



Physical Address: 2nd Floor Clifton Place, 19 Hurst Grove, Musgrave, Durban 4062

## SPSF APPLICATION FORM- SEPTEMBER 2023

**Closing date: 15<sup>th</sup> JUNE 2023**

### Instructions

- Please feel free to complete this application electronically or by hand and add more paper if the spaces provided are not enough.
- Please answer all the questions as accurately as possible.
- Please ensure that you have read and understood the Terms of Reference that are available on the website of the Ukusekela/The Small Grant and Support Fund (SPSF): [www.ukusekela.org.za](http://www.ukusekela.org.za)
- All applications must be hand-delivered or couriered no electronic submissions will be considered. The physical address 2<sup>nd</sup> Floor Clifton Place, 19 Hurst Grove, Musgrave, Durban 4062
- Musgrave, Durban, 4062 before the deadline of 15<sup>th</sup> June 2023, 16h00 clearly marked **SPSF September 2023 Application**.
- Any enquiries can be directed to Ms Snegugu Vilakazi: [sneguqu@aims.org.za](mailto:sneguqu@aims.org.za) or Mr Vuyolwethu Dlamini [Vuyolwethudlamini@aims.org.za](mailto:Vuyolwethudlamini@aims.org.za)

### PART A: APPLICANT BACKGROUND INFORMATION

#### A.1 Provide details about the applicant

Name of Organisation				
Physical address				
Province	<b>Thematic Focus Areas</b> ( please tick the relevant box )			
	Gender Based Violence and Femicide (GBVF) advocacy and support		Improving access to women's sexual and mental health	

					Economic development and support		Improving Gender Equality (in the work place and educational institutions)	
District								
Type of organisation	NPC		NPO		Trust		FBO's	
Registration Number								
Income Tax Ref or PBO Number					VAT Ref (if applicable)			
Name and Designation of Contact Person 1								
Telephone (w)								
Email address				Mobile				
Name and Designation of Contact person 2								
Telephone (w)				Mobile				
Email address								
Website and Social Media Handles(if applicable)								
<p><b>A.2 Provide background information about the organisation, its founder(s), how was it started and for how long has it been in existence for (minimum of five lines is required)</b></p>								

**A.3 What kinds of work has your organisation done in the past and what were your most important achievements (maximum of half a page)**

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**SPECIAL CONSIDERATION:**

- Top up funding will be provided to entities that are registered and operational within the stated Provinces and Districts.
- Top up funding requests will be considered only for operational and implementation costs to amplify and strengthen existing projects; not for Human Resource related costs.

**Is this a top up request to an existing grant? ( please tick Yes / No**

<b>Yes</b>		<b>No</b>		
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**A.4 Provide background of the programme and why this to up is required?**

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**PART B: REGISTRATION DOCUMENTS REQUIREMENTS CHECKLIST**

- B.1** Do you have a constitution YES/NO (*mark with X*)
- B.2** If you responded YES to the above please attach it to this application.
- B.3** Please attach proof of legal entity (NPC, Trust, NPO, FBO's)
- B.4** Do you have a governing body e/g Management Committee; Board of Directors YES/NO
- B.5** If YES, what do you call your governing body? \_\_\_\_\_
- B.6** List the members of the governing body and their roles in the committee in the table provided below
- B.7** How often does the governing body meet (*mark with X*)  
 Monthly:\_\_\_\_\_ Other specify\_\_\_\_\_

Full Name and Surname	Position on Committee	Identity Number	Gender	Indicate years of service on the board	What other work do they do?  (E.g. high school educator, local councillor, church leaders etc.)

**PART C: PROGRAMME**

**C.1** What are the primary/main problems your organisation/structure wants to address (for example Economic development and empowerment, Gender Based Violence and Femice (GBVF) and support, Improving Gender Equality (in the work place and educational institutions) and Improving access to women’s sexual and mental health.

