

APPLICATION FOR FUNDING

Name of Organisation Applying for Financial Assistance	Name of Project for which Assistance is being sought
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OFFICIAL USE (Not to be completed by applicant)

Area of Focus

<input type="checkbox"/> Sports	<input type="checkbox"/> Other (please specify)	
<input type="checkbox"/> Education		
<input type="checkbox"/> Social Economic Infrastructure Development Programme		
<input type="checkbox"/> Employee Volunteerism Programme		
<input type="checkbox"/> Health		

	Date Received
	Reference No.
	Received by
	Unit

A) TELL US ABOUT YOUR ORGANISATION

Organisation Contact

Name of Organisation

Mr
 Mrs
 Ms
 Dr
 Prof
 Rev
 Other

Name & Surname of Project Co-ordinator/Project Manager

Postal Address	Physical Address
Postal Code	Postal Code

Tel No.	Fax No.
Cell No.	Email
Website (if applicable)	

Bank Account details

Bank	Type of Account
Branch	Branch No.
Account Holder	Account No.

Auditor details

Auditor Name	Postal Address
Tel No.	
Fax No.	
	Postal Code

Registration details

How is your organisation registered?
 Trust
 NPO
 CBO
 FBO
 Other

NPO No.(if applicable)
 PBO No.

APPLICATION FOR FUNDING (continues)

Registration details (continue)

Is your organisation registered for Section 21 (non-profit)? YES NO Tax exemption in terms of section 10 (1)(f) of the Income Tax Act YES NO

Tax exemption in terms of section 18A of the Income Tax Act. YES NO

If yes, please attach a certified copy of the necessary authority from the Tax Exemption Units for SARS & your NPO Certificate

Governance

Name of Trustees/Members of the Board or Advisory Management Committee	Designation	Identity Number	Previously Disadvantaged Individual Status

Name of Manager responsible for daily operations and any other key managers in organisation	Designation	Identity Number	Previously Disadvantaged Individual Status

Brief history of Organisation (complete on separate paper if more space is required)

Date Established

Mission Statement

Brief history of Organisation (continue)

Service to Community

Major Achievements

OFFICIAL USE

NB! Please attach a copy of:
 • Constitution
 • Organisational Profit

Verified (office use only)

Previous Funding

Provide details and totals of all donations/grants received during the last two complete financial years:

Year	Amount	Donor

Do you receive financial or other support from Government (provincial or your municipality)? Please provide details below:

Year	Amount	Donor

Do you receive financial or other support from any other Corporate Social Investment program? Please provide details below:

Year	Amount	Donor

APPLICATION FOR FUNDING (continues)

Previous Funding (continue)

Please add any comment you may feel necessary

Provide details of any previous funding or material support from Transnet:

Year	Amount of financial support	Type of support

UNDERTAKING

I certify to the correctness of all information, figures, data and documentation contained herein and attached to this funding application.

I also undertake to supply additional information if required by Transnet. I also indicate my willingness to abide by the rules, regulations and instructions issued by Transnet in respect of any funding awarded and agree to subject my organisation to any audit or monitoring and evaluation initiative required by Transnet.

I also understand that completion and submission of this document does not commit to approving this application and subsequent funding.

Signature

Date application submitted

Position in the Organisation

B) TELL US ABOUT YOUR PROJECT

This part of the application form focuses on the project for which you are seeking funding or support:

Project

Name of Project

Focus Area (Select from categories below)

Categories			
Sports			
Education			
Social Economic Infrastructure Development Programme			
Employee Volunteerism Programme			
Health			

Please note:

Your request will not be considered for appraisal should it fall outside the scope of our Mission & Vision statements. Refer to detail on the Transnet Website

Alternatively refer to the heading REFERRALS for a list of other organisations that might be better suited to your needs or more able to assist you with your request for funds.

Other (please specify)

APPLICATION FOR FUNDING (continues)

Location of project roll out

National YES NO

Province (please specify) Eastern Cape Free State Gauteng KwaZulu-Natal Limpopo
 Mpumalanga Northern Cape North West Western Cape

Location (Indicate Town/Village/Informal settlement)

Need and rationale of project to be funded

Comment

What community support do you have for this project?

How will the community be involved in the project?

Primary beneficiaries of the project

Nr of children < 6 years old	Nr of children Gr 1 to Gr 7	Nr of children Gr 8 to Gr 12	Nr of children Gr 1 to Gr 7	Nr of youth aged 18 - 21	Nr of adults over 21 & older	Nr of women	Nr of senior citizens	Nr of disabled persons	Nr of men

Will the project ultimately benefit a wider number than the primary beneficiaries? If yes, indicate how many.

Will any new jobs be created with this project? YES NO

If, yes how long will it take to materialise? Immediately
 In 3 -12 Months

Summary description of project to be funded

Purpose Statement

APPLICATION FOR FUNDING (continues)

Summary description of project to be funded (continue)

Project Objectives

Project Deliverables

Project success factors

How do you intend to monitor and evaluate the project?

Project Personnel

What staff resources will be allocated to this project?

Will the project make use of Volunteers?

YES

NO

If yes, indicate how many

NB! Please attach the CVs of the Key personnel

Do you require any training support for your staff?
If yes, what kind of training would be useful?

APPLICATION FOR FUNDING (continues)

Funding Needs

What is the total cost of the entire project for the year?

Indicate how much money you would like Transnet to consider donating to you

How will you use this money?

Please indicate on which items or activities you will spend the donation that you would like	Cost of item or activity

NB! Please attach a detailed project budget to this application

Donations in Kind

If you do not need money but would prefer donations in kind, please indicate:

- | | | | |
|---------------------------------------------------|-----------------------------------------------|------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Infrastructure/buildings | <input type="checkbox"/> Office Equipment | <input type="checkbox"/> Computers | <input type="checkbox"/> Training |
| <input type="checkbox"/> Mentorship | <input type="checkbox"/> Prizes for functions | <input type="checkbox"/> Transport | <input type="checkbox"/> Office or Project Furniture |
| | | | <input type="checkbox"/> Other |

Please explain how these items or support activities will assist your organisation to achieve its project objectives

Additional Funders

Have you approached any funders to support this project? YES NO

Have you received any feedback or promises of support from Government, National Agencies or other Funders? YES NO

Have you received any feedback or promises from any other Corporate Social Investment group for this project? If yes - please specify name YES NO

Previous funding by Transnet for the project

Have you ever received funding from Transnet for this project? YES NO

If yes, please provide detail of funds or support provided

APPLICATION FOR FUNDING (continues)

Sustainability of project to be funded

In the event Transnet approving your application, how will the project continue after Transnet stops funding the project?

Training

If training is involved, are you an accredited training Provider?

YES NO

If yes, please provide your accreditation no.

Is this particular programme you intend to deliver as part of this project, accredited

YES NO

Signatories

Authorised Signature

Name of authorised Person

Designation

Date

Submission of application form

Contact Person

Fax No.

To Post:

To Deliver:

Postal Address

Physical Address

Postal Code

Postal Code

The following documentation needs to accompany this application:

- Constitution
- NPO Certificate
- Registration copy
- Tax exemption unit (if applicable)
- Detailed project budget
- Audited Financial statement
- Governance structure
- Profile of the organization

Email: Lindi.Tshilingalinga@transnet.net

Tel: 011 308 2488

www.transnetfoundation.co.za

Note to applicant(s):

Complete all sections providing as much detail as possible.

Submit your application for funding at least four months before funding is required.

