

CSI APPLICATION FORM

CONTENTS

Section A : Guidelines Purpose Requirements Timing Submission Enquiries	2 2 2 2 2 2 2
Section B : Applicant	3
Applicant Information	3
Applicant Contact Details	3
Section C : Beneficiaries	4
Beneficiary Summary	4
Section D : Assistance	5
Current assistance sought	5
Previous assistance received	5
Section E : Checklist	6
Section F : Signature	6



Section A: Guidelines

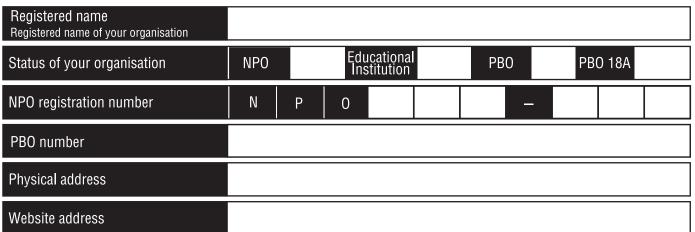
PURPOSE

Why we need this information from your organisation?	We ensure that equal consideration is given to all requests for assistance, that the decisions are both fair and consistent; and that the best practice and the various requirements of government (specifically the BBBEE Codes of Good Practice) are met.
What do we need from you?	REQUIREMENTS In order to be considered for assistance, all organisations seeking support are requested to complete and submit this application form together with their supporting documentations. Please ensure that you: 1. Complete pages 3 to 6 of this form; 2. Have the completed form certified by a commissioner of oaths; and 3. Attach supporting documentation as per the checklist on page 6.
When to submit the application for assistance?	TIMING All applications for submission will close on 31 December. Further communication will be received 90 days thereafter.
Where to submit?	SUBMISSION The original signed application together with the supporting documentation should be emailed to csi@grandgaming.co.za or delivered to our offices.
Enquiries	ENQUIRIES Please address all enquiries in writing to Grand Gaming Gauteng via email: csi@grandgaming.co.za



Section B: Applicant

APPLICANT INFORMATION



APPLICANT CONTACT DETAILS

Name and surname	
Designation	
Land line number	
Mobile number	
Email address	



Section C: Beneficiaries

BENEFICIARY SUMMARY

Focal Area Please indicate your organisation's focal area/sby placing a X in the appropriate block			
Education	Health	Health Welfare Environment	
Adult Basic Education	Community Health	Animal Welfare	Community Development
Arts & Culture	Donors & Research	Care of the Aged	Crime
Industry Specific Training	Drug/Other Addictions	Child Welfare	Research & Surveys
Mentorship Programmes	HIV/AIDS	Community Services	Housing
ECD, Preschool to Tertiary	Mental Health	Disaster Relief	Nature Conservation
Special Needs Education	Physical Disabilities	Feeding Schemes	Urban Regeneration
Sports Development	Terminal IIIness	Violence against Women	Waste Management
Teacher Training	Wellness & Awareness	Youth Development	Wildlife Preservation
Other	Other	Other	Other

Beneficiary Classification Who are your organisation's beneficiaries?

Beneficiary Location Where are your organisation's beneficiaries located? What is your organisations reach?



Section D: Assistance

CURRENT ASSISTANCE SOUGHT

Primary Sources of Funding	Donor Name	Donation Type	Frequency	Length of Partnership
Primary Sources of Funding Details/Comments				
Assistance Sought Describe exactly what your organisation is requesting from Grand Gaming Gauteng and amount				
Application of Assistance Describe how the assistance will be applied				
Motivation for Assistance Motivate why your organisation's request for assistance should be granted (attach additional pages if required)				

PREVIOUS ASSISTANCE RECEIVED

Previous Assistance Received from Grand Gaming Gauteng Details of previous assistance your organisation has received, including date received and the nature of the contribution



Section E: Checklist

Document to be submitted with completed Application Form	Please plac Document Attached	e an X in the appro Document to Follow	priate block Document Unavailable
NPO Registration Certificate	Attaonou		
PBO Validation/Confirmation Letter from SARS			
Financial Statements			
Constitution			
List of Primary Donors with Contact Details			
Background information on organisation			
EMIS Certificate (Educational Institution)			
Confirmation of beneficiaries			
Bank details			
B-BBEE Affidavit			

Section F: Signature

Declaration	I,(name) the undersigned, hereby declare in my capacity as(designation) and duly authorised thereto that the information provided herein is to my knowledge factually correct.
Date	Signed at(place) on this day of(year)
Signiature	
Commissioner of Oaths	

Please have your submission certified by a commissioner of oaths.