

NATIONAL DEPARTMENT OF HEALTH

CHIEF DIRECTORATE: HIV/AIDS AND STIS

PROJECT FUNDING APPLICATION FORM:

FUNDING PERIOD: APRIL 2023 – MARCH 2025

1. PARTICULARS OF THE ORGANISATION

1.1. Project details

Name of Organisation:			
Contact Person's name:			
Physical Address:			
Postal Address:			
Telephone:			
Fax:			
E-mail:			
NPO Registration No:			
Names of Board members	Name	Designation	ID number
(minimum of 3) i.e. Chairperson, Secretary, Treasurer	1.		
TIGUSUIGI	2.		
	3.		

2. PROGRAMME INFORMATION.						
2.1. STATE THE ORGANIZATION'S CORE PROGRAMME, (e,g, HTS, MMC, PMTCT, Key Populations, Treatment Adherence Support and Retention, ACSM, etc) 2.2. PLEASE STATE YOUR ORGANIZATION'S AREAS OF OPERATION (PROVINCE, DISTRICT AND PHC FACILITIES) e.g. Mpumalanga – Nkangala, Marapyane CHC)						
Provinces	Districts	Operational sites	Intended project reach			
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
	•		1			

1.2. Project amount requested:

3. SOURCES OF FUNDING

Indicate your sources of funding in the past	Government:	Source	Amount funded	Programme areas	Operational areas/districts
2 years		1.			
		2.			
	Other:	1.			
		2.			
		3.			

4. AUDIT INFORMATION:

TICK

Has your organization been audited	YES	NO	If yes, provide details.
before?			1.
Name of Auditing Firm			
Contact Details of Auditors			2.
Date of latest audit report			
·			3.

5. YOUR PROPOSAL (BUSINESS PLAN) MUST INCLUDE THE

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Statement of Need : 1 page

Project description: 3 pages (Goal, Objectives, Project activities, time frames, targets

& costs)

Budget : 1 page

Signature of Applicant	Designation	Date