



HIVSA CBO ICD Application Form

Organization's Profile

1. Name of the CBO:

2. Name of CBO Contact Person:

3. Designation/Role:

4. CBO Establishment:

3.1 When was the CBO established?

3.2 When was the CBO registered as an NPO?

3.3 NPO registration number

3.4 Does the Organization have Board Members?

5. Organizational Contact details:

Include mailing address, telephone and other means of communication

Cell: _____

Tel: _____

Email address: _____

Other: (specify) _____

6. Locations where the CBO works

6.1 Include sub-district or village/local authority area (Areas of operation)

Sub-district: _____ Village: _____ Section: _____

Physical Address: _____ Code: _____

Next to: _____ Areas of operation: _____

7. Staff and structure

6.1 How many full-time staff, part-time staff and volunteers does the organization work with?

Full-time staff	Part-time staff	Volunteering staff

8. Sources of funding over the past 3 years (if self-funded, please indicate under donor name)

Donor name	Year funded	Duration	Activities funded

9. Services/programs rendered by the CBO

9.1 What services or programs are currently being rendered by the CBO?

Programme Area/Activity	Number of beneficiaries being served per program area	Age group (e.g 0-17)

For Administrative purposes only:

- Are there key role players in the CBO that are members of any existing community structures e.g. local AIDS council?

If yes:

Name of person(s)	Role	Name of entity/structure

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- Are there any members of the CBO who are affiliated to any other larger organizations that provide support? e.g. PEPFAR

If yes:

Name of person(s)	Role	Type of support received

- Is the CBO affiliated to any community service providers in the area and what for? e.g. Schools, Clinics?

If yes:

Affiliated Service Provider(s)	Type of service affiliated for	Year of affiliation (e.g. 2020 – 2022)

10. Please ensure that the following supporting documents have been attached and are submitted together with the completed application form. (Tick below)

1. NPO Registration Certificate
2. DSD Letter of compliance (*at least within the past 3 financial years*)
3. List of Board Members
4. Bank account confirmation letter registered in the Organization’s name
5. Organizational Constitution/CBO Profile
6. Tribal Authority Letter

11. Organizational Signatories:

Name & Surname	Role/Position	Date	Signature
	CBO Manager		
	Coordinator		
	Chairperson		
	Witness		

_____ **End** _____