



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

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 (minimum of 3) i.e. Chairperson, Secretary, Treasurer	Name	Designation	ID number
	1.		
	2.		
	3.		

1.2. Project amount requested: _____

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.			

