



**DEPARTMENT OF COMMUNITY SAFETY**  
**DEPARTEMENT VAN GEMEENSKAPSVEILIGHEID**  
**ISEBE LOKHUSELEKO LOLUNTU**



OFFICE OF THE DIRECTORATE:  
**SOCIAL CRIME PREVENTION**

Tel 021-483-6507, 6932 or 2727  
 Fax 021-483-3485  
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PO Box 5346  
 CAPE TOWN  
 8000

## APPLICATION FORM

### FINANCIAL ASSISTANCE FOR A SOCIAL CRIME PREVENTION PROJECT

#### INSTRUCTIONS

1. The applicant must complete ALL SECTIONS in PRINT (use black ink only).
2. The completed application must reach the Directorate: Social Crime Prevention Centre at least EIGHT (8) WEEKS prior to the starting date of the project. Please note that the EIGHT (8) WEEKS period starts on the date the Directorate: Social Crime Prevention Centre, Department of Community Safety received the project funding application form from Provincial SAPS.
3. This application must be DULY SIGNED by the Chairperson of the applying Community Police Forum (CPF/BOARD) or authorised executive member of the applying organisation or it must be at all times endorsed by Provincial South African Police Station.
4. Any illegible or incomplete information will result in further enquiries that will delay the consideration of your application for financial assistance.
5. The approval for financial assistance lies within the SOLE DISCRETION of the Department of Community Safety.
6. No CPF's will be funded if they are not registered under Department of Community Safety or have outstanding evaluation reports, financial reports with certified copies of expenditure vouchers.
7. All registered Non-Governmental Organisations (NGO), Non-Profitable Organisation (NPO) and Community Based Organizations (CBA) should apply for funding via the Local Community Police Forum.
8. Completed application forms must be hand-delivered or submitted by mail to: Western Cape Provincial SAPS: Private Bag X9004, Cape Town, 8000. Please note that only original Application Forms completed in black ink, endorsed by Provincial SAPS and Western Cape Provincial Community Police Board will be accepted for consideration. (Please keep a copy of the original application form for your own records and implementation.)
9. All cost items specified in the proposed budget must be supported by CERTIFIED COPIES (if not originals) OF 3 QUOTATIONS per cost item and be attached thereto. Also note that the quotations must be numbered to correspond with the cost items in the project budget.
10. \* A copy of your organisation's charter or constitution, including your mission statement, must also be attached to this Application Form. (\* Not applicable to Community Police Fora/Boards)

PROJECT NAME				
Project Start Date		Project End Date		Total Duration (Indicate no. of days, weeks, etc.)

**A. GENERAL INFORMATION****1. Details of Applying Organisation or Community Police Forum**

CPF/NGO			
CPF Chairperson/ CEO Name			
Telephone		Facsimile	
Cellular		E-Mail	
Physical Address		Postal Address	
Postal Code		Postal Code	

**2. Bank Details**

Bank Name		Branch Name	
Account Name		Branch Code	
Account Number			

**3. Details of Local South African Police Service (SAPS)**

Name of the Station			
Station Commissioner Name			
Telephone		Facsimile	
Cellular		E-Mail	
Physical Address		Postal Address	
Postal Code		Postal Code	
Was the project discussed with the local Municipality? (Tick box)			<input type="checkbox"/>
Municipality where this project will be implemented?			
District Municipality is?			
Beneficiary Area is?			



<b>6. Local South African Police Service (SAPS) Priorities</b>			
Does the project address the issues identified in terms of the local SAPS Crime Threat Analysis (CTA)? (Tick box)		Yes	No
Is the project based on the local SAPS Crime Pattern Analysis (CPA)? (Tick box)		Yes	No
Does the project emanate from the local SAPS Service Delivery Improvement Programme (SDIP) Plan? (Tick box)		Yes	No
Does the project support the local SAPS Service Delivery Improvement Programme (SDIP) Plan? (Tick box)		Yes	No
Please indicate which Local SAPS priority crime(s), according to its Service Delivery Improvement Programme (SDIP) Plan, will be addressed by this project:			
What is the top 3–priority crime committed in your Station area?			
Which of these crimes are you going to address with this project?			
How will this project address the indicated priority crimes?			

