

## SUPPLEMENTARY FORM FOR AGENT/ REPRESENTATIVE/CONDUIT APPLYING ON BEHALF OF BENEFICIARY ORGANISATION/COMMUNITY

This form must be completed by the agent/ representative/conduit for each assisted organisation/community

### PLEASE NOTE:

- An agent/representative/conduit may only apply for a total of up to two organisations in this call.
- If an agent/representative/conduit wants to submit an application for its own programmes and operations, it must submit a **separate application (and posted separately)** including all mandatory documents and required templates.
- This form must be completed by both the agent/representative/conduit and the assisted organisation.
- **The assisted organisation must have been in existence for a period of less than six months**
- **There must be a clear community need but no recognised legal entity to address the need**
- One fully completed form (Annexure B1) must be submitted by every beneficiary organisation.
- One business plan (Annexure A) must be attached per organisation.
- Agent/representative/conduit must submit all mandatory documents as prescribed in the Act and Regulations.
- Agent/representative/conduit must submit a skills transfer/mentorship plan for each beneficiary organisation. The plan must be attached to the business plan.
- Agent/representative/conduit must be a Non-Profit Organisation, Non-Profit Company, Public benefit Trust or a Section 21 Company.



Registered Name of agent/representative/conduit

Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

\_\_\_\_\_

1. Indicate names of organisations/communities you have applied for in this call

2.1 \_\_\_\_\_

2.2 \_\_\_\_\_

2.3 \_\_\_\_\_

2. Name of Beneficiary Organisation OR Community

3.1

(a) Name: \_\_\_\_\_

(b) Physical Address:

\_\_\_\_\_

3.2

(a) Describe what qualifies your organisation has to help the beneficiary organisation/community:

\_\_\_\_\_

(b) Reasons why the agent/representative/conduit is assisting this particular organisation/community:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. What kind of skills need to be developed by the beneficiary organisation/community?

\_\_\_\_\_

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\_\_\_\_\_



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4. Specify the kind of skills transfer and capacity building that will be provided and the time period for this assistance. A skills transfer plan must be attached to the business plan for each beneficiary organisation/community.

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5. Give details of how the progress and implementation of the project will be monitored and measured.

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6. In the case of a community, indicate how you will ensure that in future, it becomes a registered legal entity, able to manage its own projects independently of the agent/representative/conduit?

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7. Is the agent/representative/conduit charging a fee for the skills transfer and capacity building? If yes, please specify the amount and the items charged for. This should not exceed 5% of the requested budget per beneficiary organisation/community.

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8. When will the assisted organisation be in a position to apply to the NLDTF on their own?

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We commit to working together to achieve the objectives of the project, and will inform the NLDTF if there is a breach of this agreement.

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**Name of Representative of  
Agent/Representative/Conduit**

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**Name of Representative of  
Beneficiary Organisation/Community**

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**Signature:**

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**Signature:**

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**Identity Number**

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**Identity Number**

**Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_