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IQRAA TRUST (SOUTH AFRICA)

APPLICATION FORM FOR ASSISTANCE

INSTRUCTIONS

This form has the following sections:

Section A – Information on Organisation.

Section B – Information on the Project for which assistance is being requested.

Section C – Supporting Information that must be provided and the Declaration which needs to be signed.

NB:

If there is not enough space on this form for your answers, please use additional sheets of paper.

SECTION A

INFORMATION ON ORGANISATION

1. **NAME OF ORGANISATION:**(Under which it conducts operations) _____

2. **REGISTERED NAME** (if applicable) _____

3. **DATE OF ESTABLISHMENT** _____

4. **LEGAL STATUS:** (State if Association of Persons, a Trust or a Section 21 Company) _____

5. **REGISTRATION NUMBER** _____

6. **REGISTRATIONS** (Is the organisation registered as a Public Benefit Organisation (PBO) and /or Non Profit Organisation (NPO). Provide details below.)

Public Benefit Organisation: Yes / No

Non Profit Organisation: Yes /No

PBO Registration No. _____

NPO Registration No _____



7. ADDRESSES

<i>PHYSICAL</i>	<i>REGISTERED ADDRESS</i>	<i>POSTAL</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
CODE _____	CODE _____	CODE _____

8. CONTACT DETAILS OF ORGANISATION

TELEPHONE: _____ FAX: _____
WEBSITE ADDRESS: _____ E-MAIL: _____

9. CONTACT PERSON

NAME: _____
POSITION / RELATIONSHIP WITH ORGANISATION: _____
TELEPHONE: WORK _____ MOBILE _____
E-mail: _____ FAX _____

10. TRUSTEES/DIRECTORS/OFFICE BEARERS:

NAME	POSITION	CONTACT TELEPHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



11. EXECUTIVE MANAGEMENT AND KEY PERSONNEL

NAME	POSITION	CONTACT TELEPHONE NO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. MAIN SECTOR OF ACTIVITY (Indicate the main sectors of activity of your organisation by ticking the appropriate box)

- Education/Training/Skills Development
- Health
- Welfare
- Social Development
- Disaster Relief
- Other (Please specify) _____

13. ACTIVITIES OF THE ORGANISATION: (Provide details on the main activities of the Organisation)

14. USE OF THE SERVICES OF A FUNDRAISER OR FUND RAISING AGENCY

Does your organisation utilise the services of an outside fundraiser or fundraising agency? _____



If **yes**, then please advise if this application falls under the arrangement with the fundraiser or agency and the basis on which the fundraiser or agency will be remunerated should Iqraa Trust approve any funding.

15. PERSONNEL

(Please provide information on the number of paid staff and volunteers in your organisation)

	PAID STAFF		VOLUNTEERS		TOTAL
	FEMALE	MALE	FEMALE	MALE	
Full time					
Part time					
Total Staff					

16. GEOGRAPHIC AREA OF OPERATIONS

- | | | | | | |
|---------------|--------------------------|------------|--------------------------|--------------|--------------------------|
| Eastern Cape | <input type="checkbox"/> | Free State | <input type="checkbox"/> | Gauteng | <input type="checkbox"/> |
| KwaZulu-Natal | <input type="checkbox"/> | Limpopo | <input type="checkbox"/> | Mpumalanga | <input type="checkbox"/> |
| Northern Cape | <input type="checkbox"/> | North West | <input type="checkbox"/> | Western Cape | <input type="checkbox"/> |

17. PREVIOUS FUNDING BY IQRAA TRUST

Were you funded previously by the Iqraa Trust? If **yes**, please provide the following information:

YEAR	AMOUNT	TYPE*	PURPOSE
TOTAL			

*State if the assistance was in form of a loan or a grant



18. VISION IN ORGANISATION'S OWN WORDS

19. MISSION IN ORGANISATIONS OWN WORDS

20. MAJOR OBJECTIVES IN THE ORGANISATION'S OWN WORDS

21. DONORS OF MORE THAN R 20 000 FOR CURRENT FINANCIAL YEAR

	NAME OF DONOR	AMOUNT	APPROVED/PENDING
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

SECTION B

1. DETAILS ON THE PROJECT FOR WHICH ASSISTANCE IS BEING REQUESTED (Please provide the information requested below on a separate sheet of paper)

Location

Please provide information on the location of the project

Concept

Please describe the concept and how it is expected to address the need in the community and what are some of the strengths and risks associated with implementing this concept.

