



## 2019/20 CALL FOR APPLICATIONS

### 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, independent application** including all mandatory documents.
- This form must be **completed by both** the agent/ representative/ conduit and the assisted organisation/ community.
- The assisted organisation must have been in existence for a period of **less than six months**.  
or  
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 every organisation.
- One business plan (**Annexure A**) must be attached for every 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 (formerly Section-21 Company), or Public Benefit Trust.

1. Agent/ representative/ conduit

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

Physical address: \_\_\_\_\_

\_\_\_\_\_

2. Indicate the names of all the organisations/ communities you are applying for in this call:

2.1 \_\_\_\_\_

2.2 \_\_\_\_\_

3. Assisted organisation/ community in this application:

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

Physical address: \_\_\_\_\_

\_\_\_\_\_

4. Describe what qualifies your organisation to help the assisted organisation/ community:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. What kind of skills need to be developed at the assisted organisation/ community?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. 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 assisted organisation/ community.

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

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8. In the case of a community, indicate how you will ensure that it will register as a legal entity and be able to manage its own projects independent of the agent/ representative/ conduit in future.

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9. Is the agent/ representative/ conduit charging a fee for skills transfer and capacity building? \_\_\_\_\_

If yes, please specify the amount and items that will be charged for. Please note that this should not exceed 5% of the total grant application per assisted organisation/ community.

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

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We hereby commit to working together to achieve the objectives of the project. We further commit to inform the National Lotteries Commission if there is any breach of this signed agreement.

\_\_\_\_\_  
Name of representative of  
Agent/ representative/ conduit

\_\_\_\_\_  
Name of representative of  
assisted organisation/ community

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Signature:

\_\_\_\_\_  
SA Identity Number:

\_\_\_\_\_  
SA Identity Number:

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

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