



MNZ 1004

**MINISTRY OF TINKHUNDLA ADMINISTRATION AND DEVELOPMENT
APPLICATION FORM**

REGION	INKHUNDLA	CHIEFDOM	TYPE OF PROJECT	AMOUNT
				E

(The prescribed application form in terms of the Regional Development Fund Regulation Notice, 6 January 2015)

DATE APPLICATION SUBMITTED TO UMPHAKATSI :date/ month/ year

1. PARTICULARS OF THE APPLICANT

1.1. NAME OF THE SWAZI ORGANIZED GROUP _____

1.2. POSTAL ADDRESS OF APPLICANT _____

1.3. PHYSICAL ADDRESS _____

2.0 REGISTRATION AND COMPOSITION OF COMMITTEE

2.1 STATE TYPE AND FORM OF REGISTRATION OF SWAZI ORGANIZED GROUP. TICK BOX OF RELEVANT TYPE.

Type of Swazi Organized Group	<input checked="" type="checkbox"/>	State proof of organization (e.g. Constitution or Memorandum of Association) Please encloseproof in this application.
Community Group	<input type="checkbox"/>	
Association	<input type="checkbox"/>	
Company	<input type="checkbox"/>	
Co-operative Society	<input type="checkbox"/>	
Partnership	<input type="checkbox"/>	



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2.2 TOTAL NUMBER OF REGISTERED MEMBERS

2.3 NAMES OF MEMBERS OF THE EXECUTIVE COMMITTEE AND THEIR CONTACT DETAILS.

Designation	Name	ID NO.	Contact	SIGNATURE
Chairman				
Secretary				
Treasurer				
Member				
Member				

2.4 ATTACH LIST OF OTHER PROJECT MEMBERS WHERE NECESSARY (I.E. INCOME GENERATING PROJECTS)



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3.0 PROJECT APPLICATION

3.1 NAME THE TYPE AND TICK ON THE CLASSIFICATION OF PROJECT FOR WHICH FUNDING IS
REQUESTED

CLASSIFICATION OF PROJECTS	<input checked="" type="checkbox"/>	PROJECT DESCRIPTION (e.g. electricity scheme, hammer mill, water scheme)
Infrastructure Development Project	<input type="checkbox"/>	
Income Generating Project	<input type="checkbox"/>	
Regional Project	<input type="checkbox"/>	



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4. PROJECTFULL DESCRIPTION (INCLUDE SKETCH DIAGRAMS AS ATTACHEMENT WHERE APPLICABLE)

4.1. PURPOSE

4.2. BACKGROUND OF COMMUNITY (PROBLEMS)

4.3. TARGET POPULATION (WHO ARE THEY, NUMBER OF MALES,NUMBER OF FEMALES)

4.4. IMPACT (CHANGE AS A RESULT OF THE

PROJECT)_____



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5. CONTRIBUTIONS AND FINANCES

5.1. HAVE YOU RECEIVED ANY ASSISTANCE TO DATE FOR THIS PROPOSED

PROJECT _____

5.2. IF YES FROM WHO? _____

5.3. HOW MUCH CASH HAVE YOU SPENT TO-DATE ON THE PROJECT?

5.4. HOW MUCH DO YOU HAVE IN YOUR SAVINGS ACCOUNT ____ E _____



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**5.5. FINANCIAL BREAKDOWN OF THE PROJECT (TOTAL CONSTRUCTION COSTS IF IT IS AN
INFRASTRUCTURE PROJECT - PROJECTIONS MUST INCLUDE CONTRIBUTION BY THE APPLICANT)**

Proposed Local Community (Beneficiary) Contribution	Emalangeni
Free labour donated by you (valued @ E65 / day/pp)	
Free materials collected by you (estimated value):	
Building Materials you buy:	
Equipment and fittings you buy:	
Skilled labour and technicians (paid by community):	
Designs (paid by community):	
Other contributions (specify).....	
Sub-Total Local Community Contribution: (min 10%) _____ %	_____ % E
Contributions requested from (to be paid by) the Regional Development Fund	Emalangeni
Building materials:	
Equipment and fittings:	
Contractors; Designs; Training and Advisory costs; etc:	
Other contributions (specify).....	
Sub –Total requested from the Regional Development Fund (RDF): (max 90%)	_____ %
Contributions requested from (to be paid by) other Donors, NGO's etc:	Emalangeni
Specify.....	
Sub –Total requested from others (..... %)	E
GRAND TOTAL ESTIMATED COST (100%)	E



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6. FOR INCOME GENERATING PROJECTS FILL THE TABLE BELOW.

