

# SPORT AND RECREATION INDUSTRY



culture, sport & recreation  
MPUMALANGA PROVINCE  
REPUBLIC OF SOUTH AFRICA



Living the Magic of the Sun



NATIONAL YOUTH DEVELOPMENT AGENCY  
OUR YOUTH. OUR FUTURE.



## COVID-19 RELIEF FUND - APPLICATION FORM

ORGANISATION/COMPANY DETAILS	
Organisation /Company Name	
<b>Project Manager</b>	
Surname	
Full Names	
Identity number	
Cell number	
Local Municipality	
District Municipality	
Type of Company/ Organisation	
Registration No	
Tax Reference No.	
INDIVIDUAL APPLICANT'S DETAILS	
Surname	
Full Names	
Identity number	
Cell number	
Local Municipality	
District Municipality	
Tax Reference Number	
Physical and Postal Address :	
Physical Address	
Post Box/Bag	
Town	
Postal Code	

<b>CRITERIA FOR :</b>		
<b>INDIVIDUALS /ORGANISATIONS/COMPANY</b>		
List the projects/sports event/s cancelled from which income would have been earned between March and June 2020: Code/Federation and brief description or the proposed new virtual project.	<b>Project /Sport event</b>	<b>Projects /Sport events date</b>
Indicate the type of confirmation (contract commitment letter) to participate in a project or at the sport event that has been cancelled (this information will be verified)		
Complete Annexure (List of Federations or Athletes involved)		
Indicate as to whether the applicant is permanently employed or on a fixed contract Or un employed.		
If employed indicate the name of the organisation / company.		
<b>FREELANCER / INDEPENDENT CONTRACTOR</b>		
List the projects/sport event/s cancelled from which income would have been earned between March and June 2020 or the proposed new virtual project.	<b>Project/Sport events</b>	<b>Project /Sport events date</b>
List other sources of income. If any.		

**PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING YOUR APPLICATION**

**REQUIRED SUPPORTING DOCUMENTS CHECKLISTS**

DOCUMENT	YES	NO
Copy of applicant's ID		
Applicant's Bank Account Confirmation		
2 x pages of Concept Proposal & Organisation / Individual Profile		
1 x Page Budget Breakdown		
Annexure A: list of persons to be paid (if applicable)		
Documents confirming involvement /participation (contracts, commitment letter, etc.)		
Letter of support from the Federation		

**DECLARATION**

I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect or fraudulent I shall immediately be disqualified and legal action may be taken against me.

<b>NAME AND SURNAME:</b>	<b>SIGNATURE</b>
<b>DATE:</b>	

The department will determine the threshold for funding support

The department reserves the right to determine the quantum of compensation and to conduct verification and due diligence prior to providing the relief.

**FOR OFFICE USE ONLY**

RECOMMENDED	NOT RECOMMENDED
<b>COMMENTS</b>	