

**National Department of Social Development**

**Official Standard Application Form (Business Plan) for Funding (2024/25 – 2025/26 & 2026/27 Financial Years)**

**Part A**

**Proposal Details**

# SECTION A1: CHECKLIST FOR PROPOSAL

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| **IMPORTANT NOTE:****All NPO’s submitting a proposal MUST ensure that:*** **All the pages of Part A & B of this application form are completed;**
* **Part C of this application form is completed SEPARATELY for EACH *Service Specification* the NPO is responding to; *(i.e. if NPO is applying for more than one service, complete PART C for each service specification applying for)***
* **The forms and declarations in Part D of this application form are completed and signed accordingly; with FORM 1: NPO ENTITY STATEMENT OF INCOME AND EXPENDITURE (APPLICABLE ONLY EMERGING NPOS)**
* **To confirm adherence to the mandatory requirement set out in the Request for Proposals, the NPO verifies through the Checklist below to confirm all required information per Sections and supporting documents are attached accordingly as non-compliant applications with the below requirements will be disqualified.**
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| **PART A – PROPOSAL DETAILS** | **VERIFICATION BY ORGANISATION (YES OR NO)** | **FOR OFFICE USE ONLY** |
| Section A1: Checklist for Proposal completed |  |  |
| Section A2: Aligned to the Title of Request for Proposals  |  |  |
| Section A3: Proposal Aligned to Service Specification Reference(s) **(e.g. *SP4.3 Victim Empowerment Services)*** |  |  |
| **PART B – NPO or OTHER ENTITY DETAILS**  | **VERIFICATION BY ORGANISATION (YES OR NO)** | **FOR OFFICE USE ONLY** |
| Section B1: NPO or Other Entity Details |  |  |
| Section B2: NPO Registration Details |  |  |
| Section B3: Contact Persons for NPO  |  |  |
| Section B4: Authorised Signatory of NPO  |  |  |
| Section B5: Governance Practices of NPO  |  |  |
| Section B6: Composition of Board or Management Committee  |  |  |
| Section B7: Financial Matters of NPO  |  |  |
| Section B8: Transformation *(attach Transformation Plan or Policy if available)* |  |  |
| Section B9: Declaration by NPO  |  |  |
| **PART C – PLAN FOR PROJECT, PROGRAMME OR OTHER INTERVENTION** | **VERIFICATION BY ORGANISATION (YES OR NO)** | **FOR OFFICE USE ONLY** |
| Section C1: Service Specification Reference |  |  |
| Section C2: Description of Project, Programme or Other Intervention |  |  |
| Section C3: Implementation Plan for Project, Programme or Other Intervention |  |  |
| Section C4: Staffing Plan for Project, Programme or Other Intervention |  |  |
| Section C5: Previous Experience Carrying Out the Same or Similar Projects, Programmes or Other Interventions |  |  |
| Section C6: Budget for Project, Programme or Other Intervention |  |  |
| Section C7: Funding Request for Project, Programme or Other Intervention |  |  |
| **PART D – FORMS AND DECLARATIONS** | **VERIFICATION BY ORGANISATION (YES OR NO)** | **FOR OFFICE USE ONLY** |
| Form 1: NPO or other entity Statement of Income and Expenditure***(FOR EMERGING ENTITIES ONLY AS PER SECTION 1.2 OF RFP)*** |  |  |
| Form 2: NPO Declaration regarding Financial Management and Internal Control Systems |  |  |
| Form 3: Declaration of NPO Bank Account Details |  |  |

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**SECTION A1: CHECKLIST FOR PROPOSAL cont.**

