

## APPLICATION FOR FUNDING

Name of Organisation Applying for Financial Assistance

Name of Project for which Assistance is being sought

**OFFICIAL USE** (Not to be completed by applicant)

**Area of Focus**

Sports  Other (please specify)

Education

Social Economic Infrastructure Development Programme

Employee Volunteerism Programme

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

R

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

R

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

If yes, who?

Have you received any feedback or promises of support from Government, National Agencies or other Funders?

YES  NO

If yes, please specify name of funders to support this project

Have you received any feedback or promises from any other Corporate Social Investment group for this project? If yes - please specify name

YES  NO

If yes, please specify name of funders to support this project

## Previous funding by Transnet for the project

Have you ever received funding from Transnet for this project?

YES  NO

If yes, when?

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](mailto:Lindi.Tshilingalinga@transnet.net)

Tel: 011 308 2884

Email: [Resoketswe.Poto@transnet.net](mailto:Resoketswe.Poto@transnet.net)

Tel: 011 308 3152

[www.transnetfoundation.co.za](http://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.

