

454 Streatfield Street, Dutywa Eastern Cape Province Tel: 047 489 5800

Email: info@mbhashemun.gov.za

www.mbhashemun.gov.za

## MBHASHE LOCAL MUNICIPALITY FUNDING APPLICATION FORM

Section 1- Company Details		
Section 2- Manager	nent/Executive Mem	bers
Name & Surname	ID Number	Designation
	Section 2- Manager	Section 2- Management/Executive Mem



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## Please indicate the event where the organization is active:

Category of Tourism Operator	Tick
Accommodation Establishments (B&Bs, Chalets, Guest Houses, Lodges, Community Homestays, Camping etc)	
Fashion Designers/ Clothing Manufacturing	
Tour Operators/Tour Guides/ Crafters/Community Development Trusts	
<ul> <li>Creative Industry (Visual Arts, Fine Arts &amp; Film production/development</li> </ul>	
Outdoor Tourism Value Chain Events	

## **Section 3- Documents Required**

## Please attach the following documents:

Documents	Yes	No
Business Registration Certificate		
Certified ID Copies of Applicant(s)(not later than 3 months)		
Concept Document		
Company Profile		
Proof of address (not later than 3 months)		
Motivational Letter outlining why your business must be supported/funded.		
Letter from Ward Cllr (stamped) confirming the existing of the business in a ward.		
Two past experience reference/confirmation letters		



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Section 4- Project Details		
What are the aims and objectives of the project?		
State the project activities with time frames?		
How will you measure the success of your project?		
How are the people of Mbhashe will benefit		
What will be the economic spin-offs after hosting the event		
Please identify one specific project and motivate why it should be funded, include the budget and/or quotations	Project Name:	
	Motivation:	
List of Current Donors:		
Name	Amount	



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Name		Amount
9	ection 5- Addit	ional Information
motivate your pro 2. Include any other relevant to the pro	specific information	on that has not been requested that may be
NAME OF	APPLICANT ON BE	HALF OF THE ORGANISATION

**DATE** 

**SIGNATURE**