



# SPORT & RECREATION SECTOR

## SMALL GRANTS

### PROJECT BUSINESS PLAN, BUDGET AND PROJECT MOTIVATION

#### 1. IDENTIFYING PARTICULARS

- a) Name of organisation: \_\_\_\_\_
- b) Physical Address of Organisation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) Province: \_\_\_\_\_
- d) Municipal Area: \_\_\_\_\_

#### 2. AREA OF IMPLEMENTATION OF PROJECT/PROGRAMME

- a) Where will the project/programme/services you are applying for be implemented?
- Rural area  Township  Urban
- Semi-urban  Semi-rural  Informal settlement

#### 3. WHAT WILL BE THE IMPACT OF THIS PROJECT/PROGRAMME?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### 4. RACIAL PROFILE OF BENEFICIARIES: Give the number of people who will benefit from this Project/programme in the table below.

Race		Tick	Number		
African					
Coloured					
Indian/Asian					
White					
Target Groups					
Women	Children	Men	Youth	Disability	Total

4.1 Please attach a comprehensive transformational plan to this application indicating inter alia the following details: Targets for elite athletes, number of participants, geographic spread, demographics (age group, gender, race) for development programmes, capacity building and management committee(s) as appropriate to your organization.

**5. JOB CREATION OPPORTUNITY:**

a) Will there be any new jobs created through this project/programme?

YES  NO

b) If yes, how many new jobs will be created: -----

c) If yes, what would be the nature of the employment and number of jobs to be created? Please tick the appropriate box.

Nature of Employment	Number of job opportunities to be created through this application.
Full-time	
Part-time	
Volunteers	

**6. REPRESENTIVITY OF THE ORGANISATION**

a) Is/are your project/programme meant for a specific group?

If YES, give details and explain why: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

b) Do the founding documents of your organisation require you to provide services only to a particular group? If YES, give details and explain why? \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) If your Management Committee is not representative of the race of your beneficiaries, explain why and explain what steps you have taken to rectify this:

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**7. OTHER DONORS /INITIATIVES CONTRIBUTING TO THE PROJECT**

Indicate if there are other donors/ initiatives contributing to the project and the value of the contribution, including significant value-in-kind donations.

Donor/Initiative	Amount

**8. ORGANISATIONAL SUSTAINABILITY:**

Can you tell us how your organisation plans to ensure that your programme/project continues beyond funding from the NLDTF?

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# BUDGET REQUESTED FROM NLDTF

Please complete the information below in full:

10.1 **BUDGET OF INCOME** for 2018/2019 financial year (From whom or where does your organisation plan to receive funding in 2018/2019)

Sources of Income		Amount in Rand
<b>National Lottery Distribution Trust Fund</b>		
<b>Subsidy and/or grant from Government Department/s:</b>	<b>Dept. of Sport &amp; Recreation</b>	
	<b>SASCOC</b>	
	<b>Confederations</b>	
	<b>Other</b>	
<b>Bequests and/or Legacies</b>		
<b>Donations, Grants and Sponsorships</b>		
<b>Fees for Services paid by beneficiaries</b>		
<b>Fundraising and/or Events Income</b>		
<b>Income from Investments</b>		
<b>Income from Trading Activities</b>		
<b>Membership Fees</b>		
Source		Amount in Rand
<b>Other Income (please specify)</b>		
1.		
2.		
3.		
4.		
<b>TOTAL</b>		<b>R</b>

**10.2 BUDGET OF EXPENDITURE**

PLEASE NOTE: Each line item requested must be motivated in the notes column. If the space is not enough, use a separate sheet showing which item you are motivating for.

	Item	Quantity	Unit Cost	Amount requested from NLDTF	Notes for Budget Items
1.					
2.					
3.					
4.					
5.					
6.					
7.					

	Item	Quantity	Unit Cost	Amount requested from NLDTF	Notes for Budget Items
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
	TOTAL (Inclusive of VAT)			R	

**10.3. REQUEST FOR CAPITAL EXPENDITURE**

**If you are requesting a grant for capital expenditure including new facilities, upgrading existing facilities, sports equipment etc, please include the details below.**

NOTE:

- a) QUOTATIONS must **be attached for all items (at least three from a credible local supplier)**
- b) If ground and/ or buildings **are requested, please submit the following:**
  - PROOF OF OWNERSHIP, OFFER TO PURCHASE, LEASE AGREEMENT, OR PERMISSION TO OCCUPY **in the name of the organisation, (not an individual)**
  - PROOF OF REGISTRATION OF THE PREFERRED BUILDER **with the relevant body**
  - BUILDING PLANS
  - QUOTATIONS (three **quotations for material must be submitted from credible suppliers. Two separate quotations must also be submitted for labour costs.**)

**What is the total amount requested from the NLTFD (This must be the same as the total amount indicated in form B2)**

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SIGNED BY: Full Name: .....

Position: .....

Signature: .....

Date: .....