

KOUGA MUNICIPALITY – APPLICATION FOR DONATION FORM

NAME OF THE ORGANISATION (if applicable)	
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Contact details	
Name	
Title/Position	
Physical / Postal address	
Telephone Number	
Email address	
How is the organization registered (i.e NPO, etc.)	

<p>Organization registration number and copy of registration documents</p>	
<p>Does this organization serve the poor (Y/N)</p>	
<p>If yes, please provide a brief explanation</p>	
<p>What is the focus of the project/event/ activity, for which funding support is being applied for</p>	
<p>Event/activity/project date</p>	
<p>Explain who will benefit from the project/event</p>	

What will the proceeds be utilized for and what impact will it have on the larger community	
Has the organization received a donation from the Municipality before(Y/N)	
If yes, state the amount and date it was received.	
Does the organization have the ability to implement the project/event/activity successfully (Y/N)	
Bank account details	
Name of the bank account holder	

PLEASE NOTE: Approved donations are subject to the following conditions:

1. Donations must be exclusively utilized for the purposes defined herein;
2. The organization must ensure that the targeted beneficiaries receive the benefit of the transferred funds.

UNDERTAKING

I/ we confirm that:

1. The information provided in this application is true and correct and that the conditions applicable to the allocation of a donation is understood and will be complied with.
2. The organization implements effective, efficient and transparent financial management and internal control mechanisms to guard against fraud, theft and financial mismanagement, and has in the past complied with requirements for similar transfers of funds. (if applicable).

Signed at: _____ (place of signature)

Signed on: _____ (date of signature)

Applicant full name: _____

Applicant signature: _____

Comments by Office Bearer:

Approved	Not Approved	Approved amount: R
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Name of Office Bearer: _____

Designation: _____

Signature: _____

Sign at: _____

Signed on: _____

Comments by Accounting Officer:

I certify that the compliance with section 67 (1)(a) of the Local Government: Municipal Finance Management Act 56 of 2003, by the organization /body is uneconomical/unreasonable due to the limited amount donated.

Name of Accounting Officer: _____

Designation: _____

Signature: _____

Sign at: _____

Signed on: _____