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| **All NPO’s submitting a proposal must ensure that the documents listed below have been submitted as part of this proposal** |
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| **SUPPORTING DOCUMENTATION TO BE SUBMITTED** | **VERIFICATION BY NPO (YES OR NO OR N/A)** | **FOR OFFICE USE ONLY** | **COMMENTS****OFFICE USE**  |
| **FORM 1: NPO ENTITY STATEMENT OF INCOME AND EXPENDITURE (ONLY EMERGING NPOS)** *(As per size of NPO)*  |  |  |  |
| **FORM 2: NPO DECLARATION REGARDING FINANCIAL MANAGEMENT AND INTERNAL CONTROL SYSTEMS *Completed and signed*** |  |  |  |
| **FORM 3: DECLARATION OF NPO BANK ACCOUNT DETAILS (ENTITY MAINTAINANCE FORM) *Completed, signed and bank stamped*** |  |  |  |
| **CERTIFIED COPY OF SERVICE CERTIFICATE WHERE SUCH REGISTRATION IS A LEGISLATIVE REQUIREMENT *(****if applicable to service applied for****)***  |  |  |  |
| **LATEST THREE (3) MONTHS BANK STATEMENTS** |  |  |  |
| **LATEST AUDITED FINANCIAL STATEMENT** *(Refer to Section B7.3)* |  |  |  |
| **LETTER OF AUTHORIZATION (WITH NAME, ID NO, CAPACITY OF THE AUTHORIZED PERSON, AND THE LETTER SIGNED BY THE CHAIRPERSON OF THE BOARD)**  |  |  |  |
| **ATTACHED CERTIFIED COPIES OF ID AS PER LETTER OF AUTHORIZATION**  |  |  |  |
| **COPY OF APPROVED ORGANOGRAM** |  |  |  |
| **PROOF OF OPERATION / EXISTENCE WHERE SERVICES APPLIED FOR WILL BE RENDERED**  |  |  |  |
| **ALL SECTIONS COMPLETED AND APPLICATION FORM SIGNED** |  |  |  |

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# SECTION A2: REQUEST FOR PROPOSALS REFERENCE

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| *Please indicate the title for the Request for Proposals that you are responding to*  |
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| **Title of Request for Proposals:** | REQUEST FOR PROPOSALS FROM NONPROFIT ORGANISATIONS (NPOS) FOR FUNDING FOR 2024/25 – 2025/26 and 2026/27 FINANCIAL YEARS |
| **Request reference number:** | **1/2024** |

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# SECTION A3: SERVICE SPECIFICATION REFERENCE(s)

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| *Please indicate the title and reference number for each of the Service Specifications that you are responding to through this application (Refer to RFP documentation for this information)* |
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| **Service Specification reference number:** | *Example SP4.3 Victim Empowerment Services* |
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**Part B**

**NPO Details**

# SECTION B1: NPO DETAILS

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| *Please provide the following details for your organisation* |
| **SECTION B1.1: ENTITY DETAILS** |
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| **Name of entity:** |  |
| **Physical address:** |  |
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|  | **Postal code:** |  |
| **Postal address:** |  |
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|  | **Postal code:** |  |
| **Telephone number:** |  |
| **Email Address:** |  |
| **Website address:** |  |

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| **SECTION B1.2: LEGAL STRUCTURE OF NPO**  |
| *Choose your organisation’s legal structure/form from the list below. Please mark the applicable box below with an* **X** |
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| --- | --- | --- | --- |
| Not-for-profit Company (NPC)(Section 21 company) | Trust | Voluntary association of persons | Other |
|[x] [ ] [ ] [ ]

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| *Please provide us with the following registration numbers, AS APPLICABLE* |
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| --- | --- |
| Company registration number: |  |
| Trust registration number: |  |
| Public Benefit Organisation registration number: |  |

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# SECTION B2: NPO REGISTRATION DETAILS

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| ***Please complete this section only if your organisation is an NPO****Please indicate your organisation’s registration status under the NPO Act. Please mark the applicable box below with an* **X**  |
|[ ]  Fully registered NPO |[ ]  Conditionally registered NPO |[ ]  The NPO is NOT registered under the NPO Act |
| *Please provide us with your NPO’s registration number, IF APPLICABLE* |
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| NPO registration number: |  |

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# SECTION B3: CONTACT PERSONS FOR NPO OR OTHER ENTITY

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| *Please provide the name and details of the designated contact persons within your organisations. The Department will contact these persons in the following instances, among others:** *Should there be any questions related to your application; and*
* *To inform you of the status or outcome of your application*
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| **CONTACT PERSON 1** |
| **Name and surname:** |  |
| **Position:** |  |
| **Telephone number:** |  |
| **Cell phone number:** |  |
| **E-mail address:** |  |
| **RSA ID number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **CONTACT PERSON 2** |
| **Name and surname:** |  |
| **Position:** |  |
| **Telephone number:** |  |
| **Cell phone number:** |  |
| **E-mail address:** |  |
| **RSA ID number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |

