



REPUBLIC OF BOTSWANA

MINISTRY OF YOUTH EMPOWERMENT, SPORT AND CULTURE DEVELOPMENT

COVID-19 RELIEF PROGRAMME

SPORT SECTOR

APPLICATION FORM

1.0 CATEGORY OF APPLICANT (Please tick appropriate box)

Sporting Club

Individual

2.0 COMPLIANCE (Tick appropriate box)

No	COMPLIANCE ITEM	YES	NO
1.	Has the application been endorsed by the relevant National Sporting Association?		
2.	Has the applicant / beneficiary benefited from any COVID-19 related Government relief initiative?		
3.	Is the applicant able to provide proof of wage bill / income for the months of January, February and March 2020?		
4.	Does the applicant have proof of signed contracts / agreement with employees? (applicable only to clubs)?		
5.	Does any of the beneficiaries draw a salary anywhere other than the club? (applicable only to clubs)?		

3.0 APPLICANT'S DETAILS

Name of Federation Affiliated to :			
Name of Applicant (Club / Individual):			
Name (Surname in case of Individuals):	First Name:		
Contact Number:	E-mail Address:		
National Identity Number:			
Postal Address (Post Box / Private Bag):	Town / Village:		

7.0 TYPE AND AMOUNT OF RELIEF REQUIRED

PROVIDE NECESSARY INFORMATION AND CALCULATE THE TOTAL AMOUNT REQUIRED				
DESCRIPTION / TYPE OF RELIEF	AMOUNT PER MONTH PER EMPLOYEE (BWP)	NUMBER OF EMPLOYEES	PERIOD OF RELIEF	TOTAL AMOUNT (BWP)
Wage subsidy				

8.0 PREVIOUS BENEFIT FROM INCENTIVE AIMED AT ADDRESSING COVID-19 PANDEMIC EFFECTS

DID YOU BENEFIT FROM ANY OTHER GOVERNMENT INTERVENTION / INCENTIVE AIMED AT ADDRESSING COVID-19 PANDEMIC EFFECTS		
	YES	NO
IF YES (Explain)		

9.0 INFORMATION OF BENEFICIARIES / EMPLOYEES

9.1 PLAYERS/ATHLETES

NO.	FULL NAME (SURNAME FIRST)	ID NUMBER	ACCOUNT NUMBER	BANK CODE	BANK	AMOUNT APPLIED FOR (BWP)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

9.						
10.						
11.						
12.						
13.						
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15.						
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						

9.2 ADMINISTRATORS AND TECHNICAL OFFICERS

NO.	FULL NAME (SURNAME FIRST)	ID NUMBER	ACCOUNT NUMBER	BANK CODE	BANK	AMOUNT APPLIED FOR (BWP)
ADMINISTRATORS						
1.						
2.						
3.						

4.						
5.						

10.0 SALARY BREAKDOWN FOR BENEFICIARIES PER MONTH

10.1 PLAYERS/ATHLETES

No.	FULL NAME (SURNAME FIRST)	SALARY EARNED FOR THE MONTH OF; (BWP)		
		JANUARY 2020	FEBRUARY 2020	MARCH 2020
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
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12.				
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20.				
21.				
22.				
23.				
24.				
25.				

10.2 ADMINISTRATORS AND TECHNICAL OFFICERS

No.	FULL NAME (SURNAME FIRST)	POSITION	SALARY EARNED FOR THE MONTH OF; (BWP)		
			JANUARY 2020	FEBRUARY 2020	MARCH 2020
ADMINISTRATORS / TECHNICAL OFFICERS					
1.					
2.					

3.					
4.					
5.					

11.0 REQUIRED SUPPORTING DOCUMENTS CHECKLIST

Please tick (✓)

No.	DOCUMENT	YES	NO
1.	Certified copies of beneficiaries or applicant identity documents		
2.	Certified copies of Registrar of Societies Certificate (in the case of clubs)		
3.	Proof of Compliance with Registrar of Societies		
4.	Certified copies of Company Registration / Certificate of incorporation (in case of clubs registered as companies)		
5.	Certified copies of Contracts and /or Agreements for employment		
6.	Copies of Staff Payroll for the months of January, February and March 2020		
7.	Affidavit indicating that no other relief assistance has been received by the applicant or any of the beneficiaries.		

12.0 DECLARATION BY APPLICANT

I hereby declare that the information (including supporting documents) provided in this application is truthful and accurate. I further declare that I am aware that knowingly providing information that is false, incorrect or fraudulent shall lead to legal action against myself and all those concerned.

Full Names of applicant:	Position of applicant (in case of club):
Identity Document Number of applicant:	
Signature:	Date:

13.0 RECOMMENDATION BY NATIONAL OLYMPIC COMMITTEE / NATIONAL SPORTING ASSOCIATION

I hereby declare that I have verified the application and the information (including supporting documents) provided by the applicant. I further declare that knowingly colluding on information that is false, incorrect or fraudulent shall lead to legal action against myself and all those concerned.

Name of recommending entity:		
Full names of recommending official:		
Position of recommending official:		
	Endorsed	Not Endorsed
Recommendation (Please tick ✓ appropriate box):		
Signature:	Date:	

Official Stamp of Recommending Entity:

