

<p>MUNISIPALITEIT VAN PRINS ALBERT</p> <p>Rig alle korrespondensie aan: DIE MUNISIPALE BESTUURDER Privaatsak X53, Prins Albert, 6930</p> <p>E-Pos / E-Mail: adminklerk@pamun.gov.za</p>		<p>MUNICIPALITY OF PRINCE ALBERT</p> <p>Address all correspondence to: THE MUNICIPAL MANAGER Private Bag X53, Prince Albert, 6930</p> <p>Tel: 023-541 1320, Fax: 023-541 1321</p>
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GRANTS-IN-AID APPLICATION FORM

Only to be completed by organizations/ sports clubs applying for a grant to support activities.

Application for a Grant-In-Aid or Sponsorship for the **2024/2025** Financial Year.

NAME OF ORGANISATION: _____

SERVICE AREA: _____
(e.g. HIV and AIDS, Sports etc.)

IMPORTANT NOTICE:

- the closing date for annual grant-in-aid applications is Friday, 10th May 2024.
 - Applications must be posted to the office of the Municipal Manager: Grant-In-Aid or Sponsorship, Prince Albert Municipality, Private Bag X53, Prince Albert, 6930, Attention Ms. G Botes
 - Applications must be signed on behalf of the organization by an authorized member of the committee, board, management, or project leader.
 - Details of the contact persons must be clearly indicated.
 - Physical address of the organization must be indicated and not the address of the person completing the application on behalf of the organization.
- Applications must be completed in full.

The following documentation must be attached to the application:

1. Constitution of the organization.
2. Most recent financial statement of the organization.
3. Business Plan/ Project Plan/ Funding Proposal.
4. Copy of registration Certificate.
5. Proof and details of Bank account from a Bank registered in South Africa with a Bank Stamp.

GENERAL CONDITIONS AND REQUIREMENTS

- Any Grant-in-aid or Sponsorships allocations must be utilized only for the purpose for which it has been approved and allocated.
- An official will evaluate and monitor the organization on a regular basis.
- Full cooperation of all beneficiaries to the official in this regard is requested.
- All beneficiaries must submit a report on the utilization of the Grant-in-aid or Sponsorship on a quarterly basis from the date of funding.

I _____ the undersigned:

Hereby certify:

1. That the Grant-in-aid or Sponsorship will be used for the purpose for which it has been Allocated.
2. That all the information on the application forms, as well as the accompanying documentation is true and correct in all respect.

NAME & SURNAME

SIGNATURE

DATE

SECTION A: DETAILS OF THE ORGANIZATION

1. Name of the organization

2. Physical Address of the organization

3. Telephone Number _____

4. Fax Number _____

5. Email Address _____

6. Contact Person _____ Contact Number _____

7. When was the Organization established?

8. Is the Organization registered?

9. If yes, what type and provide registration number

10. Is the Organization Affiliated to another organization/Body? Yes / No _____

If yes give name:

SECTION B: MANAGEMENT COMMITTEE OR BOARD

11. Names and Positions of three Members of the Management Committee or Board.

NAME	POSITION	ID	HOME ADDRESS	CONTACT NUMBER

SECTION C: OPERATIONS OF THE ORGANIZATION

12. Describe the main purpose of the Organization:

13. Describe the type of services that the Organization provide:

14. Describe the Number of People already benefiting from the services offered by your organization:

CATEGORY	MALE	FEMALE	DISABLED	TOTAL
Children				
Youth				
Women				
Elderly				
TOTAL				

SECTION D: DETAILS OF FUNDING APPLIED FOR

15. What amount of money is the Organization requesting? _____

16. Explain how you will utilize the money, if granted (what do you need the money for?)

17. Which groups of people will benefit from the funds if granted and how many?

GROUP	NUMBER	WARD	AREA
Children			
Women			
Youth			
Elderly			
Unemployed			
People with Disability			
People who are homeless			
People with HIV/Aids			
People living with cancer.			