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# SECTION B4: AUTHORISED SIGNATORY OF NPO OR OTHER ENTITY

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| *Please provide the name and details of the person within your organisation that is authorised to enter into written agreements (e.g. a Transfer Payment Agreement with the Department) on behalf of your organisation. (NB: Attach Letter of Authority and ID Copy)*  |
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| **SIGNATORY** |
| **Name and surname:** |  |
| **Position:** |  |
| **Telephone number:** |  |
| **Cell phone number:** |  |
| **E-mail address:** |  |
| **RSA ID number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |

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# SECTION B5: GOVERNANCE PRACTICES OF NPO OR OTHER ENTITY

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| **SECTION B5.1: TYPE OF GOVERNING BODY** |
| *Please choose the type of governing body your organisation has in place. Please mark the applicable box below with an* ***X*** |
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| --- | --- | --- | --- | --- |
| Board of Directors | Board of Trustees | Management Committee | Other governing body | The organisation does not have a governing body in place |
|[ ] [ ] [ ] [ ] [ ]
| *If you have selected ‘****Other governing body****’ from the list above, please describe the type of governing body that the organisation has in the space provided below* |
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| **SECTION B5.2: COMPOSITION OF GOVERNING BODY** |
| *Please answer the questions below* |
| How many members does the organisation’s governing body have? |  |
| How many of the members of the governing body work for the organisation – beyond the work they do as members of the governing body? In other words, how many members are executive members of the governing body? |  |
| **SECTION B5.3: MEETINGS OF GOVERNING BODY** |
| *Please answer the questions below* |
| How often did the organisation’s governing body meet during the organisation’s most recent full financial year? |  |
| If the governing body met during the organisation’s most recent full financial year, did the governing body minute the proceedings of the meetings that it held? *Please mark the applicable box with an* ***X*** |

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| Yes | No |
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| SECTION B6: COMPOSITION OF BOARD OR MANAGEMENT COMMITTEE (Attach Approved Organogram) |
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| *Please provide the details of your organisation’s governance team (e.g. Board of Trustees, Board of Directors, Management Committee) in the table provided below.* |
|

| **NAME, SURNAME AND POSITION** | **CONTACT DETAILS** | **GENDER AND RACE** | **HIGHEST EDUCATIONAL QUALIFICATION AND/OR OVERVIEW OF EXPERIENCE** | **NATURE OF DISABILITY (IF APPLICABLE)** |
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| *Name and Surname:* |
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| *Position on the Board or Committee:* |
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| *ID Number/Passport Number* |
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| *Position on the Board or Committee:* |
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| SECTION B6: COMPOSITION OF BOARD OR MANAGEMENT COMMITTEE cont. |
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| *Please provide the details of your organisation’s governance team (e.g. Board of Trustees, Board of Directors, Management Committee) in the table provided below.* |
|

| **NAME, SURNAME AND POSITION** | **CONTACT DETAILS** | **GENDER AND RACE** | **HIGHEST EDUCATIONAL QUALIFICATION AND/OR OVERVIEW OF EXPERIENCE** | **NATURE OF DISABILITY (IF APPLICABLE)** |
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| *Position on the Board or Committee:* |
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| SECTION B6: COMPOSITION OF BOARD OR MANAGEMENT COMMITTEE cont. |
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| *Please provide the details of your organisation’s governance team (e.g. Board of Trustees, Board of Directors, Management Committee) in the table provided below.* |
|

| **NAME, SURNAME AND POSITION** | **CONTACT DETAILS** | **GENDER AND RACE** | **HIGHEST EDUCATIONAL QUALIFICATION AND/OR OVERVIEW OF EXPERIENCE** | **NATURE OF DISABILITY (IF APPLICABLE)** |
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# SECTION B7: FINANCIAL MATTERS OF NPO OR OTHER ENTITY