DETAILS OF INCOME AND EXPENDITURE OF THE PROPOSED PROJECT - THE APPLICANT
MUST ATTACH A BUSINESS PLAN.

Income and Expenditure	
<u>Income</u>	<u>Amount (E)</u>
Number of Units	
Price per unit	
Total sales per month	
<u>Expenditure</u>	<u>Amount (E)</u>
Number of units	
Cost per unit	
Transport cost	
Labour cost	
Others (specify) _____ _____	
Total Expenditure	



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6.1. WHAT IS YOUR MARKET? _____

6.2. DO YOU HAVE ANY SALES AGREEMENT WITH YOUR MARKET? PLEASE ATTACH A CONFIRMATION
LETTER FROM THE

MARKET? _____

7. PROJECT MAINTAINENCE AND REPAIR

7.1. WHO WILL OPERATE OR MANAGE THE PROJECT AFTER ITS COMPLETION?

7.2. WHAT ARE HIS/HER EXPERIENCES AND

QUALIFICATIONS _____

7.3. HOW WILL YOU RAISE THE FUNDS FOR

MAINTENANCE _____

7.4. WHAT WILL BE THE TOTAL COST PER

YEAR? _____



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8. IMPLEMENTATION PLAN

(ATTACH YOUR PLAN IF THE TABLE BELOW IS NOT ENOUGH)

ITEM	ACTIVITIES PLANNED (LIST ALL ACTIVITIES)	PERSON RESPONSIBLE	TARGET COMPLETION DATE
Project completion date (dd/mm/yyyy)...../...../.....			



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9. COMMENTS ON PROJECT VIABILITY BY THE RELEVANT SECTOR EXPERTS.

9.1. GOVERNMENT LINE MINISTRY TECHNICIAN'S COMMENTS.

9.2. COMMUNITY DEVELOPMENT OFFICER'S COMMENTS

9.3. MICRO-PROJECTS' TECHNICIANS COMMENTS



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10. TECHNICAL AND ADMINISTRATIVE CLEARANCES

10.1. AT UMPHAKATSI LEVEL

Confirmation by Bandlancane and the Chairperson of the Community Development Committee that the applicants met and discussed the project with umphakatsi.

CHECKLIST BY BANDLANCANE AND DEVELOPMENT COMMITTEE

<input checked="" type="checkbox"/> TICK ON THE BOX YOU AGREE WITH. IF NO PUT A CROSS X	YES	NO
Are registered in the Umphakatsi as a bona fide Swazi organized group		
Community mobilization has been carried out by Community Development Officers		
Involvement of line Ministry		
Availability of project design (from line ministry)		
Project will benefit the wider community		



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Land/ site for the project is available and approved by umphakatsi		
Project is recommended for consideration by Inkhundla		

10.2. Approvals at Umphakatsi level:

Designation	Name	Date	ID NO.	Signature
Indvuna/Chair man				
CDC chairperson				
Bucopho				

PLEASE INSERT UMPHAKATSI OFFICIAL STAMP HERE.

10.3. AT INKHUNDLA LEVEL

Confirmation by Inkhundla Council that the applicants:

✓ TICK ON THE BOX YOU AGREE WITH. IF NO PUT A CROSS X	YES	NO
Are registered in the Inkhundla as a bona fide Swazi organized group		
Went through Umphakatsi		
Community mobilization has been carried out by Community Development Officers		



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Project has been technically appraised and viable		
Project will benefit the wider community and has at least ten members		
Land/ project site is available and approved by umphakatsi		
Project is a priority in the needs of the Inkhundla		
Project is recommended for appraisal by RDFTC		

10.4. Signature of Inkhundlarepresentatives:

Designation	Name	Date	ID NO.	Signature
MP				
INDVUNA YENKHUNDLA				
BUCOPHO				

PLEASE INSERT INKHUNDLA OFFICIAL STAMP HERE.

10.5. AT REGIONAL LEVEL

10.5.1. Recommendation by the Regional Development Fund Technical Committee.



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OFFICIAL STAMP OF TINKHUNDLA ADMINISTRATION AND DEVELOPMENT AT REGIONAL LEVEL

10.6. Project Review and decision of the Regional Development Fund Committee

Decision of the RDF Committee (including total estimated cost of project) and reasons in case of disapproval.

10.7. Signatures of Regional Development Fund Committee representatives:

Designation	Name	Date	ID NO.	Signature
RA / Chair of RDFC				
Regional Secretary				
PROJECT				



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MP				
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PLEASE INSERT REGIONAL ADMINISTRATION'S OFFICIAL
STAMP HERE...