



# SWAKOPMUND MAYORAL DEVELOPMENT FUND GRANT APPLICATION FORM

**1. Applicants contact details:**

|                    |                 |
|--------------------|-----------------|
| Name:              |                 |
| Postal Address:    |                 |
| E-mail:            |                 |
| Cell Phone Number: |                 |
| Postal Address:    |                 |
| Tel number (w):    | Tel number (h): |

|  |                          |
|--|--------------------------|
| <b>Are you applying as one of the following? (Please tick appropriate box)</b> |                          |
| <b>An individual</b>   | <input type="checkbox"/> |
| <b>A Charity or organisation</b>   | <input type="checkbox"/> |

**2. Individuals**

|   |                               |
|---|-------------------------------|
| Name of the individual:                                 |                               |
| Residential Address of Individual:                      | Contact number of Individual: |
| If it is a Scholar, the school that the Scholar attend: | Schools telephone number:     |

**State the urgency and importance of the need for assistance:**

## 4. Charities and organisations

Name of charity/organisation:

If you are a branch of a larger organisation or umbrella body, please tell us which one:

Your position:

Registered charity number:

Date established:

Website:

Total income of organisation:

Number of staff:

Full time:

Part time:

Volunteers:

**Provide certified copies of registration as a non-profit organization.**

## 5. Charity/Organisation activities

**Please give a summary of the main activities of your organisation and/or what services do you provide? Who are the beneficiaries?**

## 6. Background information

**Does your request/organisation bring benefit to any of the following:**

|                                    | YES |  | NO |
|------------------------------------|-----|--|----|
| <b>Sport &amp; Recreation</b>      |     |  |    |
| <b>Health &amp; Education</b>      |     |  |    |
| <b>Arts &amp; Culture</b>          |     |  |    |
| <b>Environment &amp; Community</b> |     |  |    |

**In the case of an individual, state how the assistance will improve the recipient/s to enjoy value added life?**

In the case of an Organisation/Charity, motivate the need for assistance, and how the desired assistance could help the community of Swakopmund (Multiplier effect):

**7. State the level of participation & Date/s of event (Charity/Organisation or individual) (Local, National or International) - Please tell us about the activity you would like us to support. What is the main aim of the activity and how a donation would benefit your activity? (Attach invitation of activity)**

**8. Previous sponsorships or charitable giving**

Have you been allocated any grants by the Municipality of Swakopmund or the Mayoral Development Fund the past?

|   | YES |  | NO |
|---|-----|--|----|
|   |     |  |    |
| If yes, please specify cash amount (or in-kind) and the previous event. |     |  |    |

**9. General Funding**

What other funding support has been received/requested from other individuals or organisations?

What do you want to achieve as a result of the funding?

If the work/event requires on-going funding, where will those funds come from?

## 9. Financial

|   |                   |
|---|-------------------|
| <b>Amount requested from the Swakopmund Mayoral Development Fund?<br/>(Please state exact amount)</b>   | <b>N\$</b>        |
| <b>Total cost of the Project/Event/</b>   | <b>N\$</b>        |
| <b>Please attach high level breakdown of budget (how the funds are to be spent)</b>   |                   |
| <b>Please attach 3 quotations for the requested amount.</b>   |                   |
| <b>If your application is successful which charity/organisation should cheque be made payable to? (Kindly note payments are only made "in kind")</b>  |                   |
| <b>Please state your name and the date to confirm that, to the best of your knowledge and belief, all the information in this application form is true and correct. The person signing the form must be the contact named on page 1 of this form.</b> |                   |
| <b>NAME:</b>  |                   |
| <b>DATE:</b>  | <b>SIGNATURE:</b> |

| DOCUMENTS TO BE ATTACHED: |   |
|---------------------------|---|
|                           | <b>In case of individuals : documentation from a registered Physician if the request for support is based on ill health</b>                 |
|                           | <b>Proof need to be submitted from a registered official, e.g. Social Worker or Police in the case of disaster, mental and other needs.</b> |
|                           | <b>Invitation of participation when invited to participate, national or international or any other.</b>                                     |
|                           | <b>Please attach high level breakdown of budget (how the funds are to be spent)</b>   |
|                           | <b>Please attach 3 quotations for the requested amount.</b>   |
|                           | <b>Provide certified copies of registration as a non-profit organization.</b>   |

### Application Notes

**Important:** Please ensure you have assessed the eligibility of your organisation prior to submission. **Unsigned application forms will not be considered.**

Once completed, please submit this form to:

**The Mayoral Development Fund  
 Mayor's Office  
 Swakopmund Municipality  
 P O Box 53  
 SWAKOPMUND**

**Please note applications can take between 4 and 6 weeks to process, therefore please ensure your application is submitted well in advance of your required financial commitment or activity date.**