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| **SECTION B7.1: FINANCIAL MANAGEMENT ARRANGEMENTS** |
| *Please give us information on how you have arranged your organisation’s financial management. Please mark the applicable box below with an* **X**  |
|[ ]  The organisation has **outsourced** its bookkeeping and/or financial reporting to an accounting company or an accounting professional |[ ]  The organisation has an **in-house staff member or resource** that does its bookkeeping and financial reporting |[ ]  The organisation does not maintain a complete record of its accounting activities |
| If you have indicated that your organisation does not maintain its accounting records above, please explain why your organisation does not maintain its accounting records in the space provided below |
|  |
| **SECTION B7.2: DETAILS OF ORGANISATION / INDIVIDUALS RESPONSIBLE FOR FINANCIAL MANAGEMENT** |
| *Please provide the details of the individual responsible for the bookkeeping or financial management of the organisation (e.g. the details of the company that the services have been outsourced to or the details of the staff member within the organisation that is responsible for the bookkeeping or financial management of the organisation)* |
| **Name and surname of contact person:** |  |
| **Position:** |  |
| **Company name (if applicable)** |  |
| **Telephone number:** |  |
| **Cell phone number:** |  |
| **E-mail address:** |  |
| **RSA ID number:** |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Qualifications related to financial accounting, financial management and/or financial reporting:**  |  |
| **Relevant experience related to financial accounting, financial management and/or financial reporting:** |  |
| **Registration with a professional accounting and/or financial management body (including membership number)** |  |

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| SECTION B7: FINANCIAL MATTERS OF NPO OR OTHER ENTITY cont. |
| **SECTION B7.3: SIZE OF NPO OR OTHER ENTITY** |
| *Please give us an indication on how much revenue, on average, your organisation received or earned in its most recent three (3) full financial years (including all and any funding received from government or non-government sources). Please mark the applicable box below with an* **X** |
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| **EMERGING NPO OR OTHER ENTITY** | **SMALL NPO OR OTHER ENTITY** | **MEDIUM NPO OR OTHER ENTITY** | **LARGE NPO OR OTHER ENTITY** |
|[ ]  Less than R 500 000 |[ ]  Greater than or equal to R 500 000 but less than R 2 million |[ ]  Greater than or equal to R 2 million but less than R 10 million |[ ]  Greater than or equal to R 10 million |

 |
| Information with solid fill | SUPPORTING DOCUMENTATION REQUIRED**Depending on the box you selected above for the size of your organisation**. please submit the following:

|  |  |
| --- | --- |
| **SIZE OF NPO OR OTHER ENTITY** | **TYPE OF FINANCIAL STATEMENTS TO SUBMIT** |
| EMERGING NPO OR OTHER ENTITY | AT LEAST an NPO or Other Entity Statement of Income and Expenditure*Please use the template provided in* ***FORM 1: NPO OR OTHER ENTITY STATEMENT OF INCOME AND EXPENDITURE*** |
| SMALL NPO OR OTHER ENTITY | AT LEAST the organisation’s Annual Financial Statements (prepared in terms of International Financial Reporting Standards (IFRS) or IFRS for Small and Medium-Sized Entities (IFRS for SMEs)) for the most recent full financial year – **compiled by an independent, registered compiler** |
| MEDIUM NPO OR OTHER ENTITY | AT LEAST the organisation’s Annual Financial Statements (prepared in terms of IFRS or IFRS for SMEs) for the most recent full financial year – **reviewed by an independent registered reviewer** |
| LARGE NPO OR OTHER ENTITY | The organisation’s Annual Financial Statements (prepared in terms of IFRS or IFRS for SMEs) for the most recent full financial year – **audited by a Registered Auditor (i.e. Audited Annual Financial Statements)** |

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| **SECTION B7.4: BANKING DETAILS NPO**  |
| *Please provide your organisations banking details below.* |
|

|  |  |
| --- | --- |
| **Account name:** |  |
| **Bank name:** |  |
| **Account number:** |  |
| **Branch name:** |  |
| **Branch number:** |  |
| **Account type:** |[ ]  Cheque |[ ]  Savings |[ ]  Transmission |
|  |[ ]  Bond |[ ]  Other, specify: |  |

 |
| Information with solid fill | SUPPORTING DOCUMENTATION REQUIREDPlease complete one (1) of the following two (2) supporting documents:* ***FORM 3: DECLARATION OF NPO OR ENTITY BANK ACCOUNT DETAILS*** – signed and stamped by the relevant banking institution – confirming the details of the bank account (the declaration must be dated less than three (3) months from the closing date for submitting the proposals)

OR* A stamped confirmation letter from the relevant banking institution – detailing:
	+ The name of the NPO or other entity;
	+ The banking details of the NPO or other entity;
	+ The company registration number, if applicable; and
	+ The fact that the bank account is active.

