

Application for Funds



WILD COAST SUN
MBIZANA DEVELOPMENT TRUST

(FOR OFFICE USE ONLY) Date Received

**Please read carefully and follow the guidelines.
“Your application will not be considered unless it is fully completed and accompanied by all required supporting documentation.”
Please note there is no guarantee that completion of an application form will automatically result in funds being granted to applicant society.**

Please Note:

Eligible organisations will be limited to successful applications per calendar year. Please prioritise your purposes if your group requires funding for more than one project. Faxed or incomplete applications will not be considered.

Name of Application Organisation

Physical Address

Postal Address

Telephone Number () *Fax* ()

Two contact names, personal addresses and telephone numbers (business and after hours) required

Name	Address	Business	After Hours
		()	()
		()	()

What is the purpose of your organisation?

Is the applicant group registered business

Yes

No

Registration No.

Is the applicant group a cooperative

Yes

No

Registration No.

Total number of people who will benefit from the payment of these funds

Made up as follows

Number

Junior (Male) 0-18 years	
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Junior (Female) 0-18 years	
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Youth (Male) 18-35 years	
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Youth (Female) 18-35 years	
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Adults (Male) 36+ years	
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Adults (Female) 36+ years	
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Ethic

Number

Black	
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White	
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Coulored	
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ACKNOWLEDGEMENT RECEIPT

Please complete this section and we will post it back to you so you will know we have received the application

NAME _____

ADDRESS _____

(FOR OFFICE USE ONLY)

Signed _____
(Funding Administrator)

Date _____

To find out how much money you should apply for, subtract your contribution (B) from the total cost of the project (A). The answer is the amount of money you need in order for your project to ahead.

If you have applied to any other organisation for funding for this project, including declined application, please list the organisation(s), the amount of money you have applied for and when you will know the result of your application

Organisation(s)	Purpose	Amount Requested	Tick	
			Approved	Declined

If approved the funds will be paid direct to your account
Please attach proof of banking for verification

Declaration and consent to audit. (This section must be completed.)

We declare that information provided in this funding application is true and correct, to the best of our knowledge, and we have the authority to make the application on behalf of the applicant

We have read, understand and accept all the conditions applicable. The funds will only be used for those items for which quotes were supplied and approved and will not be used for costs that have been incurred by our society before this application has been determined. We agree that any audit or inspection will be carried out in a manner approved

Signature

Date

Signature

Date

Position

Position

Make sure you keep a copy for your records

CHECK LIST – HAVE YOU RMEMBERED EVERYTHING? Without this information your application cannot be considered.

Before you send this form, make sure that:

1. You have attached competitive quotes
2. The company registration information
3. The application has been signed by two representatives
4. Copy of the resolution of the committee to apply for funding
5. Proof of bank details
