



# OFFICE OF THE EXECUTIVE MAYOR

✉ Private Bag X1002, Plettenberg Bay 6600; ☎ (044) 501-3484 - Herman Nieuwoudt

## **APPLICATION FOR GRANT-IN-AID**

**(PLEASE READ AND COMPLY WITH CONDITIONS ON PAGE 5)**

1. NAME OF ORGANIZATION:

.....

2. NPC / NGO / NPO REGISTRATION NUMBER: (**Attach proof of registration**)

.....

3. CONSTITUTION OF ORGANIZATION: (**Attach copy**)

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4. PROFILE OF ORGANIZATION, BUSINESS / PROJECT PLAN LINKED TO FINANCIAL PLAN: (**Attach copies.**)

.....

5. PHYSICAL ADDRESS:

.....

.....

.....

.....

6. E-MAIL: .....

7. MOBILE NUMBER: .....

8. ALTERNATIVE CONTACT NUMBER: .....

9. IS YOUR ORGANIZATION AFFILIATED TO ANY OTHER ASSOCIATION:

.....

10. CONTACT PERSON(S) AND TELEPHONE NUMBER(S):

.....

.....

11. NAME OF THE REGISTERED AUDIT FIRM / AUDITOR THAT AUDITS THE FINANCIAL RECORDS OF YOUR ORGANIZATION: **(Attach the latest copy of Auditor(s) Report)**

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12. WHAT ARE YOUR ORGANIZATION'S MAJOR SOURCES OF FINANCE AND FUNDING STRATEGIES?

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13. ORGANIZATION'S BANK DETAILS: **(Attach confirmation of banking details)**

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14. ORGANIZATION'S 12 MONTHS BANK STATEMENTS: **(Attach the latest copies of detailed 12 months bank statements)**

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15. AMOUNT REQUIRED (**Specify**): **R**.....

16. AMOUNT OF ASSISTANCE RECEIVED BY YOUR ORGANIZATION FROM BITOU MUNICIPALITY IN THE PAST 12 MONTHS:

.....

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17. SUPPLY INDIVIDUAL / ORGANIZATION'S MUNICIPAL ACCOUNT NUMBER(S) OF YOUR ORGANIZATION (Attach copies of municipal accounts)

Municipal Rates Account No.: .....

Other Municipal Account No.: .....

18. DOES YOUR ORGANIZATION HAVE ARREARS ON MUNICIPAL ACCOUNT/S? (Mark with an X where applicable)

YES / NO

19. HAVE ARRANGEMENTS BEEN MADE WITH THE FINANCE DEPARTMENT ON HOW THE AMOUNT(S) IN ARREARS WILL BE SETTLED? (Mark with an X where applicable)

YES / NO

20. IF YES, PLEASE ATTACH SIGNED COPIES OF ARRANGEMENTS MADE WITH THE FINANCE DEPARTMENT; AND

21. IF NO, WHAT ARE THE REASONS FOR NOT MAKING ANY ARRANGEMENTS?

.....  
.....  
.....

**PLEASE NOTE:**

1. **ALL** Sections must be completed.
2. Incomplete and inaccurate application forms or forms submitted without the required supporting documents will be disqualified and will NOT be processed any further for consideration by the Bitou Municipality.
3. If it is found that wrong/false information has been supplied in the past in order to qualify for a grant, **the funds allocated to that applicant will be recovered by means of legal action.**

Sign here

## DECLARATION STATEMENT

In my capacity as ..... of the Organization,

I,.....,

ID No: ....., declare that the information

rendered in this application form is correct in every respect.

SIGNATURE:.....

DATE:.....

# GENERAL CONDITIONS AND REQUIREMENTS APPLICABLE TO GRANT-IN-AID

1. The closing date for applications for Grant-in-Aid is 22 September 2023. No late applications will be considered or accepted.
2. Grants are made for one year only. Organizations requiring further financial aid must apply afresh in the next financial year.
3. Applications for grants will **ONLY BE CONSIDERED**, if submitted on the prescribed application form.
4. The below supporting documentation or attachments are **COMPULSORY**: -
  - i. A copy of the Organization's **registration certificate**.
  - ii. A copy of the Organization's **constitution**.
  - iii. A copy of the Organization's **business or project plan**.
  - iv. The latest **audited financial statements** (if latest year not reflected, statements for previous year should be submitted).
  - v. A copy of the Organization's **confirmation of banking details**.
  - vi. Copies of the Organization's **last 12 months bank statements**.
  - vii. A copy of the **latest municipal account**.
5. No application will be considered unless the constitution contains a **dissolution clause** to the effect that in the event of the organization's dissolution, any remaining assets shall be handed over to an organization or society with similar objectives.
6. The envelope with all the required documentation as per paragraph 3 and 4 above, must be dropped into the submission box:

**Municipal Main Building  
Sewell Street  
Plettenberg Bay  
6600  
Attention: Mr Herman Nieuwoudt  
Tel: 044 – 501 3484**

**E-mail:** [hnieuwoudt@plett.gov.za](mailto:hnieuwoudt@plett.gov.za)

7. All decisions of the Council are final, and no further correspondence in respect of the outcome of an application will be entertained.

Sign here