The confirmation letter must be dated less than three (3) months from the closing date for submitting the proposals. |

# SECTION B8: TRANSFORMATION

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| **SECTION B8.1: TRANSFORMATION WITHIN THE ORGANISATION** |
| Expanding equitable access to services requires deliberate planning and budgeting that will redress historical inequalities and specifically expand services to those who are most vulnerable in under-privileged, under-served informal settlements and rural areas. It is the priority of government to shift funding from over resourced areas to the high priority areas where the needs are greatest. This Proposal must demonstrate how your organization will address the transformation agenda in line with the above. *Please describe how you contribute towards transformation through your organisation’s structures (i.e. governing body and management team) and operational staffing. Please consider, among others, your organisation’s representation in terms of African, Coloured, Indian, female employees and persons with disabilities.*  |
|  |
| *Please describe how you plan on improving transformation within your organisation going forward. Please consider, among others:* * *your organisation’s representation in terms of African, Coloured, Indian, female employees and members of your governing body as well as persons with disabilities.*
* *specify areas of transformation that this proposal will address, how these will be achieved and who will be beneficiaries*
* *What are timeframes on improving transformation within your organization*
 |
|  |
| **SECTION B8.2: TRANSFORMATION OF THE SOCIAL DEVELOPMENT SECTOR** |
| *Please describe how you contribute towards transforming the broader Social Development Sector in South Africa. Share any strategy or policy that drives the transformation agenda of the organization if available.*  |
|  |
| *Please describe what your plans are to further contribute towards transforming the broader Social Development Sector in South Africa* |
|  |

***PLEASE NOTE:*** *DSD has a responsibility to ensure that all NPOs and other entities they register and/or fund to provide developmental social services* ***align their governance, management, employment practices and service delivery with the basic values and principles governing public administration as set out in section 195 of the Constitution.*** *In order to encourage self-reflection and to identify organisations that need assistance with transformation in the different Areas, funded organizations will be expected to complete a self-assessment MS Excel tool to assess their compliance with section 195 of the Constitution. The completed self-assessment Tool / scorecard is meant to create a positive environment that enables and assists the organizations to strive and do better on transformation imperatives. The completed Tool will form basis for monitoring and funded organizations will be expected to submit accordingly.*

# SECTION B9: DECLARATION BY NPO OR OTHER ENTITY

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| --- |
| I, the undersigned, hereby declare that the information supplied in this Proposal (i.e. Parts A, B and C of the Standard Application as well as all supporting documentation and information provided) is true and valid and that, should our organisation be given funding by the Department, the organisation will comply with the terms of the Transfer Payment Agreement that the organisation will enter into with the Department. |
|

|  |  |
| --- | --- |
| Signed at |  |
| On this the |  | day of |  | (month) |  | (year) |
|  |
| **Signature:** |  |  |  |  |
| Name and Surname: |  |  |  |  |
| Position: |  |  |  |  |
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**Part C**

**Plan for Project, Programme or Other Intervention**

# SECTION C1: SERVICE SPECIFICIATION REFERENCE

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| *Please indicate the title and reference number for the Service Specification Form that you are responding to* |
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| **Title of service specification:** |  |
| **Service specification reference number:** |  |

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# SECTION C2: DESCRIPTION OF PROJECT, PROGRAMME OR OTHER INTERVENTION

