

# OLD MUTUAL FOUNDATION APPLICATION FORM

DO GREAT THINGS EVERY DAY



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Old Mutual has been involved in corporate social initiatives since 1965. The **Old Mutual Foundation** was established in 1999 and we value working in partnership with registered non-profit organisations in the following focus areas:

### WHAT ARE THE OLD MUTUAL FOUNDATION'S FOCUS AREAS?

In response to national imperatives and Old Mutual's strategic objectives, the **focus areas** of the Old Mutual Foundation are the following:

- · Skills Capacity Building accredited skills training that will ensure permanent job placement in the economy
- · Vulnerable Members of Community support to relieve the distress of vulnerable communities

Our focus is on assisting under-resourced communities in rural and peri-urban areas.

### WHO CAN APPLY?

• Non-profit organisations or schools registered with the Department of Social Welfare and that have an active bank account in their name.

### WHAT ARE THE FUNDING CRITERIA?

- An organisation can only be funded once in a 12 month period
- We prefer to fund "hard resources" that will be with the organisation in years to come, but may consider "soft" resources under special request
- Examples of what Old Mutual would consider funding are: accredited skills training with a trades and artisans focus; educational books and toys for early learning centres; people with disabilities; elderly, etc.
- Examples of what Old Mutual would NOT fund are: Individuals or groups of individuals, tours, bursaries; the organisation's running costs (salaries, rent, admin requirements, etc); fundraisers, gala or charity events, seminars, conferences; construction/ renovation of buildings, transport, vehicles, and items for individuals such as food, clothing, etc.

### WHAT IS THE APPLICATION PROCESS?

#### **STEP 1: Complete Application Form**

Please complete the application form and submit along with the following documentation:

- 1. A certified copy of a valid NPO/PBO/EMIS certificate
- 2. Declaration of beneficiaries form
- 3. Copy of the organisation's bank statement (not older than 3 months), clearly showing account holder and account number
- 4. Copy of the organisation's constitution
- 5. Annual report/audited financial statements for the previous year

#### **STEP 2: Application Evaluation**

All applications will be considered according to our funding criteria. If we cannot assist your organisation, we will communicate this to you in writing within one month of receipt of your application.

### **STEP 3: Application Contracting and Funding Disbursement**

Should your application be successful, we will contact you to agree on some specific deliverables to be formally contracted before funding is released.

Please ensure that each page is initialled and that the application is signed by a duly authorised person.

#### **IMPORTANT**

Applications are considered on a first come, first served basis. Please carefully read the front page of the Application Form for all important criteria and requirements

We look forward to receiving your applications.

### SECTION A: CONTACT DETAILS AND GENERAL INFORMATION

Registered name of organisation				
Project name (if different)				
NPO/PBO/EMIS Registration number				
Postal address				
Physical address				
Province				
Website address (if available)				
Contact Person at the Organisation			Position	
Telephone			Fax	
Cellphone				
Email				
CATEGORY OF FUNDING APP Skills development Accredited skills training		ON (PLEASE SELECT ONE Trades and artisans focus		AREA) Services
Vulnerable members of commu	nity			
Children		Disabled persons		Women
Elderly		Youth		Health
How much funding are you requesting?	R			
What is the duration of the Project?				
TYPE OF ORGANISATION				
Non-profit organisation (NPO)		Public benefit organisation (PBC	))	
Cooperative		Registered school (EMIS)		
Have you previously applied for Yes	and rec	eived funding from the Old N No	/lutual Fo	oundation?
If YES, please provide information be	elow:			
If so, how was the funding used?				
Year		How was funding used		Amount
				R

How many staff members are volunteers are involved in the organisation?

Permanent	Temporary	Volunteers	Total

R

### **SECTION A: CONTACT DETAILS AND GENERAL INFORMATION**

Tick t	Tick the province/s which the project will be focusing on?								
	Eastern Cape	V	Vestern Cape	N	orthern Cape		Free State		KwaZulu-Natal
	Mpumalanga		Gauteng		Limpopo		North West		National

Indicate how many people (gender, race and disabled) will benefit directly from the funding requested. \* Black = African/Coloured/Indian/Chinese as defined by EE Act.

