



a world class African city

Annexure A: Application form for services required for 2026/27 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	
Email address:		
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)	