

Reg.No. 2001/029882/08
Vat Registration No. 4820260695
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):	

3 /V/E	BSITE (IF APPLICABLE):
). VVL	DSITE (II AFFLICADEL).
. 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.	PROJECT'S OVERALL GOAL:
6.	PROJECT OBJECTIVES:

	PROJECT BENEFICIARY TARGET:			
8.	PROJECT PLAN OF ACTION:			
	8.1. What led to this project?			
	8.2. What's the baseline in terms of the intended goal of the project?			
	8.3. Highlight project activities and timelines.			
	8.4. How many beneficiaries is the project targeting?			
	8.5. Highlight project inputs, outputs, e			
	8.6. Who are the project stakeholders?	·		
	8.7. What will be the project success in	dicators?		
9.	ORGANIZATIONAL ACHIEVEMENTS SO	FAR:		
-	NATIONAL SERVICE OF TEACHER			
PR	GANIZATION, FINANCIAL MANAGER AN	,		
PR OR	OVIDE DETAILS OF MANAGEMENT OF T GANIZATION, FINANCIAL MANAGER AN . NAME:	D THE PROJECT MANAGER): 1.2. NAME:		
PR OR	OVIDE DETAILS OF MANAGEMENT OF T GANIZATION, FINANCIAL MANAGER AN . NAME: DESIGNATION:	D THE PROJECT MANAGER): 1.2. NAME: DESIGNATION		
PR OR	OVIDE DETAILS OF MANAGEMENT OF T GANIZATION, FINANCIAL MANAGER AN . NAME:	D THE PROJECT MANAGER): 1.2. NAME: DESIGNATION		
PR OR 1.1	OVIDE DETAILS OF MANAGEMENT OF T GANIZATION, FINANCIAL MANAGER AN . NAME: DESIGNATION:	D THE PROJECT MANAGER): 1.2. NAME: DESIGNATION YEARS OF STAY:		
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PR OR 1.1	OVIDE DETAILS OF MANAGEMENT OF T GANIZATION, FINANCIAL MANAGER AN . NAME: DESIGNATION: YEARS OF STAY: DESIGNATION: YEARS OF STAY:	D THE PROJECT MANAGER): 1.2. NAME: DESIGNATION YEARS OF STAY:		

3. IF ANSWER TO THE ABOVE QUESTION IS YES, PLEASE STATE THE NAMES OF DIRECTORS ON A SEPARATE LIST:

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. SPONSORSHIP.

IF SPONSORSHIP IS REQUIRED, PLEASE ELABORATE IN TERMS OF PROJECT, CATEGORIES AND SPONSORSHIP AMOUNTS, AND RETURN ON INVESTMENT 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 (WHERE APPLICABLE).

F. OTHER SOURCES OF FUNDING:

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

FUNDING	DATE OF	AMOUNT	SUCCESSFUL/UNSUCCESSFUL
SOURCE	APPLICATION	REQUESTED	

2.	IS YOUR ORGANIZATION RECEIVING SUBSIDY FROM THE STATE? IF SO FROM WHICH STATE DEPARTMENT/S, AND HOW MUCH?				
G.	REQU	IRED 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 TI	HE 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 AND BALANCI				
		SHEET).			
	1.9.	DETAILED PROJECT BUDGET.			
	1.10.	ANNUAL REPORT.			
	1.11.	PROJECT PHOTOGRAPHS (WHERE APPLICABLE).			
REPA	RED A	ND SUBMITTED BY:	(FULL NAMES)		
	NATIO		(- 3 <u></u> ,		
IGNA	TURE:				
ATE:					

Date	OFFICE USE ONLY. All Programme/Project		Date tabled at	Panel Decision
Received	Documentation attached.	aligned to RW and RWF developmental objectives.	Panel meeting.	