



7. SECTION 18 APPROVAL

Does the Organisation have Approval in terms of Section 18A of the Income Tax Act? Yes / No

8. ADDRESSES

PHYSICAL	REGISTERED ADDRESS	POSTAL
_____	_____	_____
_____	_____	_____
_____	_____	_____
CODE _____	CODE _____	CODE _____

9. CONTACT DETAILS OF ORGANISATION

TELEPHONE: _____ FAX: _____
WEBSITE ADDRESS: _____ E-MAIL: _____

10. CONTACT PERSON

NAME: _____
POSITION / RELATIONSHIP WITH ORGANISATION: _____
TELEPHONE: WORK _____ MOBILE _____
E-mail: _____ FAX _____

11. TRUSTEES/DIRECTORS/OFFICE BEARERS:

NAME	POSITION	CONTACT TELEPHONE NO.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

12. EXECUTIVE MANAGEMENT AND KEY PERSONNEL

NAME	POSITION	CONTACT TELEPHONE NO
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. MAIN SECTOR OF ACTIVITY (Indicate the main sectors of activity of your organisation by ticking the appropriate box)

- Education and Training
- Health
- Welfare and Social Development
- Disaster Relief
- Environmental Sustainability
- Other (Please specify) _____

14. ACTIVITIES OF THE ORGANISATION: (Provide details on the main activities of the Organisation)



15. HAS YOUR ORGANISATION ENCOUNTERED ANY INTERNAL FRAUD?

If **yes**, please provide a brief description of what fraud occurred, how was this dealt with and what new measures have been introduced to mitigate this risk?

16. USE OF THE SERVICES OF A FUNDRAISER OR FUND RAISING AGENCY

Does your organisation utilise the services of an outside fundraiser or fundraising agency? _____

If **yes**, then please advise if this application falls under the arrangement with the fundraiser or agency and the basis on which the fundraiser or agency will be remunerated should Iqraa Trust approve any funding.

17. PERSONNEL

(Please provide information on the number of paid staff and volunteers in your organisation)

	PAID STAFF		VOLUNTEERS		TOTAL
	FEMALE	MALE	FEMALE	MALE	
Full time					
Part time					
Total Staff					

18. GEOGRAPHIC AREA OF OPERATIONS

Does your Organisation operate nationally? YES NO If **not** then please provide the name of the Province/s where your Organisation provides its services.

19. PREVIOUS FUNDING BY IQRAA TRUST OR ALBARAKA BANK

Were you funded previously by Iqraa Trust, Albaraka Bank or the South African Muslim Charitable Trust? If yes, please provide the following information:

YEAR	AMOUNT	TYPE*	INSTITUTION**	PURPOSE
TOTAL				

* State if the assistance was in form of a loan or a grant

** State if funding was provided by Iqraa Trust, Albaraka Bank or the South African Muslim Charitable Trust.

21. MISSION IN ORGANISATIONS OWN WORDS

22. MAJOR OBJECTIVES IN THE ORGANISATION'S OWN WORDS

23. DONORS OF MORE THAN R 20 000 FOR CURRENT FINANCIAL YEAR

	NAME OF DONOR	AMOUNT	PAID/PENDING	DATE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

SECTION B

1. DETAILS ON THE ASSISTANCE REQUIRED

(Please provide the information requested below on a separate sheet of paper)

Please select the type of assistance which the organisation is applying for:

Operating Expenses New Assets Other

Please provide more details on the selected type of assistance.

Location

Please provide information on the location of the project for which assistance is required.

Objectives of the Project

Please describe the concept and how it is expected to address the need in the community and what are some of the strengths and risks associated with implementing this concept.

Control

Is there an appropriate level of control and transparency with respect to corporate governance (board and management) and finances?

Sustainability

Will the project be sustainable both operationally and financially and how will this be achieved?

Risk Factors

Are there any factors outside of the control of your organisation that could impact either positively or negatively on the Project?