**C.2 How will you go about addressing these problems- what are your plans? (Attach a written operational or work plan if available.**

**C.3 Who will be the main beneficiaries of your programmes? (For example Young woman and girls etc.)**

Target groups	Percentage %

**C.4 What will change in the lives of beneficiaries and the community because of your work? Explain?**


**PART D: RESOURCES**

**D.1 Does the organisation have a bank account? YES/NO**

**D.2 If YES, attach copy of your bank statement reflecting banking details**

**D.3 What are the dates of your financial year/funding cycle? (e/g February –March/ January –December)**

  
  
  
  
  
  
  
  
  
  

**D.4 Briefly explain how your organisation records its financial transactions and accounts for income received and expenditure of funding grants?**

**D.5 What was your organisations total income and expenditure in the past financial year?**

R\_\_\_\_\_ (*attach financial statements*)

**D6. How much funding will you need for the Ukusekela project? (*attach budget*)**

**D7. Did the organisation receive funding previously? YES/NO (*mark with X*)**

**D8. Provide details of current donors and non-monetary donations received e.g. stationery, office space etc.**

Donor	Start date of grant	End date of grant	Amount of donation( or specify non-monetary gift)

**D9 Which donors supported you previously?**

Donor	Start date of grant	End date of grant	Amount Donation (or specify non-monetary gift)

**D.10 Are your financial statements audited annually? YES/NO**

**D11. List the names of everyone working at your organisation in the table below, indicate their positions/roles in the organisation and whether they are paid a salary or are receiving a stipend or are un-paid (*Attach an extra page if necessary*).**

Name	Position/ Role	Salary	Stipend	Unpaid

**D.12 What equipment/resources do you have?"**

Equipment/Resources	Y/N	Detail(number or type)
Work space ( no of rooms)		
Furniture e g desks, chairs		
Telephone line		
Fax Machine		
Computers		
Email and Internet Access		

Organisational vehicle		
Other (Specify)		

D13. Which organisations or service providers is your organisation currently working with? How do you work together? Please provide as much details as possible (use additional pages if necessary)

Name of Organisation/Institution or Individual	How do you work together
e.g. Head Teacher at a local school	E.g. Advocating for service delivery in the area.

## PART E: TECHNICAL SKILLS

E.1 Have any of the current staff members/volunteers been trained in special skills that will help them carry out their job functions adequately e.g. monitoring and evaluation, data capturing etc.

Name of Staff member/Volunteer	Type of training	When

E.2 What other skills or training do you think your staff/ and or volunteer will need to do their job well? Please list the skills/training required.

**E.2** Thank you for completing this Notice of Funding Opportunity. The completed form with the relevant supporting documentation, should be hand delivered/couriered to the AFSA offices and marked for the attention of Ms Snegugu Vilakazi. These must reach AFSA offices before **16h00** on **15<sup>th</sup> June 2023**. Email applications will not be accepted; the address for delivery of the documentation is:

**2nd Floor Clifton Place, 19 Hurst Grove, Musgrave, Durban 4062**

**E.3** You will be contacted within two weeks of receiving your completed Expression of Interest Form. Organisations which pass through our initial screening process will be visited to conduct pre-assessment visits to the organisation.

### MANDATORY ADMINISTRATIVE REQUIREMENTS CHECKLIST

Checklist of documents to be submitted with this application: Tick the relevant box to indicate documents attached:

Requirements (Attach relevant supporting documents)	Attached
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<b>Annex 1:</b> Valid SARS tax clearance certificate with tax compliance status	
<b>Annex 2:</b> Current operational plan/work plan	
<b>Annex 3:</b> Organogram (diagram of organisational structure)	
<b>Annex 4:</b> Brochure describing the work of the organisation	
<b>Annex 5:</b> Annual Report or overview activities of the previous year.	
<b>Annex 6:</b> Proposed budget and activity plan for project application	
<b>Annex 7:</b> Constitution	
<b>Annex 8:</b> NPO certificate or any registration document	
<b>Annex 9:</b> Board resolution authorizing application	
<b>Annex 10:</b> Proof of compliance with Department of Social Development not older than 12 months .	
<b>Annex 11:</b> 3 x letters of support from your community gate keepers	
<b>Annex 12:</b> Income and expenditure statements or audited financial statements if available	

## PART F: DECLARATION BY THE AUTHORISED PERSON

Dear Sir / Madam

Having examined and completed the application form, I on behalf of

\_\_\_\_\_ express an interest in being awarded funding in respect of the SPSF program

We hereby declare that the information and statements made in this application are true and accept that any misrepresentation contained in it may lead to our disqualification.

We undertake, if our application is successful, to comply with the grant regulations and code of conduct as prescribed by (AFSA) and BfdW.

We understand that the CHP is not bound to approve the application submitted.

<b>Name and Position</b>	<b>Duly authorised to sign for and on behalf of:</b>
<b>Signature</b>	<b>Date</b>