Total # of Beneficiaries	# Males	# Females	% Males	%	Total % *Black Beneficiaries	
	# *Black Males	# *Black Females	% Females	%	%	
	# Disabled Males	# Disabled Females	% Disabled Persons	%		

### **SECTION B: ORGANISATION INFORMATION**

When was the organisation established and by whom?

Describe the organisation - background, history and location.

Briefly describe the current purpose of the organisation.

Describe the different operations of your organisation.

What are the organisation's goals for the coming year?

### **SECTION B: ORGANISATION INFORMATION**

Please give an example of a success story.

#### **BANK DETAILS**

Please note: a stamped letter from the organisation's bank must accompany this application. The auditors do not accept cancelled cheques or online statements.

Name of bank	Account name	
Branch name	Branch code	
Account number	Account type (eg. Savings)	

### **SECTION C: PROJECT INFORMATION**

What is the reason for and aim of this project?

Which rural community/communities will be benefitting from this project and indicate the nearest town?

Does this project have community support? Please elaborate:

Please list the names of members on the project's committee, the area of their responsibility and full-time occupation (if retired, indicate past occupation):

Member's name	Portfolio on the committee	Occupation

How do you plan to implement this project?

How will you ensure that the planned benefits of the project are sustained into the future after the project has been completed?

Are there monitoring and evaluation measures in place? Please elaborate:

How will you know when the project is successful?

Who are the direct beneficiaries of this project and how will they benefit?

Please list the current sponsors that are co-funding the project and the amount contributed.

Sponsor	Funding used for:	Year	Amount
			R
			R
			R
			R
			R

### **SECTION D: FUNDING DETAILS**

What is the total cost of the project?

How much funding are you requesting?

Please list the needs for which you are seeking assistance.

R

R

Item	Use (reason)	Costs as per quote
		R
		R
		R
		R
		R
		R
		R

Explain why items listed above are required?

### **SECTION E: DECLARATION**

I hereby agree that the information provided in this document is true and correct and that I have not purposefully withheld any information, which may influence the decision taken by the Old Mutual Foundation. I further agree that the answers provided in this application are legally binding to the applicant.

### **ORGANISATION CONTACT PERSON**

Full Name (print)		
Signature	Date	

### IMPORTANT CHECKLIST: HAVE YOU SUPPLIED ALL THE REQUIRED DOCUMENTS? Compulsory required documents

Completed and signed Old Mutual Foundation Application form

- Signed and witnessed Beneficiary Declaration form, on organisation letterhead or stamped (necessary for B-BBEE requirements) Valid NPO/PBO/EMIS registration
  - Stamped letter from organisation's bank, verifying valid bank account information (no older than 3 months)
- Latest Annual Financial Statements

### Optional

- Photographs of project
- Business Plan

Copy of organisation's constitution

### PLEASE FORWARD COMPLETED APPLICATIONS TO:

CSI Administrator, Old Mutual Foundation, Old Mutual, Jan Smuts Drive, Pinelands 7405. PO Box 66, Cape Town 8000. Should you have any enquiries, please do not hesitate to contact us at 021 509 3333, 021 509 7974 or email CSI@oldmutual.com.

### PLEASE PRINT/COPY ON YOUR ORGANISATION LETTERHEAD OR USE YOUR ORGANISATIONAL STAMP

OFFICIAL ORGANISATION STAMP

#### **DECLARATION OF BENEFICIARIES FORM**

The information below is required by Old Mutual in terms of government legislation for verification of Broad-Based Black Economic Empowerment (B-BBEE) Codes of Good Practice 700: Socio-Economic Development.

#### This declaration must be signed by the most senior person in the organisation and witnessed by two witnesses.

By signing this declaration form, the undersigned, being duly authorised to do so, certify on behalf of the organisation that the information provided is true and correct.

Registered name of organisation						
Project name (if different)						
Registration type and number						
Total number of beneficiaries who w	vill benefit from this donation					
Total percentage (%) of black benefi who are South African Citizens who	iciaries (African/Coloured/Indian/Chinese) are recipients of this donation				%	
Percentage (%) of male and female of this donation	beneficiaries who are recipients	Male	%	Female	%	
Full Name (print)						
Signature		Date				
Designation/position/role						
Telephone						
Cellphone						
Place/Town						
WITNESSES						
Witness 1: Full Name (print)						
Signature		Date				
Witness 2: Full Name (print)						
Signature		Date				

