

## SECTION A: GUIDELINES

### Purpose of the information required.

We ensure that equal consideration is given to all requests for assistance. Decisions are fair and consistent, aligned with best practices and compliant with government requirements.

### Application requirements.

All organisations seeking assistance are required to submit a completed application form together with all the required supporting documentation. Please ensure that:

- Pages **2 to 4** of the application form are fully completed,
- All supporting documentation, as specified in the checklist on page 4 are attached.

### Exclusions.

- Applications that are incomplete or submitted without the required documentation will not be considered.
- No funding to individuals
- No funding to religious bodies
- No funding to political parties or related activities

### Application submission deadline.

All applications must be submitted no later than **31 March**.

### Where to submit the application.

The signed application form, together with the supporting documents must be submitted via email to **[csigs@grandslots.co.za](mailto:csigs@grandslots.co.za)**.

### Enquiries.

All enquiries must be submitted in writing to GRANDSLOTS via email: **[csigs@grandslots.co.za](mailto:csigs@grandslots.co.za)**.

## SECTION B: APPLICANT

### Applicant Information

Registered name of your organisation	<input type="text"/>			
Status of your organisation	<input type="checkbox"/> NPO	<input checked="" type="checkbox"/> EDUCATIONAL INSTITUTION	<input type="checkbox"/> PBO	<input type="checkbox"/> NPC
Income Tax Ref Number	<input type="text"/>			
Physical Address	<input type="text"/>			

### Applicant Contact Details

Name & Surname	<input type="text"/>		
Designation	<input type="text"/>	Land Line Number	<input type="text"/>
Mobile Number	<input type="text"/>	Email Address	<input type="text"/>

## SECTION C: BENEFICIARIES

### Beneficiary Summary

<input type="checkbox"/> Education	<b>Beneficiary Classification:</b> Who are your organisation's beneficiaries?	<input type="text"/>
<input type="checkbox"/> Health		
<input type="checkbox"/> Welfare	<b>Beneficiary Location:</b> Where are your organisation's beneficiaries located? What is your organisations reach?	<input type="text"/>
<input type="checkbox"/> Development		

## SECTION D: ASSISTANCE

### Current Assistance Sought

Primary Sources Of Funding	
Assistance Amount Sought: <b>(Attach the break down if required).</b>	
Describe exactly what your organisation is requesting from Grandslots.	
Motivation For Assistance Sought:	

### Previous Assistance Received

	Year	Project	Amount Received
Previous Assistance Received from Grandslots:			

## SECTION E: CHECKLIST

	Please Place An X In The Appropriate Block
Document To Be Submitted With Completed Application Form	Document Attached
NPO Registration Certificate	<input type="checkbox"/>
PBO Validation/Confirmation Letter From SARS	<input type="checkbox"/>
Tax Compliance Status	<input type="checkbox"/>
BBBEE Certificate or Affidavit	<input type="checkbox"/>
EIMS Certificate (Educational Institution)	<input type="checkbox"/>
Independent Persons Report Verifying % Black Beneficiaries	<input type="checkbox"/>
Background Information On Organisation	<input type="checkbox"/>
List Of Primary Donors With Contact Details	<input type="checkbox"/>

## 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 .....(month) .....(year).
Signature	     