OF MANAGEMENT OF SANIZATION, FINANCIAL MANAGER NAME:  DESIGNATION:  YEARS OF STAY:  DESIGNATION:  YEARS OF STAY:  NO.	A AND THE PROJECT MANAGER):  1.2. NAME:  DESIGNATION  YEARS OF STAY:

DIRECTORS ON A	SEPARATE I	LIST:
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## **E. SUPPORT REQUIRED:**

- 1. INDICATE BY A TICK, THE KIND OF SUPPORT REQUESTED BY YOUR ORGANIZATION:
- 1.1. FUNDING.

IF FUNDING IS REQUIRED, PROVIDE BUDGET BREAK DOWN.

1.2. SPONSORHIP.

IF SPONSORHIP IS REQUIRED, PLEASE ELABORATE IN TERMS OF PROJECT, CATEGORIES AND SPONSORHIP AMOUNTS, AND RETURN ON INVETSMENT FOR RAND WATER FOUNDATION.

1.3. DONATION.

IF DONATION IS REQUIRED, PLEASE SPECIFY.

- 2. HAS YOUR ORGANIZATION RECEIVED ANY KIND OF SUPPORT FROM RAND WATER FOUNDATION IN THE PAST FIVE YEARS? YES / NO.
- 3. IF YOUR ANSWER IS YES TO THE ABOVE QUESTION, PLEASE PROVIDE DETAILS:

DATE OF APPLICATION	KIND OF SUPPORT	AMOUNT (WHRE APPLICABLE).

## F. OTHER SOURCES OF FUNDING:

1. LIST OTHER SOURCES OF FUNDING APPROCHED BY YOUR ORGANIZATION FOR FUNDING FOR THE SAME PROJECT YOU ARE APPLIYING FUNDING FOR:

FUNDING SOURCE	DATE OF APPLICATION	AMOUNT REQUESTED	SUCCESSFUL/UNSUCCESSFUL

2.	IS YOU	R ORGANIZATION RECEIVING SUBSIDY FROM THE STATE? IF SO F	ROM WHICH STATE
	DEPAR	TMENT/S, AND HOW MUCH?	
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G.	REQU	RED SUPPORTING DOCUMENTS:	
1.	PLEASE	ATTACH THE FOLLOWING DOCUMENTS TO YOURAPPLICATION:	
	1.1.	CONSTITUTION OF THE ORGANIZATION.	
	1.2.	NPO CERTIFICATE.	
	1.3.	PBO CERTIFICATE.	
	1.4.	STAMPED BANK LETTER CONFIRMING THE ACCOUNT DETAILS IN	THE NAME OF
		APPLYING ORGANIZATION.	
	1.5.	TAX CLEARANCE CERTIFICATE.	
	1.6.	MAP TO THE PROJECT (CAN BE HAND DRAWN).	
	1.7.	AUDITED FINANCIAL STATEMENTS.	
	1.8.	MANAGEMENT ACCOUNTS (INCOME & EXPENDITURE STATEMENTS	S AND BALANCE
		SHEET).	
	1.9.	DETAILED PROJECT BUDGET.	
	1.10.	ANNUAL REPORT.	
	1.11.	PROJECT PHOTOGRAPHS (WHERE APPLICABLE).	
PREPA	RED AI	ND SUBMITTED BY:	_ (FULL NAMES)
DESIG	NATIO	N:	-
SIGNA	TURE:		
DATE:			
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H. FOR OFFICE USE ONLY.  Date All Programme/Project Date tabled at Panel Decision.					
Received	Documentation attached.	aligned to RW and RWF developmental objectives.	Panel meeting.		