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AIDS HELPLINE: 0800-0123-22 Prevention is the cure



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GENERAL NOTICE

NOTICE 605 OF 2003

DEPARTMENT of TRADE and INDUSTRY

LOTTERIES ACT, 1997 (Act No. 57 of 1997) Regulations Relating to Allocation of Money in the National Lottery Distribution Trust Fund

The Minister of Trade and Industry, with the concurrence of the National Lotteries Board, under section 60 read with sections 26, 28, 29, 30 and 31 of the Lotteries Act, 1997 (Act No. 57 of 1997) hereby revokes the application forms as they were published in *Gazette* No. 21619 dated 29 September 2000, *Gazette* No. 21696 dated 27 October 2000 and *Gazette* No. 22195 dated 3 April 2001 and substitutes them with the form in the Schedule.

SCHEDULE

FORM 03/1

APPLICATION FOR FUNDING IN TERMS OF THE LOTTERIES ACT (Act No.57 of 1997)

INSTRUCTIONS

1. Please indicate (with a cross in the relevant box) if your application for funding is in terms of:

Charities (Section 28 of the Act)
 Sport and Recreation (Section 29 of the Act)
 Arts, Culture and National Heritage (Section 30 of the Act)
 Miscellaneous Purposes (Section 31 of the Act)

2. This application form is in five parts:

In section A: You give details of your organisation.
 In section B: You explain about the funding you are requesting.
 In section C: You provide information about your organisation's finances.
 In section D: You provide details of contactable Referees.
 In section E: You will find a Checklist to make sure you send all the documentation needed to process your application.

NB: If there is not enough space on this form for your answers, please use and attach further sheets of paper

SECTION A: DETAILS OF YOUR ORGANISATION

- A1 Name of organisation:
- A2 Postal address:
 Postal code: Province:
- A3 Street address:

- A4 Telephone number: A5 Fax number:
- A6 E-mail address:
- A7 When was your organisation founded?
- A8 Are you a registered organisation? If Yes, what kind of registered organisation are you? (E.g. Non-Profit Organisation, Section-21 Company, Trust):
 If No, what kind of organisation are you?
- A9 When was your organisation registered?
- A10 Registration number: (Please attach a copy of your registration certificate)
- A11 Details of main contact person:
 Name: Position:
 Address: Tel:
- A12 Details of alternate contact person:
 Name: Position:
 Address: Tel:

FORM 03/1

- A13 Are you affiliated to any organisations?If Yes, name them:
-
- A14 Are you an umbrella body? If Yes, what organisations are affiliated to you?.....
- (Attach a list, if necessary)
- A15 Describe the main purpose of your organisation:
-
-
-
-
-
-
-
-
-
- A16 Describe the services that your organisation provides **AND** the kinds of people who will benefit from the services:
-
-
-
-
-
-
-
-
- A17 In which province/s do you operate? (Tick next to the province/s that apply to you)
- Eastern Cape Free State Gauteng
- KwaZulu-Natal Limpopo Mpumalanga
- Northern Cape North West Western Cape
- A20 Give the **numbers** of staff and voluntary workers presently in your organisation:

PAID STAFF		VOLUNTEERS	
No. of full-time staff	No. of part-time staff	No. of full-time volunteers	No. of part-time volunteers

FORM 03/1

SECTION B: THE FUNDS YOU ARE APPLYING FOR, AND HOW YOU WILL USE THEM, IF GRANTED.**B1** Are you applying for (Tick the relevant box)A grant in support of *your overall operations*?

OR

Funding for *specific projects*?

If Yes, are they -

Already in existence?

An expansion?

New?

B2 What amount of money are you requesting?**B3** Explain how you will use this money, if granted. (Attach a detailed budget for the requested amount)

.....

.....

.....

.....

B4 Indicate which groups of people will benefit from the funding, if granted and how many? [Give numbers]

Children: Women:

Children with disabilities: Adults with disabilities:

Youths: The elderly:

People living with HIV/AIDS: The chronically ill:

Drug abusers: Criminal offenders:

The unemployed: The homeless:

Other (specify):

B5 Indicate the province/s and the specific communities where the people who will benefit from the funds live, if granted:

.....

.....

.....

B6 Provide a **Business and Implementation Plan** for this specific application:**B7** Did you apply for funding from the National Lottery before? If Yes, provide the project number/s of your previous applications:

Indicate the amount/s allocated to your organisation:

Have you submitted all the required Progress Reports and audited Financial Statements as required in terms of the

Funding Agreement? Yes No

FORM 03/1

SECTION C: INFORMATION ON YOUR ORGANISATION'S FINANCIAL MATTERS**C1 Bank Details**

Name in which Account is held:

Name of Bank:

Type of account: Account number:

Branch: Branch Code:

C2 List all the people who are authorised to sign cheques on your account/s:

Name..... Position in Organisation.....

Name..... Position in Organisation.....

Name..... Position in Organisation.....

Name..... Position in Organisation.....

Name..... Position in Organisation.....

Name..... Position in Organisation.....

C3 Provide a detailed budget of your organisation's income and expenditure for the coming year.**C4 Provide full sets of signed, audited financial statements for the past 2 years.**

Ensure that your auditors are registered with one of the following accepted professional bodies:

- Public Accountants and Auditors Board;
- Institute for Commercial and Financial Accountants; and
- Institute for Certified Bookkeepers.

SECTION D: REFEREES

Please give the names, positions and telephone numbers of **three** credible referees from the community in support of your application e.g. police commissioner, religious leader, local councillor, etc.

1. Name: Position:

Tel:

2. Name: Position:

Tel:

3. Name: Position:

Tel:

FORM 03/1

SECTION E: CHECKLIST

Please make sure that the following documents are attached to this form:

Your organisation's Constitution, Articles of Association or Trust Deed.

Signed, audited financial statements for the past two years.

A copy of your organisation's registration certificate.

A detailed budget for funds applied for.

Your Business/Implementation Plan.

DECLARATION

I confirm, on behalf of (name of organisation) that I am authorised to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate. If this application is successful, this organisation will use the grant only for the purposes specified in this application, and will comply with all the terms and conditions attached to the grant. I confirm that the organisation has the power to accept the grant subject to conditions and to repay the grant if the grant conditions are not met.

Name:

Identity number:

Position in organisation:

Date:

Signature:

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