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| **C2.1: DESCRIPTION** **OF PROJECT, PROGRAMME OR OTHER INTERVENTION AND ITS COMPONENTS** |
| *Please provide a high-level description of your project, programme or other intervention in the space provided below. Ensure that you also include a description of the different service components that make up the project, programme or other intervention. These service components should be aligned to those set out in the relevant Service Specification your organisation is responding to.* |
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| **C2.2: TARGET BENEFICIARIES AND SERVICE USERS** |
| *Please describe the beneficiaries or service users that your project, programme or other intervention will target and how each category of beneficiaries or service users will benefit from the project, programme or other intervention. Use the guidance provided in the table below to complete this section* |
| **Which category of beneficiaries or service users will benefit from the project, programme or other intervention?** | **How will these beneficiaries or service users benefit from the project, programme or other intervention?** |
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| **C2.3: GEOGRAPHIC COVERAGE OR LOCATION**  |
| *Please describe the geographical coverage of the services provided through your project, programme or other intervention (e.g. name of the region, district or community) in the space provided below. Include a listing of the implementation sites of your project, programme or other intervention. It is important to demonstrate in this section that you are able to provide the required services in the service areas stipulated in the Service Specification your organisation is responding to. For ease of reference you may add a Table to show Province/Region/District/Implementation site etc (add more rows if required)*  |
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| **Financial Year/s** | **Province** | **Region/District / Implementation site** | **Targeted Number of Beneficiaries** |
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| **C2.4: TIME-RELATED ELEMENTS OF YOUR PROJECT, PROGRAMME OR OTHER INTERVENTION** |
| *Please describe any time-related elements of your project, programme or other intervention. Indicate, for example, whether the services provided are only available to beneficiaries at certain times of the day, week or month.* |
|  |

# SECTION C3: IMPLEMENTATION PLAN FOR PROJECT, PROGRAMME OR OTHER INTERVENTION

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| ***In this section of the application form, you are required to describe how your organisation will implement or carry out your project, programme or other intervention to achieve the objectives contained in the relevant Service Specification for each year that the funding is applied for.*** |
| **C3.1: ACTIVITIES AND EXPECTED RESULTS OF PROJECT, PROGRAMME OR OTHER INTERVENTION – YEAR 1** |
| *In the table provided below, please describe the activities that your organisation will carry out to produce the desired results and achieve the objectives of the project, programme or other intervention in Year 1. Each objective may require a number of activities or actions to be taken. The objectives of your project, programme or other intervention should be aligned with the objectives described in the Service Specification that your organisation is responding to. In describing the expected results of the project, programme or other intervention, please describe the expected changes the project, programme or other intervention will produce in its beneficiaries or service users.* |
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| **YEAR 1: OBJECTIVES OF PROJECT, PROGRAMME OR OTHER INTERVENTION –**  | **ACTIVITIES TO IMPLEMENT PROJECT, PROGRAMME OR OTHER INTERVENTION***What activities to perform to achieve the objectives* | **EXPECTED OR DESIRED RESULTS PROJECT, PROGRAMME OR OTHER INTERVENTION (outcomes)***how you will know project/programme/intervention is achieving its goals/ outcomes and impact* | **BUDGET COSTS LINKED TO THE ACTIVITIES** *E.g. If activity is awareness program – indicate inter alia Personnel cost - Venue cost –R1000, Promotion Material –* *x10 pamphlets@R5.00* *per pamphlet = R50.00.* |
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*Add more rows is necessary* |

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| **C3.2: ACTIVITIES AND EXPECTED RESULTS OF PROJECT, PROGRAMME OR OTHER INTERVENTION – YEAR 2** |
| *In the table provided below, please describe the activities that your organisation will carry out to produce the desired results and achieve the objectives of the project, programme or other intervention in Year 2. Each objective may require a number of activities or actions to be taken. The objectives of your project, programme or other intervention should be aligned with the objectives described in the Service Specification that your organisation is responding to. In describing the expected results of the project, programme or other intervention, please describe the expected changes the project, programme or other intervention will produce in its beneficiaries or service users.* |
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| **YEAR 2: OBJECTIVES OF PROJECT, PROGRAMME OR OTHER INTERVENTION** | **ACTIVITIES TO IMPLEMENT PROJECT, PROGRAMME OR OTHER INTERVENTION** *What activities to perform to achieve the objectives* | **EXPECTED OR DESIRED RESULTS PROJECT, PROGRAMME OR OTHER INTERVENTION (outcomes)** *how you will know project/programme/intervention is achieving its goals/ outcomes and impact* | **BUDGET COSTS LINKED TO THE ACTIVITIES** *E.g. If activity is awareness program – indicate inter alia Personnel cost – Venue cost –R1000, Promotion Material –* *x10 pamphlets@R5.00* *per pamphlet = R50.00.* |
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*Add more rows is necessary*

