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.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

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

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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.

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

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?

______________________________________________________________________
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: ______________________