



## 2015 CHARITIES CALL

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

**THIS FORM MUST BE COMPLETED BY THE AGENT/ REPRESENTATIVE/CONDUIT FOR AND WITH EACH POTENTIAL BENEFICIARY ORGANISATION/COMMUNITY**

#### PLEASE NOTE:

- An agent/representative/conduit may only apply for a total of up to two organisations/communities at any time.
- If an agent/representative/conduit wants to submit an application for its own programmes and operations, it must submit a **separate application for this purpose.**)
- This form must be completed and signed by both the agent/representative/conduit and the beneficiary organisation/community.
- **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 per assisted organisation/community.
- One business plan (Annexure A) must be attached per organisation/community
- One application form (FORM 2010/2) for each agent/representative/conduit, for all organisations/communities applied for, must be submitted.
- Agent/representative/conduit must submit all mandatory documents as prescribed in the Lotteries Act and Regulations.
- Agent/representative/conduit must submit a skills transfer/mentorship plan for each assisted organisation/community. The plan must be attached to the business plan.
- Please note that no infrastructure will be considered for conduit applications except for renovations.

1. Registered Name of agent/representative/conduit

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

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

\_\_\_\_\_

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

2.1 \_\_\_\_\_

2.2 \_\_\_\_\_

3. Name of this Beneficiary Organisation OR Community

3.1

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

(b) Physical Address: \_\_\_\_\_

\_\_\_\_\_

3.2

(a) Describe what qualifies your organisation to help the beneficiary organisation/ community. E.g. project management experience and project implementation experience),:

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

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\_\_\_\_\_

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

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5. Specify the kinds 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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6. Give details of how the progress and implementation of the project will be monitored and measured.

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7. 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 independantly of the agent/representative or conduit?

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8. 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 amount requested to the maximum of R150,000 per beneficiary organisation/community.

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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.

\_\_\_\_\_  
**Name of Representative of  
Agent/Representative/Conduit**

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

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

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

\_\_\_\_\_  
**Identity Number**

\_\_\_\_\_  
**Identity Number**

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

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