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| **C3.3: ACTIVITIES AND EXPECTED RESULTS OF PROJECT, PROGRAMME OR OTHER INTERVENTION – YEAR 3** |
| *In the table provided below, please describe the activities that your organisation will carry out to produce the desired results and achieve the objectives of the project, programme or other intervention in Year 3. Each objective may require a number of activities or actions to be taken. The objectives of your project, programme or other intervention should be aligned with the objectives described in the Service Specification that your organisation is responding to. In describing the expected results of the project, programme or other intervention, please describe the expected changes the project, programme or other intervention will produce in its beneficiaries or service users.* |
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| **YEAR 3: OBJECTIVES OF PROJECT, PROGRAMME OR OTHER INTERVENTION** | **ACTIVITIES TO IMPLEMENT PROJECT, PROGRAMME OR OTHER INTERVENTION** *What activities to perform to achieve the objectives* | **EXPECTED OR DESIRED RESULTS PROJECT, PROGRAMME OR OTHER INTERVENTION (outcomes)** *how you will know project/ programme/ intervention is achieving its goals/ outcomes and impact* | **BUDGET COSTS LINKED TO THE ACTIVITIES** *E.g. If activity is awareness program – indicate inter alia Personnel cost - Venue cost e.g.–R1000, Promotion Material –* *x10 pamphlets@R5.00* *per pamphlet = R50.00.* |
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*Add more rows if necessary*

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| **C3.3: INDICATORS AND TARGETS FOR PROJECT, PROGRAMME OR OTHER INTERVENTION** |
| *Please use the table below to describe the criteria and indicators and targets your organisation will use to measure the progress of the project, programme or other intervention as well as the achievement of its objectives.**The indicators that you list below should include, but not be limited by, the indicators listed in the relevant Service Specification that you are responding to.* |
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| **INDICATORS TO MEASURE PROGRESS AND PERFORMANCE PER EACH OBJECTIVE AND ACTIVITIES***For example, the number of target beneficiaries that enrol for the programme* | **TARGETS FOR PROJECT, PROGRAMME OR OTHER INTERVENTION***For example, 25 individuals (between the age of 12 and 18) enrol for the programme each month* |
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# SECTION C4: STAFFING PLAN FOR PROJECT, PROGRAMME OR OTHER INTERVENTION

| *Please provide the information requested in the table below regarding the staff members of your organisation that will be carrying out the project, programme or other intervention. Please use the table and guidance provided in the table below to complete this section* |
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| **NAME AND SURNAME OF STAFF MEMBER (I.E. PERMANENT OR TEMPORARY) OR VOLUNTEER** | **HIGHEST LEVEL OF EDUCATIONAL QUALIFICATION** | **GENDER** | **RACE** | **DISABILITY** | **ROLES AND RESPONSIBILITIES IN CARRYING****OUT THE PROJECT, PROGRAMME OR OTHER** **INTERVENTION** |
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| SECTION C4: STAFFING PLAN FOR PROJECT, PROGRAMME OR OTHER INTERVENTION CONT. |
| --- |
| *Please provide the information requested in the table below regarding the staff members of your organisation that will be carrying out the project, programme or other intervention. Please use the table and guidance provided in the table below to complete this section* |
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| --- | --- | --- | --- | --- | --- |
| **NAME AND SURNAME OF STAFF MEMBER (I.E. PERMANENT OR TEMPORARY) OR VOLUNTEER** | **HIGHEST LEVEL OF EDUCATIONAL QUALIFICATION** | **GENDER** | **RACE** | **DISABILITY** | **ROLES AND RESPONSIBILITIES IN CARRYING** **OUT THE OBJECTIVES OF THE PROJECT,** **PROGRAMME OR OTHER INTERVENTION** |
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# SECTION C5: PREVIOUS EXPERIENCE CARRYING OUT THE SAME OR SIMILAR PROJECTS, PROGRAMMES OR OTHER INTERVENTIONS

| *Please provide a description of and contactable references for projects, programmes or other interventions that your organisation has implemented in the past; these should be the same or similar to the project, programme or other intervention that your organisation would like to fund through this application. Please use the guidance provided in the table below to complete this section* |
| --- |
|

