



**Western Cape
Government**

Agriculture

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APPLICATION FOR FUNDING

1. PERSONAL PARTICULARS (CONTACT PERSON/REPRESENTATIVE)

Surname: _____ Title: _____
Name: _____

Postal address

District municipality:
B-Municipality:

Contact numbers

Tel: _____
Fax: _____
Cell: _____
E-mail address: _____

Name of Organisation /Project: _____

Please indicate with an **(x)** the main focus of the project:

1. Training

2. Substance Abuse

3. Publication

2. DOCUMENTATION – APPLICATION FOR FUNDING

Mark with [x] to indicate that the following documents are completed and attached:

- Business Plan & Cashflow Proof of registration as NPO & Entity
- Tax clearance certificate Financial statements

We/us herewith apply for funding from the Western Cape Department of Agriculture for the amount of **R** _____

Amount/beneficiary: **R** _____

Number of beneficiaries: _____ = (Women) _____ + (Youth) _____ + (Disabled) _____

Farm Workers: _____ = (Unemployed) _____ + (Existing) _____

Signature of contact person/Representative: _____ **Date:** _____

FOR OFFICIAL USE ONLY

DEPARTMENT OF AGRICULTURE

Signature – CDO: _____ Date: _____

Signature – Coordinator: _____ Date: _____

Signature – Programme manager: _____ Date: _____

Comment by programme manager: _____

DETAILS FOR PROJECT REGISTRATION

File number:

Funding recommendation: **R**

PANEL: MEMBERS ACKNOWLEDGMENT OF DECISION	
Panel: member name:	Panel: member signature
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
Chairperson (name):	Chairperson (signature):