2. IMPACT OF THE ASSISTANCE APPLIED FOR

Please provide the following information on the impact of the assistance applied for:

- a. How broadly will the assistance impact upon the life of its target beneficiaries and others?
- b. How many people will benefit directly and how many people indirectly from the Project over the short and long term?
- c. How long and to what extent will the benefit last into the future?

Other Comments:

3. FINANCIAL INFORMATION ON THE PROJECT

3.1 Has your Organisation applied to Albaraka Bank or any other Institution for funding for this project? If so then please provide the following information:

NAME OF INSTITUTION	DATE APPLIED	AMOUNT APPLIED FOR

3.2 Please provide the following information on the cost and funding of the project:

Total cost of the project	Year 1:
Total amount requested	Year 1:

Alternative Sources of Funding

If the Organisation is not requesting the total project cost from IQRAA TRUST, please list the sources of the balance of the project funding in the table below.

Source of Funds	Amount	Status(See Note Below)*
TOTAL		

*Indicate in this column, if the funds have been already been received or have been committed or pledged to your organisation by the potential donor/grantor.

Budget Breakdown for the Project

Please provide a detailed budget breakdown for the project as follows:

1. *Detailed Capital expenditure budget for the project for the next two years.*
2. *Detailed Income and Expenditure Budget for the project for the next two years.*
3. *A Summary of the total funding requirements both in respect of operating and capital expenditure and how the requirements will be funded.*



SECTION C

1. CHECKLIST OF REQUIRED SUPPORTING INFORMATION

*(Please supply the following information. Where applicable please submit **originals or original certified copies** of the relevant documents with your application. Kindly note that Iqraa Trust will **not** consider any applications if **originals or original certified copies** of documents are not submitted with the Application.)*

1.	Formal constituting document such as an Association Agreement, Constitution, MOI or other.
2.	Non Profit Organisation (NPO) Registration Certificate.
3.	South African Revenue Services (SARS) – Public Benefit Organisation (PBO) Registration Letter.
4.	Confirmation of Section 18A Tax Exemption status where applicable.
5.	Copy of VAT Registration Certificate (if registered for VAT).
6.	Audited financial statements and annual report for the last two years.
7.	Approval from the Organisation for Iqraa Trust to contact the Organisation's External Auditors
8.	Most recent report submitted to the Directorate of Non Profit Organisations (NPO) and to SARS in fulfilment of the requirements of registration as an NPO and PBO.
9.	Letter from a registered bank confirming that your organisation is FICA compliant.
10.	A blank cancelled cheque of your Organisation or a certified document from your bank confirming your Organisation's bank account details.
11.	Certified copies of identity documents of the Executive Management.
12.	Copy of a telephone account or utility bill of the Organisation.
13.	Information on Remuneration: Please provide a breakdown of the total remuneration paid to Trustees/Directors/Board Members and Executive Management of your organization. To maintain confidentiality, the information can be provided under cover of a separate letter.

2. DECLARATION

I confirm on behalf of that:
(The name of the organisation)

1. I am authorised to sign this declaration,
2. To the best of my knowledge, all answers to the questions on this form and all supporting information submitted with this application form are true, correct and complete in all respects.
3. I acknowledge and accept that the submission of untrue, incomplete or incorrect information or the non- disclosure of any information pertinent to this application could result in Iqraa Trust at its sole discretion:
 - a. not processing this application any further
 - b. withdrawing any assistance that may have already been granted
 - c. demanding the repayment of any funds that may already have been advanced
4. I shall immediately and in writing disclose to Iqraa Trust any changes in the status of our Organisation that could affect our application in terms of the policies and guidelines of Iqraa Trust.
5. If this application is successful, this organisation will comply with all the terms and conditions attached to any assistance offered by Iqraa Trust.
6. I confirm that the Organisation has the power to accept the type/ form of assistance that is being requested.

Name:

South African Identity Number: **Position in Organization**

Signature

Date.....