

# **CALL FOR APPLICATIONS:**

# FREE STATE SPORT AND RECREATION

# **COVID -19 2<sup>nd</sup> WAVE RELIEF FUND**

Free State Sport Confederation hereby requests members and Sport practitioners in the Free State who are continuing to be financially set back by the COVID-19 Pandemic to apply for the Free State Sport and Recreation COVID-19 2nd Wave Relief Fund. The fund aims to assist individual practitioners whose income and livelihood is solely derived from sport activities which have been cancelled as a result of the Pandemic.

# **CRITERIA**

### **Athletes**

This refers to Professional, Semi-Professional and Provincial Athletes who reside and participate in Sports within the Free State Province.

### Coaches

This refers to Coaches that are affiliated with the Provincial Federations and earn an income solely from coaching.

### **Provincial Technical Officials**

This refers to amateur, semi-professional and professional technical officials who officiate at local, semi-professional and professional level and may include referees, umpires, table officials, scorers, judges.

### **Administrators**

This refers to Provincial, District and Town Federations and Sport Council's administrators whose income was affected by the Pandemic.







### INSTRUCTIONS TO APPLICANTS

- a) Eligible to apply are:
  - Athletes,
  - Coaches.
  - Technical Officials, and
  - Administrators
- b) Each applicant must complete (blank spaces) this form to be eligible for the Free State Sport and Recreation COVID-19 Relief fund assistance.
- c) Applications must be sent to: <a href="mailto:covid19@fssc.co.za">covid19@fssc.co.za</a>,
  - Hand delivered documents can be dropped off at your nearest Department of Sport, Arts, Culture and Recreation offices.
- d) No application will be assessed if not endorsed by the Provincial Federation.
- e) Applicant must solely depend on sport income.
- f) No Sport practitioner with other employment outside of Sport may apply for this relief.
- g) Applicant must be a permanent resident of the Free State Province
- h) The Department reserves the right to determine the compensation to be made to each applicant.
- i) Registered businesses, CC's and PTY's and their employees may not qualify for this Relief.

  They may explore other Relief Interventions available to businesses and labour.
- j) Provision of false information will be treated as fraud and dealt with through appropriate
   Criminal Justice System.
- k) Submission Deadline: 12 April 2021.







	APPLICATION CATEGORY MARK WITH AN X		
Athlete	Coach	Technical	Administrator
Other(specify):			

SECTION 1:				
APPLICANT'S DETAI	ILS APPLICATION NO:			
Surname				
Full Names				
Identity Number				
Cellphone Number				
Email Address (If Available)				
Sport code/Club/Sport Council				
Gender	MALE		FEMALE	
Ethnic Group	BLACK	COLOURED	WHITE	INDIAN
Disability		YES	ı	VO
If yes, kindly specify the disability				
Physical Address				
House/Building Number				
Street Name				
Town				
Postal Code				
District				

# **SECTION 2:**

APPLICANTS FUNDING MOTIVATION		
PLEASE PROVIDE A MOTIVATION TO BE CONSIDERED WHEN ASSESSING YOUR APPLICATION.		







# **SECTION 3:**

REQUIRED SUPPORTING DOCUMENTS			
		YES	NO
	Certified Copy of Identity document		
Individual Applicants (Athlete,	CV/ Sport profile & Certificates		
Coach, Technical)	Three (3) Months Stamped Bank		
	Statement		
	Bank Stamped Statement/Confirmation		
	Certified Copy Of Identity Document		
	Copy Of Employment Contract		
Administrator	Bank Stamped Statement/Confirmation		
	Three (3) Months Stamped Bank		
	Statement		
	Motivation Letter On Entity Letter Head		

# **GENERAL NOTE:**

The Department of Sport, Arts, Culture and Recreation with the Free State Sport Confederation will determine the quantum of relief and reserves the right to conduct verification, due diligence and request additional information prior to providing the relief.

### **SECTION 4:**

# I hereby declare that the information provided is true and correct. I further declare that I understand that if the information provided is proven to be false, incorrect or fraudulent I shall immediately be disqualified and legal action may be taken against me. NAME AND SURNAME SIGNATURE DATE:







RECOMMENDATION BY PROVINCIAL FEDERATION			
PLEASE PROVIDE ANY RELEVANT INFORMATION TO BE CONSIDERED WHEN ASSESSING			
THE APPLICATION			
•	I hereby declare that I have verified the application and the information (including supporting		
documents) provided by the applicant. I fur	ther de	clare that I understand that knowingly colluding on	
information that is false, incorrect or fraudule	information that is false, incorrect or fraudulent shall lead to legal action against all parties concerned.		
APPLICATION RECOMMENDED		APPLICATION NOT RECOMMENDED	
NAME AND SURNAME	SIGN	ATURE	
DATE			

# **SECTION 5:**

FOR OFFICE USE ONLY		
APPLICATION APPROVED	APPLICATION REJECTED	
COMMENTS	COMMENTS	
NAME AND SURNAME:		
DESIGNATION:		
SIGNATURE:		
DATE:		



