

**Southern African Development Community – Centre for Distance
Education [SADC – CDE]**
Private Bag B0187
Bontleng
Gaborone
Botswana

Tel: + 267 3180094
Fax: + 267 3191089



Activity Funding Support Request Guidelines

The following are the conditions of the funding support:

1. The SADC-CDE will support activities approved in their activity plan which is submitted to COL on an annual basis as guided by submissions by member states/institutions
2. Priority will be given to:
 - ensuring equitable distribution of the support among SADC member states
 - activities that promote networking / collaboration /partnership within and outside the institution/country
3. Payment of services: The SADC-CDE reserves the right to operate within the budgeted limit and the following shall apply:
 - Direct payment by SADC-CDE of the supplier for agreed items or services based on submitted quotations and recommendation as approved.
 - Reimbursement i.e. where the host applicant has paid for approved services and bills the SADC-CDE
4. The number of support activities or amount to a particular institution/country will be subject to vetting in the interest of balancing support to the region
5. An institution/country which is unable to make use of its designated fund(s) should communicate in writing to the SADC-CDE to cancel/defer its support funds to a later time but must be used within the same financial year (COL: July-June) if deferred.

Below is a requesting form to be used for submission.



This request form should be completed by a Supervisor/Head of Department /Faculty /HR requesting the training support. The form should then be countersigned by head of HR/ staff member designated to support institutional training plans in the HR office/ Institutional head or their representative in the case where the form was filled in by HR.

After completion, the Head of HR or their representative then sends the completed form to the SADC-CDE by email to cthabo@staff.bocodol.ac,bw or post to the Director, SADC-CDE C/o BOCODOL Private Bag BO 187 Bontleng, Gaborone Botswana.

Name of requesting Officer.....**Position**.....

Institution..... **Country**.....

Delete as necessary

1.	Name of activity:	
2.	Target Group / Audience	
3.	Training Goal	
4.	Activity Objectives	
5.	Deliverables	
6.	Dates & No. of training days	
7.	Is activity joint/sole Reasons for joint/sole	
8.	Name of participating Institutions and whether Public or Private	
9.	Resource Person(s): i) Locally sourced or ii) Outside the country 3 quotations for the services to be provided if not free	
10.	Venue (Free / Not free) – 3 quotations if not free	
11.	Equipment to be used (Free / Not free) 3 quotations if not free	
12.	Proposed budget for supplies– 3 quotations for supply of services/provisions (refreshments, lunch, transport)	
13.	Translation services (Free / Not free) – 3 quotations if not	

	free	
14.	Your institution's contribution	
15.	Commitment to submit Report : Name: _____ signature _____	

Counter Signature: _____
Head of HR/ HR office Rep/ Institutional Head /Institutional Head Rep

--