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| Form | CSI Funding Application Form |
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| Policy Author | Donique de Figueiredo |
| Policy Owner | Andrew Skudder |
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CSI FUNDING APPLICATION FORM

| Amendment description: | Version | Approved by: | Approved Date: | Signature |
|------------------------|---------|----------------|----------------|-----------|
| | Final | Andrew Skudder | 10 June 2013 | |
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NAME OF ORGANISATION:

DATE OF APPLICATION:

APPLICATION PREPARED BY:

Name

Designation

CONTACT DETAILS:

**ARE YOU A PERMANENT EMPLOYEE OF THE ORGANISATION FOR WHICH YOU ARE
SUBMITTING AN APPLICATION?**

YES

NO

FOCUS AREAS OF YOUR ORGANISATION:

EDUCATION

HEALTH

SOCIAL DEVELOPMENT

JOB CREATION

HIV & AIDS

ENVIRONMENT

ORGANISATION DETAILS

Postal address

Physical address

Telephone number: _____

Fax Number: _____

Email address: _____

Website address (if applicable) _____

1. Area/Region of Project _____

Province: _____

Nearest large town or city: _____

2. Details of the Director / Head of the Organization / Manager / Project leader.

Name: _____

Name: _____

Designation: _____

Designation: _____

Length of time with organization: _____

Length of time with the organization: _____

3. Do you have a governing body / board / trustees? Yes / No

If yes, who are they?

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

4. Contact person responsible for the project.

Contact 1

Contact 2

Name: _____ Name: _____

Designation: _____ Designation: _____

Contact number: _____ Contact number: _____

Fax number: _____ Fax number: _____

Cell number: _____ Cell number: _____

E-mail: _____ E-mail: _____

5. Please state your organisation's NPO (Non-Profit Organisation) number: _____

6. Have you applied to the South African Revenue Service (SARS) for approval as a Public Benefit Organisation (PBO) and for income tax exemption as is required by the amended legislation, which became effective in July 2001?

Yes No

If yes, please attach a copy of the application form or approval letter (from SARS).

7. What is your PBO reference number? _____

State under what section of the Income Tax Act your organisation has been granted exemption from income tax, and enclose a copy of your letter of exemption from the South African Revenue Service (SARS): _____

8. Please state your organisation's VAT Registration number (if applicable):

9. Has your organisation received a grant from Murray & Roberts CSI before?

Yes / No

If Yes, please detail those grants received during the last three years, indicating the date and amount of the grant.

| Date | Amount Received |
|------|-----------------|
| | |
| | |
| | |

10. When was your organisation established? _____

11. State the Goals and Objectives of your organisation

12. Outline the basic background of your organisation as well as your programmes and activities.

13. In which province(s) do you operate? Please tick the appropriate boxes

| | | | | | |
|----------------|--|---------------|--|--------------|--|
| Eastern Cape | | Northern Cape | | Western Cape | |
| Free State | | Gauteng | | North West | |
| Kwa-Zulu Natal | | Limpopo | | Mpumalanga | |

PROJECT DETAILS:

14. Briefly state the specific project for which you are requesting funds.

15. Give details of your intended plan of action / business plan for the above project.

What needs prompted you to start the project?

What are the aims and objectives of the project?

State the project activities with time frames.

Who are your target beneficiaries and how many beneficiaries are you expecting to reach?

What are the intended inputs, outputs and expected outcomes for the project? Outputs

How will you measure the success of your project?

What challenges do you expect to encounter?

What is the expected duration of the project?

16. State specifically the sum you are requesting. Do NOT ask us to make a general contribution to your funds or ask us to choose between your projects.

R _____

17. Give a detailed budget of the project for which funding is requested. (You can attach the budget to this application)

18. Please list any other sources approached by you for funds for this project, and state whether or not these approaches have been successful, and if so, the amount received.

| Source | Date | Amount | Successful / Not successful |
|--------|------|--------|--------------------------------|
| | | | |
| | | | |
| | | | |

19. Do you get a state subsidy? _____

If so, tick the appropriate box

| Department | Please Tick |
|--|-------------|
| Dept. of Education | |
| Dept. of Environmental Affairs & Tourism | |
| Dept. of Science & Technology | |
| Dept. of Social Development | |

20. Are you part of a formal / informal network with similar organisations? Please describe.

21. How are you addressing HIV/ AIDS issues in your organisation?

APPLICATION CHECK LIST

Please ensure that ALL the following relevant information / documentation is attached / completed:

| Document | Please Tick | FOR OFFICE USE ONLY |
|--|-------------|---------------------|
| Completed application form / template | | |
| Project implementation plan | | |
| Project budget | | |
| Annual Report | | |
| Unabridged Audited Financial Statements | | |
| Management Accounts – most recent for current year (i.e. Income & Expenditure Statements and Balance Sheet) | | |
| List of ALL individual donations of more than R20 000 received during the last financial year and pledged for the current financial year | | |
| NPO status letter | | |
| Income Tax Exemption letter from SARS | | |
| Map of your geographical location / footprint | | |
| Quotations (if applicable) | | |
| Photographs (if applicable) | | |
| If you have completed your application form electronically, please forward to: csi@murrob.com | | |