



**THE SOUTHERN SUN CHILDREN'S FUND**

**APPLICATION FORM**

F2012

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## Section A: Guidelines

### Purpose

<b>Why we need this information from your organisation</b>	The Southern Sun Children's Fund is a registered Non-Profit Organisation that raises funds to provide support specifically to children who are either terminally ill or who require major medical intervention and / or for the purposes of donating such funds to eligible causes relating specifically to children, as determined by the Fund.
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### Requirements

<b>What we need from your organisation</b>	<p>In order to be considered for assistance from the Southern Sun Children's Fund, all organisations seeking support are kindly requested to complete and submit this application form together with their supporting documentation.</p> <ol style="list-style-type: none"> <li>1. Completed pages 3 to 7 of this form</li> <li>2. Certified by a commissioner of oaths</li> <li>3. Supporting documentation (checklist on page 7)</li> </ol>
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### Timing

<b>When to submit your application for assistance</b>	We accept applications at any time for evaluation during the last week of the following month of receipt. You'll be provided with an e-mail acknowledgement of receipt, which will serve as the 'date of receipt of your application'.
<b>When you can expect to receive our decision</b>	The outcome of your application for assistance will be communicated in writing 3 to 4 weeks after the date of evaluation. This means that you will receive our decision within 10 to 12 weeks from the 'date of receipt of your application'.

### Submission

<b>Submission details</b>	You may fax a copy of your completed application and PBO / NPO Certificate to Southern Sun's Social Accountability office on 086 503 3864. Thereafter, the original signed application together with supporting documentation should be posted to us at: PO Box 3503, Pinetown, 2132.
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### Enquiries

<b>Enquiries</b>	Please address all enquiries <b>in writing</b> to the Secretary of the Southern Sun Children's Fund, Candy Tohill by e-mail: <a href="mailto:candyt@southernsun.com">candyt@southernsun.com</a> or <a href="mailto:childrensfund@southernsun.com">childrensfund@southernsun.com</a> , or by fax - number: 086 503 3864.
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## Section B: Applicant

### Applicant information

<b>Registered name</b> Registered name of your organisation												
<b>Trading name</b> If different from the registered name												
<b>Legal form of your organisation</b>	<input type="checkbox"/> Trust	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> Company	<input type="checkbox"/>	<input type="checkbox"/> Other (indicate)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Registration number</b>												
<b>VAT registration number</b>	4											
<b>Income Tax reference number</b>												
<b>Status of your organisation</b>	<input type="checkbox"/> NPO	<input type="checkbox"/>	<input type="checkbox"/> NPO 18A	<input type="checkbox"/>	<input type="checkbox"/> PBO	<input type="checkbox"/>	<input type="checkbox"/> PBO 18A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NPO registration number</b>	N	P	O					-				
<b>PBO number</b>												
<b>Physical address</b>												
<b>Postal address</b>												
<b>Website address</b>	www .							.		.		

### Applicant contact details

<b>Name and surname</b>												
<b>Designation</b>												
<b>Landline number</b>	0			-				-				
<b>Cellular number</b>	0			-				-				
<b>e-mail address</b>				@				.		.		

**Applicant BBEE details**

<b>Headcount</b> Your organisation's human resource information	Number of employees (salaried)	<input type="text"/>
	What % of salaried employees are black men?	<input type="text"/> %
	What % of salaried employees are black women?	<input type="text"/> %
	What % of salaried employees are disabled?	<input type="text"/> %
	Number of volunteer employees (non-salaried)	<input type="text"/>
	What % of volunteer employees are black men?	<input type="text"/> %
	What % of volunteer employees are black women?	<input type="text"/> %
	What % of volunteer employees are disabled?	<input type="text"/> %

<b>Financial information</b> Your organisation's financial situation	Annual Income	<input type="text"/>
	Annual Budget (current year)	<input type="text"/>
	Annual Budget (last year)	<input type="text"/>
	Surplus / Shortfall (last year)	<input type="text"/>
	Financial statement attached?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Primary source of funding</b> Your organisation's regular donors (Type of donation = cash or in-kind)	<table border="1"> <thead> <tr> <th>Donor Name</th> <th>Type of Donation</th> <th>Frequency</th> <th>Length of Partnership</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Donor Name	Type of Donation	Frequency	Length of Partnership												
	Donor Name	Type of Donation	Frequency	Length of Partnership													

<b>Primary source of funding details</b> Comments about your organisation's primary donor funding	
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## Section C: Beneficiaries

### Beneficiary summary

Focal Area: health						
Indicate your organisation's focal area(s) by placing a ✓ in the appropriate block						
Community health		Donors and research		HIV / Aids		Cancer and oncology
Transplants		Facilities and equipment		Wellness and awareness		Hospices
Education and awareness		Other terminal illnesses		Medical costs		Other associated support
Other (describe)						

<b>Beneficiary classification</b> Who are your organisation's beneficiaries?	
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<b>Beneficiary composition</b>	Number of direct beneficiaries <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	% of direct beneficiaries who are black people <input type="text"/> <input type="text"/> <input type="text"/> %
	% of direct beneficiaries who are black children <input type="text"/> <input type="text"/> <input type="text"/> %
	% of direct beneficiaries who are black youth <input type="text"/> <input type="text"/> <input type="text"/> %
	% of direct beneficiaries who are black women <input type="text"/> <input type="text"/> <input type="text"/> %
	% of direct beneficiaries who are black men <input type="text"/> <input type="text"/> <input type="text"/> %
	Approximate number of potential beneficiaries <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

<b>Beneficiary location</b> Where are your organisation's beneficiaries located? What is your organisation's reach?	
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<b>Recent initiatives undertaken</b> List some recent initiatives your organisation has undertaken, including impact and results	<b>Initiative</b>	<b>Result</b>

## Section D: Assistance

### Current assistance sought

<b>Type of assistance</b> Place a ✓ in the appropriate column	<b>Prizeletter</b>	<b>Services</b>	<b>Equipment</b>	<b>Time</b>	<b>Finance</b>
<b>Duration of assistance</b> Place a ✓ in the appropriate column	<b>Once-off</b>	<b>Short-term</b>	<b>Long-term</b>	<b>Ongoing</b>	<b>Annual</b>
<b>Assistance sought</b> Describe exactly what your organisation is requesting from the Southern Sun Children's Fund					
<b>Application of assistance</b> Describe how the assistance will be applied					
<b>Motivation for assistance</b> Motivate why your organisation's request for assistance should be granted					

### Previous assistance received

<b>Previous assistance received from Southern Sun Children's Fund</b> Details of previous assistance your organisation has received, including date received and nature of the contribution	
<b>Previous assistance received from Southern Sun Hotels</b> Details of previous assistance your organisation has received, including date received and nature of the contribution	
<b>Previous assistance received from Tsogo Sun Group</b> Details of previous assistance your organisation has received, including date received and nature of the contribution	

## Section E: Checklist

Related Section	Document to be submitted together with completed Application Form	Please ✓ the appropriate block		
		Doc Attached	Doc to follow	Doc not available
	NPO Registration Certificate			
	PBO Validation / Confirmation Letter from SARS			
	Financial Statements			
	Constitution			
	List of primary Donors with contact details			

## Section F: Signature

<b>Declaration</b>	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.
<b>Date</b>	Thus done and signed at ..... (place) on this ..... day of ..... (month) ..... (year)
<b>Signature</b>	
<b>Commissioner of Oaths</b>	

**Please have your submission certified by a commissioner of oaths.**