## BREEDE-GOURITZ

Catchment Management Agency
Opvanggebied Bestuursagentskap
I-Arhente yoLawulo lomMandla nokungqongileyo

51 Baring Street, Worcester, 6850 – 101 York Street, George, 6530

## **APPLICATION FORM FOR GRANT FUNDING**

APPLICATION FORM TO BE COMPLETED BY THE BENEFICIARY					
		CHECKLI	ST		Attached: Yes/No
Application Letter					
Proof of NGO/NPO Re	gistration				
Copy of Constitution					
Proof of regular meeti	ngs				
Membership-list and contact details					
Bank details					
Existing financial control system of Organisation					
Equity Plan of Organisation					
Lease agreement (where property is not owned by applicant)					
Proof of access (i.e. water rights/GA/permit) to water					
1. PARTICULARS OF THE APPLICANT (BENEFICIARY)					
	THE APPLICA	ANI (BENE	FICIAI	KT)	
NGO/ NPO Name					
NGO/ NPO Registration	n No				
Title	Surname				
First names in full					
Date of birth				Y Y Y Y M	M D D
Gender					<u> </u>
Position in					
Organisation					
Identity number				Telephone. No.	
Physical address			1 1		
	Code				

2. BACKGROUND AND ACTIVITIES OF ORGANISATION					
Background of the Organisation					
Activities of Organisation					
Activities of Organisation					
3. NAME, BACKGROUND	, PURPOSE AND OBJECTIVES OF PROPOSED PROJECT				
PROJECT NAME					
PROJECT					
BACKGROUND					

PROJECT PURPOSE	
PROJECT OBJECTIVES	
DENETICIADITE	NUMBER
BENEFICIARIES	NUMBER
JOBS OPPORTUNITIES CREATED	
PEOPLE BENEFITTING FROM THE PROJECT	WOMEN –
	YOUTH –
	DISABLED -
	CHILDREN –
	MEN –

4. FINANCE					
AMOUNT APPLIED FOR					
BUDGET					
Water related projects/activities					
Food security gardens					
Water conservation & Awareness Campaigns					
River Cleaning + Recycling					
Alien Clearing					
Any other					
If other, specify:					

5. LOCATION						
District municipality						
Local municipality						
Town						
Village						
Farm						
6. DECLARATION						
I (full name and position	n in block d	apital letter)				
Declare that all the information provided in this application is complete and correct to the best of my knowledge. I understand that any false/misleading information supplied could lead to our application being disqualified.						
Signature:		Place :		Date:		
7. FOR OFFICIAL USE						
Application form checked by:						
Position						
Recommended to Grant Assessment Committee						
Date:						