**C. PROJECT INFORMATION**

**7. Problem Definition**

1. What is the current crime problem?

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2. What is the cause(s) of the current crime problem?

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3. Briefly describe the crime location (sector) where the crime problem exists:

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4. Who is the target group that is affected by this crime? (Age):

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Who is the perpetrator?

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5. Police operations/ initiatives are planned to ensure the success of this project? (i.e. Road blocks, Closing of Shebeens, Stop and Searches)

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### 8. Project Target Group / Beneficiaries

Please indicate the MAIN TARGET GROUP of the project:

Target Group			
Number to be reached		Age	

### 9. Project Evaluation

Please describe how you will measure the success of the project: What would your success indicator be? e.g. Attendance register.

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### 10. Media Involvement

Please list the name of the organisation(s) (e.g. newspaper, radio, etc.) involved with the project:

Media Name	Contact Person	Telephone Nr	Facsimile Nr	e-mail

## 11. Project Objectives

Please list the project objectives aimed at addressing the crime problem as defined in "Section C 7. – Problem Definition":

Nr	Project Objective	Output / Deliverable

## 12. Project Activities

How are you going to implement this project?

1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	





**D. DECLARATION BY PROJECT MANAGER/COORDINATOR**

I hereby declare that the information furnished in this document and attached hereto is completely true to the best of my knowledge and conviction, and that I have not concealed any information that may influence this application.

Name of Project Manager / Coordinator		Representing Organisation	
Signature		Date	

**E. ENDORSEMENT OF THE PROJECT BY THE APPLYING ORGANISATION**

The applying organisation hereby indicates their support of the project. (\* this section should only be completed if they applying organisation is not a Community Police Forum/Board)

I hereby endorse this project on behalf of the applying organisation. (Please Tick box)	Yes	No
Comment: _____ _____		

Name of CEO / Director		Capacity/ Particulars of Authority	
Signature		Date	

**F. ENDORSEMENT OF THE PROJECT BY THE SAPS**

The signature of the South African Police Service (SAPS), i.e. the Station Commissioner, is required below as an indication of support of the project. Also note that, where the Community Police Forum is the applicant, the Station Commissioner's signature also verifies that the Community Police Forum exists and is operational and registered.

I hereby endorse this project on behalf of the SAPS. (Please Tick box)	Yes	No
Comment: _____ _____		

Name of Station Commissioner (in printed letters) including force number		
Signature		Official Date Stamp

### G. ENDORSEMENT OF THE PROJECT BY THE CPF

The signature of the Chairperson of the Community Police Forum (CPF) is required below as an indication of their support of the project.

I hereby endorse this project on behalf of the CPF/CPB. (Please Tick box)

Yes

No

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name of CPF  
Chairperson

CPF Chairperson

Signature

Date

### H. ENDORSEMENT OF PROJECT BY PROVINCIAL SAPS

The signature of the Section Head: Provincial, South African Police Service (SAPS), Western Cape, is required below as an indication of the Provincial Commissioner's support of the project. **NB:** No project will be considered without the endorsement of **PROVINCIAL SAPS**

I hereby endorse this project on behalf of the Provincial Commissioner.  
(Please Tick box)

Yes

No

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Name Section Head of  
Social Crime Prevention  
SAPS (in printed letters)  
including force number (

Signature

Official  
Date  
Stamp

**I. ENDORSEMENT OF PROJECT BY WESTERN CAPE PROVINCIAL COMMUNITY POLICE BOARD**

The signature of the Chairperson of the Western Cape Provincial Community Police Board (WCPB) as an indication of Chairperson of the Western Cape Provincial Community Police Board support of the project. **NB:** No project will be considered without the endorsement of **Western Cape Provincial Community Police Board**

I hereby endorse this project on behalf of Western Cape Provincial Community Police Board. (Please Tick box)

	Yes	No
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Comment: \_\_\_\_\_  
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Chairperson of WCPB	
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Signature		Official Date Stamp
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