



SPSF INTENTION TO APPLY

JULY 2024

Instructions							
<ul style="list-style-type: none"> • Please answer all the questions as accurately as possible. • Please ensure that you have read and understood the Call for applications which are available on the following websites: www.aids.org.za and www.ukusekela.org.za. • Any enquiries can be directed to Ms Snegugu Vilakazi: snegugu@aidsonline.org.za or contact our offices on 031 277 2700 							
PART 1: PROVIDE DETAILS ABOUT THE APPLICANT							
Name and surname of applicant or details of Organisation/Entity							
Physical address							
District and Province							
Type of organisation	<input type="checkbox"/> NPC	<input type="checkbox"/>	<input type="checkbox"/> NPO	<input type="checkbox"/>	<input type="checkbox"/> Trust	<input type="checkbox"/>	<input type="checkbox"/> FBO's
Contact number				Email address			
PART 2: PLEASE PROVIDE BRIEF DESCRIPTION OF THE HUMAN RIGHT THREAT/VIOLATION THAT HAS OCCURRED AND WHAT HAS BEEN AFFECTED.							
WHAT WAS THE SITUATION BEFORE THE VIOLATION HAPPENED/OCCURRED							

PART 3: WHAT WILL THE FUNDS BE USED TOWARDS? OUTLINE BRIEFLY AND ESTIMATE COSTING.

PART 4: WHAT ARE THE DESIRED OUTCOMES OF THE INTERVENTION

HOW WILL THIS RAPID RESPONSE INTERVENTION RESTORE HUMAN RIGHTS?

Thank you for completing this application for Ukusekela Component 2. The completed form with the relevant supporting documentation, should be emailed to this email address: snegugu@aids.org.za or SPSFComponent2@aids.org.za

Applications which pass through our initial screening process will then be reviewed for alignment with Human Rights violation and rapid response threat for further consideration. We acknowledge that this is an emergency call and every effort will be made to act swiftly regarding it.

DECLARATION BY THE AUTHORISED PERSON

Dear Sir / Madam

Having examined and completed the 'Intention to apply form, I on behalf of

_____ express an interest in being awarded funding in respect of the SPSF Component 2 program

I 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.

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

Signature

Date