



**RAND WATER
FOUNDATION**

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 YOUR ORGANIZATION OPERATING? TICK IN THE FOLLOWING BOX:

EASTERN CAPE	
FREE STATE	
GAUTENG	
KWAZULU NATAL	
LIMPOPO	
MPUMALANGA	
NORTHWEST	
WESTERN CAPE	
NORTHERN CAPE	

7. CONTACT PERSON: _____

8. DESIGNATION IN THE ORGANIZATION: _____

9. TELEPHONE NUMBER (OFFICE): _____

10. CELLULAR PHONE NUMBER: _____

11. FAX NUMBER (OFFICE): _____

12. EMAIL ADDRESS: _____

13. WEBSITE (IF APPLICABLE): _____

B. REGISTRATION DETAILS:

1. NPO NUMBER: _____

2. NPO APPLICATION REF. NO(WHERE APPLICABLE): _____

3. PBO NUMBER: _____

4. PBO APPLICATION REF. NO(WHERE APPLICABLE): _____

5. TAX EXEMPTION NUMBER : _____

C. PROGRAMME 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: _____

7. 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, expected outcomes and overall impact.
- 8.6. Who are the project stakeholders?
- 8.7. What will be the project success indicators?

9. ORGANIZATIONAL ACHIEVEMENTS SO FAR: _____

D. GOVERNANCE & LEADERSHIP

1. PROVIDE DETAILS OF MANAGEMENT OF THE ORGANIZATION (PREFERABLY THE HEAD OF THE ORGANIZATION, FINANCIAL MANAGER AND THE PROJECT MANAGER):

1.1. NAME: _____	1.2. NAME: _____
DESIGNATION: _____	DESIGNATION _____
YEARS OF STAY: _____	YEARS OF STAY: _____

1.2. NAME: _____

DESIGNATION: _____

YEARS OF STAY: _____

2. DOES THE ORGANIZATION HAVE GOVERNING BODY/BOARD OF DIRECTORS/TRUSTEES?

YES / NO.

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 SOURCE	DATE OF APPLICATION	AMOUNT REQUESTED	SUCCESSFUL/UNSUCCESSFUL

2. IS YOUR ORGANIZATION RECEIVING SUBSIDY FROM THE STATE? IF SO FROM WHICH STATE DEPARTMENT/S, AND HOW MUCH?

G. REQUIRED SUPPORTING DOCUMENTS:

1. PLEASE ATTACH THE FOLLOWING DOCUMENTS TO YOUR APPLICATION:

- 1.1. CONSTITUTION OF THE ORGANIZATION.
- 1.2. NPO CERTIFICATE.
- 1.3. PBO CERTIFICATE (WHERE APPLICABLE).
- 1.4. CURRENT STAMPED BANK LETTER CONFIRMING THE ACCOUNT DETAILS IN THE NAME OF APPLYING ORGANIZATION.
- 1.5. TAX EXEMPTION CERTIFICATE.
- 1.6. MAP TO THE PROJECT (CAN BE HAND DRAWN).
- 1.7. CURRENT AUDITED FINANCIAL STATEMENTS.
- 1.8. MANAGEMENT ACCOUNTS (INCOME & EXPENDITURE STATEMENTS AND BALANCE SHEET).
- 1.9. DETAILED PROJECT BUDGET.
- 1.10. CURRENT ANNUAL REPORT.
- 1.11. PROJECT PHOTOGRAPHS (WHERE APPLICABLE).

PREPARED AND SUBMITTED BY: _____ **(FULL NAMES)**

DESIGNATION : _____

SIGNATURE: _____

DATE: _____

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