Capability

Please provide information on the experience and expertise that the project leader/s have.

Control

Is there an appropriate level of control and transparency with respect to corporate governance (board and management) and finances?

Sustainability

Will the project be sustainable both operationally and financially and how will this be achieved?

External Factors

Are there any factors outside of the control of your organisation that could impact either positively or negatively on the Project?

2. IMPACT OF PROJECT

Please provide the following information on the impact of the project:

- a. The extent to which the project is fulfilling a broadly identified need in the community or communities in which it will be undertaken.
- b. The extent to which the need which the project is addressing is an urgent and pressing one.
- c. How broadly will the project impact upon the life of its target beneficiaries and others?
- d. How many people will benefit directly and how many people indirectly from the project over the short and long term?
- e. In what way will the project benefit the people and how will this be measured?
- f. How long and to what extent will the benefit last into the future?

3. FINANCIAL INFORMATION ON THE PROJECT

Please provide the following information on the cost of the project:

Total cost of the project	Year 1:	Year 2:
Total amount requested	Year 1:	Year 2:

Alternative Sources of Funding

If the Organisation is not requesting the total project cost from IQRAA TRUST, please list the sources of the balance of the project funding in the table below.

Source of Funds	Amount	Status(See Note Below)*
TOTAL		

*Indicate in this column, if the funds have been already been received or have been committed or pledged to your organisation by the potential donor/grantor.

Budget Breakdown for the Project

Please provide a detailed budget breakdown for the project as follows:

1. *Detailed Capital expenditure budget for the project for the next two years.*
2. *Detailed Income and Expenditure Budget for the project for the next two years.*
3. *A Summary of the total funding requirements both in respect of operating and capital expenditure and how the requirements will be funded.*



SECTION C

1. CHECKLIST OF REQUIRED SUPPORTING INFORMATION

(Please supply the following relevant information or documents with your application)

1.	Formal constituting document such as an Association Agreement, Constitution or other.
2.	Non Profit Organisation (NPO) Registration Certificate.
3.	South African Revenue Services (SARS) – Public Benefit Organisation (PBO) Registration Letter.
4.	Confirmation of Section 18A Tax Exemption status where applicable.
5.	Copy of VAT Registration Certificate (if registered for VAT).
6.	Audited financial statements and annual report for the last two years.
7.	Most recent report submitted to the Directorate of Non Profit Organisations (NPO) and to SARS in fulfilment of the requirements of registration as an NPO and PBO.
8.	Letter from a registered bank confirming that your organisation is FICA compliant.
9.	A blank cancelled cheque or certified copy of your bank details from the bank.
10.	Copy of a telephone account or utility bill of the Organisation.
11.	Information on Remuneration: Please provide a breakdown of the total remuneration paid to Trustees/Directors/Board Members and Executive Management of your organization. To maintain confidentiality, the information can be provided under cover of a separate letter.

2. DECLARATION

I confirm on behalf of

..... that:
(The name of the organisation)

1. I am authorised to sign this declaration,
2. To the best of my knowledge all answers to the questions on this form and all supporting information submitted with this application form are true, correct and complete in all respects.
3. I acknowledge and accept that the submission of untrue, incomplete or incorrect information or the non- disclosure of any information pertinent to this application could result in Iqraa Trust at its sole discretion:
 - a. not processing this application any further
 - b. withdrawing any assistance that may have already been granted
 - c. demanding the repayment of any funds that may already have been advanced
4. I shall immediately and in writing disclose to Iqraa Trust any changes in the status of our Organisation that could affect our application in terms of the policies and guidelines of Iqraa Trust.
5. If this application is successful, this organisation will comply with all the terms and conditions attached to any assistance offered by Iqraa Trust.
6. I confirm that the Organisation has the power to accept the type/ form of assistance that is being requested.

Name:

South African Identity Number: **Position In Organization**

Signature

Date