18. Was the Organization previously funded by the municipality? _____

If yes, please complete the table below:

YEAR OF FUNDING	AMOUNT RECEIVED	FUNDED FOR	PROGRESS REPORT SUBMITTED YES/NO

19. Do you currently receive funding from another source? _____

NAME OF FUNDER	AMOUNT RECEIVED	FUNDED FOR WHAT	DURATION OF FUNDING

SECTION E: FINANCIAL INFORMATION

20. Bank Details

Name in which the Account is held _____

Name of Bank _____

Branch _____

Type of Account _____

Account Number _____

Please attach the Organization's latest Bank statement not older than thirty (30) days

SECTION F: VERIFICATION AND RECOMMENDATION

21. Recommendation from the Verification Official

NAME OF OFFICIAL: _____

SIGNATURE: _____

DATE: _____

CHECKLIST FOR GRANT-IN-AID ANNUAL APPLICATION REQUEST

TO: The Grant-In-Aid or Sponsorship Committee
Prince Albert Municipality
Private Bag X53
Prince Albert
6930

APPLICATION FOR ANNUAL GRANT-IN-AID OR SPONSORSHIP 20_/20_ FINANCIAL YEAR

I _____ being the Chairperson/ Secretary of _____(name of organization) whose address appears above, being duly authorized to submit this application for Grant-In-Aid or Sponsorship.

The required documents as indicated by an X in appropriate box are enclosed for your consideration.

- The Constitution of the Organization.
- The latest Bank statement of the Organization not later than thirty (30) days
- Business Plan/ Project Plan/ Funding Proposal indicating what the organization is involved in plan to do should funding be granted.
- Copy of NPO registration certificate or letter of affiliation Body/Institution.
- Report and receipt or expenditure of previous funding
- Proof of residential address of 2 members of the project committee.

CHAIRPERSON

SECRETARY

DATE

EVENT SUPPORT APPLICATION FORM

Only to be completed by events/ festivals applications:

Application for the **2024/2025** Financial Year

Prince Albert Municipality is considering collaborating with and providing financial and service support to events and festivals within the municipal boundaries, planned, and scheduled to take place from 1 June 2024 to 30 June 2025.

Events are required to strategically align with the niche economic and tourism activities such as adventure, sport, food and beverages, culture, and heritage, while stimulating the economy from an employment and spend point of view. Events should also be able to show a social benefit to the community of the municipal area.

EVENT:

Name of the event	
Date of the event	
Venue	
Residential area	
Town	

DESCRIPTION OF EVENT:

ORGANISER:

Event Organizer		
Contact person		
Telephone	Mobile	Landline
Event Website		
Event Facebook / Instagram		

POPIA declaration:

Herewith I _____ the organiser, grant permission to the Prince Albert Municipality to publish the details of this event on all online platforms and in the annual events calendar, for distribution. Tick the applicable box:

YES		NO	
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Target Market:

Number of people expected to attend.

Type	Number
Participants	
Spectators	
Staff	
Volunteers	
Vehicles	

Areas from where the (participants and spectators) will be drawn:

Tick The appropriate boxes.

National (South Africa)		International	
Western Cape		KwaZulu Natal	
Eastern Cape		Limpopo	
Gauteng		Mpumalanga	
Northern Cape		Southern Cape / Local	
Northwest			

Budget & Funding:

Total Budget for event	
Amount requested in cash (if applicable)	
Marketing budget	

Municipal Services Requested – see relevant associated tariffs:

<i>Service</i>	<i>Number</i>	<i>Location</i>	<i>Specify</i>
Venues			
Traffic officers			
Law Enforcement			
Electrical connections			
Cleaning services			
Infrastructure/ sewerage			
Parks/ recreation			
Other services			

Kindly note: All permit costs require payment and cannot be waived under any circumstances. Costs of services will be added to the sponsorship value to determine the full extent of the sponsorship.

Other Opportunities:

Food stalls	
Other stalls	

Where will the participants primarily stay during their visit - Tick all applicable categories.

Hotels		Hostels/ Schools	
Guest Houses/ B&B's		Traveling from neighboring towns	
Self-Catering		Private with residents	
Caravan parks & resorts		Other	

Other Economic and Social opportunities for the Community and destination?

What makes this event unique?

Please attach the following documents:

1. Download the application form at <https://www.pamun.gov.za>
2. Complete the application form and submit, along with the following documentation:
 - A detailed event proposal (including all sponsorships, profile, promotional plans, track record of previous events (including statistics) and a sustainability plan) will be added advantage.
 - Portfolio of evidence of previous successful events organized, with photos or images of the previous event in JPEG format, if applicable, along with social media and website details.
 - For new events, provide a detailed business plan with financial projections.
 - A set of the Event Organizers latest Annual Financial Statements, signed by the COO and CFO.
 - An endorsement letter from the relevant governing body or association (Sports association, Tourism Office, Ratepayers and Residents Association, etc.) if applicable.
3. Sign and date the application and post to Municipal Manager, Private Bag X53, Prince Albert, 6930 for the attention of Ms. G Botes
4. For more information call Ms. G Botes on +27 23 541 1320.

I declare that the above information is correct and have attached the required documentation.

Failure to provide all the above information may result in disqualification.

Signature: _____ Date: _____