



a world class African city

Application for Rates Rebate: Social Funding

Conditions for application for Social Funding in respect of property rating for financial year 2008 / 2009.

Please read carefully and complete this application form using capital letters OR You can type in the information in this format. In terms of multiple choice questions, please circle or tick your answer where applicable.

CLOSING DATE FOR RECEIPT OF APPLICATION BY HUMAN DEVELOPMENT: 31 AUGUST 2008.

Note:
Submission of the application does not guarantee its approval.

A Details for application

1. Name of Organisation:

2. Date of Application:

3. Indicate the Social Funding Category you are applying for:

a. Social Responsibility/Rebates on rates

b. Services and Programmes

4. Person submitting the business plan:

Name: _____

Position: _____

Signature: _____

5. For how long has the Organisation been in operation? :

6. Registration Details of the Organisation:

7. Is the Organisation registered with SARS in terms of Section 30 of the Income Tax Act? YES / NO

If Yes, please attach SARS certification

8. Type of organisation: CC CBO NGO PWO TRUST

B Contact Details of Applicant

1. Postal Address:

2. Physical Address:

3. Telephone Number

4. Fax Number:

5. Contact Person:

6. Is your organisation an affiliate to a larger organisation? YES / NO

7. If your answer to the above question is yes, please give details regarding the affiliation.

8. Size of the organisation: 0>10 10>50 100>

No. of permanent staff employed _____

Estimated no. of direct beneficiaries from your services _____

9. Region & Area where project/s is/are located: e.g. Region F: Turffontein:

10. Please describe the activities of your organisation:

11. Describe the goal and the objectives of the project/ programme:

a. Short term:

b. Long term:

12. Describe the target group of the project/programme:

13. How are your organisational activities/programmes contributing towards Mayoral priorities?

14. What is the level of community involvement in the Organisation?

15. Have you received social funds before? If the answer is Yes, please indicate how were the funds utilised:-

16. Funding amount requested:

17. Are you currently receiving other funding/donations/sponsorship/subsidies? YES / NO

18. If the answer of the above question is Yes, please indicate the details of the Source of Funding:

19. What mechanisms are in place for monitoring usage of funds?

20. What mechanisms are in place for monitoring and evaluating service delivery progress in your organisation?

21. Will you be willing to provide the City of Joburg with Service Delivery Progress Report if requested? YES / NO

22. If the answer is no on the above question please give valid reasons:

23. Indicate specifically how your organisation contributes towards Social Development within the City of Joburg:

24. Sustainability Plan

Provide ways in which the organisation plans to sustain itself if it does not receive sufficient funds from the potential donors or if there are budget cuts for this financial year and the future

25. Summary of projected income and expenditure
 (Please feel free to develop this form in landscape to accommodate your information)

Income	Financial Year	Financial Year	Financial Year
Expected Income	Past Year ()	Current Year ()	Next Year ()
Government Departments			
International Donors			
National Lottery			
Private Sector			
Other (Specify)			
Subtotal			
Expenditure	Past Year ()	Current Year ()	Next Year ()
Office			
Rent			
Insurance			
Telephone			
E-mail			
Fax			
Fuel			
Transport			
Personnel			
Salaries			
Bonus			
Subtotal			

26. Banking Details

Name of the Bank	
Branch	
Branch Code	
Type of Account	
Account Number	

27. Property Rates Accounts

Please provide a list of all of the property owned by your Organisation within the jurisdiction of the Municipal Area of the City of Johannesburg. List by erf number within Township and show the Council's rates account number for each property.

28. Latest Audited Financial Statements

Please include a copy of the latest audited financial statements of your organisation with this application

Return Address

Please deliver the application to your local office

Contact Details for Regional Office:

Region A	011 203 3650	Mr Alan Grobber	300 15 th Rd, Randjies Park, Midrand
Region B	011 718 9665	Ms Violet Modise	35 Symmonds Rd, Auckland Park
Region C	011 761 0456	Ms Angie Phetshana	Roodepoort Civic Centre, Ground Floor
Region D	011 986 0258	Ms Nomvula Mjuza	Jabulani Civic Centre, 1 Koma Road
Region E	011 531 5520	Ms Hilda Mkhwanazi	Sandton Civic Centre, Cnr Rivonia & West
Region F	011 376 8533	Ms Carina van Zyl	C.J. Cronje Bld, 80 Loveday Str
Region G	011 211 8864/213 0133	Ms Christine Sithole	Corobrick Bld, Lenasia South

Please obtain acknowledgement for the application.