SWELLENDAM MUNICIPALITY

GRANT-IN-AID APPLICATION

The Municipal Manager

For Application use	*For Official use*
Details of organisation/body submitting the notification: I, _____ (*insert full name*) Position/Title_____ Organisation _____ ID number_____ Registration number _____ Contact number_____ am the head of the organisation, certify that the information below is accurate and wish to apply for a grant-in-aid.	***File number:*** ***Date of receipt:***
Project/programme description *(attach detailed project plan):*	***Link to IDP:***
Duration of planned project/programme:	***Remarks:***
Amount required (*attach cost breakdown):*	***Remarks:***
Category within which project falls as per paragraph 10 of the Grant-in-Aid Policy:	***Remarks:***
Details of previous funding received from Municipality *(attach sheet with appropriate details):*	***Remarks:***
Details of references *(provide names and contact numbers):*	***Remarks:***
Banking details:	
Other sources of funding:	***Remarks:***
Certify that the organisation: - Implements effective, efficient and transparent financial management and internal control mechanisms to guard against fraud, theft and financial mismanagement. - Will sign and comply with the transfer payment agreement. - Will report monthly to the Accounting Officer on actual expenditure and progress. - Will submit audited financial statements for its financial year (if not a section 67(4) organisation). - Have in respect of previous similar transfers complied with all requirements.	***Remarks:***
Signature ***Designation:*** ***Date:***	***Signature*** ***Designation:*** ***Date:***

Attach indexed list of all substantiating documentation.

The Municipal grant-in-aid Policy can be perused on the municipal website at www.swellenmun.co.za