



BREEDE-OLIFANTS
CATCHMENT MANAGEMENT AGENCY

Cnr Mountain Mill & East Lake Roads, Worcester, 6850
101 York Street, George, 6530

APPLICATION FORM FOR GRANT FUNDING

BREEDE-OLIFANTS CMA POPI ACT COMPLIANCE NOTICE

The Breede- Olifants Catchment Management Agency (BOCMA), as a public service institution, is required to collect, process and store information from members of the public for the purpose of rendering of services to the citizens of this province. The POPI Act, Act 4 of 2013, regulates and controls the processing, use and storage of personal information. In order to be compliant with POPI ACT, Act 4 of 2013, the BOCMA commits to not share your information with any third party outside the BOCMA, implementing agencies, co-workers and associates / partners as per our business processes. We at the Breede-Olifants CMA respect your privacy and will always continue to do so. By signing this form, you are giving us consent to collect, process and store your information for the purpose of rendering a service to you as a citizen.

Signature of Applicant

Date

NAME OF ORGANISATION	
REGISTRATION NUMBER	
NAME OF PROJECT	
LOCATION	
AMOUNT REQUESTED	

CHECKLIST		Attached: Yes/No
Application Letter		
NGO/NPO/CBO/NPC Registration Certificate		
Copy of Constitution		
Proof of the latest 3 meetings (agendas , attendance registers and minutes)		
Board members' list with contact details and certified ID copies		
Organisation's banking details (Bank stamped confirmation letter)		
Existing financial control system of Organisation		
Equity Plan of Organisation		
Lease agreement (where property is not owned by applicant)		
Proof of access (i.e. water rights/GA/permit) to water		
1. PARTICULARS OF THE APPLICANT/REPRESENTATIVE		
Title		Surname
First names in full		
Date of birth	Y	Y
	Y	Y
	M	M
	D	D
Gender		
Position in Organisation		
Identity number		Telephone. No.
Physical address		
Code		

2. NAME, BACKGROUND, PURPOSE AND OBJECTIVES OF PROPOSED PROJECT

PROJECT BACKGROUND

PROJECT OBJECTIVES

PROJECT SUSTAINABILITY PLAN FOR THE NEXT 5 YEARS

HAVE YOU RECEIVED/WILL YOU RECEIVE ASSISTANCE FROM OTHER STAKEHOLDERS/GOVERNMENT DEPARTMENTS? (IF YES, PLEASE INDICATE WHAT ASSISTANCE AND WHEN IT WAS RECEIVED)

3. BENEFICIARIES	
JOBS OPPORTUNITIES CREATED	
PEOPLE BENEFITTING FROM THE PROJECT	WOMEN –
	YOUTH –
	DISABLED –
	CHILDREN –
	MEN –

4. FINANCE	
AMOUNT APPLIED FOR	
BUDGET (ATTACH QUOTATIONS OF REQUESTED ITEMS)	
Water related projects/activities	
• Food security gardens	<input type="checkbox"/>
• River Cleaning + Recycling	<input type="checkbox"/>
• Any other	<input type="checkbox"/>
If other, specify: _____	

5. LOCATION		
District municipality		
Local municipality		
Town		
Village		
Farm		
6. DECLARATION		
I (full name and position in block capital letter)		
<p><i>Declare that all the information provided in this application is complete and correct to the best of my knowledge. I understand that any false/misleading information supplied could lead to our application being disqualified.</i></p>		
Signature:	Place :	Date:

7. FOR OFFICIAL USE	
Application form checked by:	
Position	
Recommended to Grant Assessment Committee	
Date:	