a world class African city

Annexure A: Application form for services required for 2025/26 Financial Year

(Please fill in and submit)

Name of the organization:	Region	Ward
Address:	Telephone number: Cell phone number: E-mail address:	
Name of the person completing this proposal:	Designation:	
Signature of the person authorized to sign this proposal.		
Name of the Chairperson of the organization:	Signature of the chairperson of the organization:	
Telephone number of the Chairperson	Registration date of the organization	
Date of application		
Number of years in operation		
Core Function of the organization		
Service that the organization specializes in		
Type of service/s the organization is interested to assist the department with		
Capacity to Deliver (e.g., personnel, including financial resources)		

Cost for the service to be rendered/provided by the organization **(This is pay per service category and the cost should be per beneficiary serviced, other costs such as transportation, service fee/admin costs, refreshments, etc. should be considered)**	
Partners that the organization has signed partnerships with (Please list and give contact details	
References (Please list and give contact details)	