ETHEKWINI MUNICIPALITY

GRANT IN AID FUNDING

2025/26

APPLICATION FORM

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INSTRUCTIONS

1. Please complete this form in detail. Incomplete forms will not be accepted.
2. Applications for grants will be considered only if made on the prescribed form.
3. The completed application form, together with all relevant documentation, should be forwarded to municipal offices or via email at Gia.Sandry@durban.gov.za on or before 31 July 2025 by 12h00pm.

NO LATE APPLICATIONS WILL BE ACCEPTED

SECTION A: DETAILS OF YOUR ORGANIZATION

1. Name of Organization: _____

2. Postal Address: _____ Street Address: _____

3. Tel No: _____ Fax No: _____

   E-Mail: _____

4. Name and position of the contact person: _____

5. Registration or NPO number: _____ (please attach proof)

6. Area of operation (ward(s) where your organization service)

_____

FOR OFFICE USE ONLY

DATE RECEIVED: _____

RECEIVED BY: _____

OFFICE AT: _____

TELEPHINE: _____

7. Briefly describe the main purpose and activities of the organization:

_____

_____

_____

_____

_____

_____

_____

8. Please give details of the Board of Trustees/ Management Committee:

NAME	POSITION HELD	CONTACT DETAILS	VOLUNTEER / PAID STAFF

SECTION B: DETAILS OF FINANCIAL INFORMATION

1. Your organization's bank details:

Account Name: _____

Account type: _____ Acc. No: _____

Bank: _____ Branch: _____

Branch Code: _____ Address: _____

2. List the people who are authorized to approve payments on your account.

Name: _____ Position in Orginization: _____

Name: _____ Position in Orginization: _____

Name: _____ Position in Orginization: _____

3. Please provide your organization's financial affairs over the last 2 financial years plus current showing the following information:

INCOME DESCRIPTION	CURRENT	YEAR 1	YEAR 2

EXPENDITURE: DESCRIPTION	CURRENT	YEAR 1	YEAR 2

SECTION C: DETAILS OF YOUR FUNDING REQUEST

1. State the amount requested: R _____

2. Please specify how the funds will be spent, if granted (Use a separate sheet of paper if necessary)

3. Please tick the category of your application,

- ☐ **Sports, Culture & Recreation**
- ☐ **Early Childhood Development**
- ☐ **Economic Empowerment**
- ☐ **Social Welfare**
- ☐ **Skills Development**
- ☐ **Religious/ Faith Based**

4. Date of commencement of programme.

5. Please indicate which specific groups of people will benefit from funding (if granted)

- ☐ **Children**
- ☐ **Youth**
- ☐ **Disabled**
- ☐ **Children**
- ☐ **Youth**
- ☐ **Disabled**

6. Did your organization receive financial assistance from the Council's Grant-in-aid programme previously? ☐ **YES** ☐ **YES**

If yes, in which years and describe the nature of the grant received:

YEAR	DESCRIPTION OF GRANT-IN-AID RECEIVED

Compulsory: Please submit a progress report detailing how the Grant was spent.

SECTION D: CHECKLIST

Please indicate with a tick, which of the under-mentioned documentation has been attached to this application.

- ☐ Your organizations Constitution/ Trust Deed/ Articles of Association.
- ☐ Audited Financial Statement for the past 2 years/ Financial Information and Affidavit. Certified
- ☐ copy of NPO or NPC Certificate.
- ☐ Business and Implementation Plan.
- ☐ Bank statement (for the last six {6} months)
- ☐ Certified copies of ID book of all members signing the application as per section E {Declaration}
- ☐ Detailed Budget breakdown, List of needs, specific to the request for funds.
- ☐ Progress report on how previous funding was spent.
- ☐ DSD documents confirming members of the organisation
- ☐ CIPC documents confirming members of the organisation

SECTION E: DECLARATION

WE, THE UNDERSIGNED, HEREBY CERTIFY THAT:

1. We are duly authorized to sign this declaration and to the best of our knowledge all information supplied in this application is true and accurate in all respects.

2. No changes have been made nor are changes envisaged to the constitution of the organization, which have not been disclosed in this application.

3. We agree that probity inspection may be in respect of the organization.

4. If this application is successful, this organization will use the grant only for the purpose specified in this application and comply with all terms and conditions attached to the grant.

5. We accept that false information provided by us to the eThekwini Municipality would nul- lify this application and that funds received by us based on such false information would have to be refunded.

NAME	ID NO.	POSITION	SIGNATURE

*A minimum of 3 people must sign this section, preferably the Board of Trustees or Executive.