| **DESCRIPTION OF PROJECT, PROGRAMME OR OTHER INTERVENTION** | **STAFF MEMBERS LISTED IN *SECTION C4* ABOVE THAT DELIVERED PROJECT, PROGRAMME OR OTHER INTERVENTION** | **DURATION OF PROJECT, PROGRAMME OR OTHER INTERVENTION***(e.g. Mar 2018 – Jul 2019)* | **CONTACTABLE REFERENCE (NOT STAFF MEMBERS LISTED IN C4 ABOVE)** |
| --- | --- | --- | --- |
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| --- |
| *Name and Surname:* |
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| *Contact number:* |
|  |
| *E-mail address:* |
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| *Name and Surname:* |
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| *Contact number:* |
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| *E-mail address:* |
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| *Name and Surname:* |
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| *Contact number:* |
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| *E-mail address:* |
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| SECTION C5: PREVIOUS EXPERIENCE CARRYING OUT THE SAME OR SIMILAR PROJECTS, PROGRAMMES OR OTHER INTERVENTIONS |
| --- |
| *Please provide a description of and contactable references for projects, programmes or other interventions that your organisation has implemented in the past; these should be the same or similar to the project, programme or other intervention that your organisation would like to fund through this application. Please use the guidance provided in the table below to complete this section* |
|

| **DESCRIPTION OF PROJECT, PROGRAMME OR OTHER INTERVENTION** | **ANY STAFF MEMBERS LISTED IN *SECTION C4* THAT DELIVERED SIMILAR PROJECT, PROGRAMME OR OTHER INTERVENTION** | **DURATION OF PROJECT, PROGRAMME OR OTHER INTERVENTION***(e.g. Mar 2018 – Jul 2019)* | **CONTACTABLE REFERENCE (NOT STAFF MEMBERS LISTED IN C4 ABOVE)** |
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| *Name and Surname:* |
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| *Contact number:* |
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| *E-mail address:* |
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| *Name and Surname:* |
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| *Contact number:* |
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| *E-mail address:* |
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# SECTION C6: BUDGET FOR PROJECT, PROGRAMME OR OTHER INTERVENTION

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| **C6.1: DURATION OF FUNDING FOR PROJECT, PROGRAMME OR OTHER INTERVENTION** |
| *In the space below, please indicate the duration over which your organisation is requesting funding for from the Department in order to carry out the project, programme or other intervention (for example, from 1 April 2021 to 31 March 2024 (3 years).*  |
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| **C6.2: OPERATIONAL BUDGET FOR PROJECT, PROGRAMME OR OTHER INTERVENTION** |
| *Please outline the expected costs or expenditures to carry out the project, programme or other intervention over its duration. Provide this detailed breakdown of the budget in the table below.*  |
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|  | **YEAR XXX** |
| **All Budget Items /Expenditure Items**  | **Objective 1** | **Objective 2** | **Objective 3** | **Objective 4** | **Total**  |
| **Amount in Rands**  | **Amount in Rand** | **Amount in Rand** | **Amount in Rand**  | **Amount in Rand** |
| Personnel Costs |  |  |  |  |  |
| Project costs |  |  |  |  |  |
| Administrative costs |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **YEAR XXX** |
| **All Budget Items /Expenditure Items**  | **Objective 1** | **Objective 2** | **Objective 3** | **Objective 4** | **Total**  |
| **Amount in Rands**  | **Amount in Rand** | **Amount in Rand** | **Amount in Rand**  | **Amount in Rand** |
| Personnel Costs |  |  |  |  |  |
| Project costs |  |  |  |  |  |
| Administrative costs |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

|  |  |
| --- | --- |
|  | **YEAR XXX** |
| **All Budget Items /Expenditure Items**  | **Objective 1** | **Objective 2** | **Objective 3** | **Objective 4** | **Total**  |
| **Amount in Rands**  | **Amount in Rand** | **Amount in Rand** | **Amount in Rand**  | **Amount in Rand** |
| Personnel Costs |  |  |  |  |  |
| Project costs |  |  |  |  |  |
| Administrative costs |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
| **TOTAL** |  |  |  |  |  |

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| **C6.3: NARRATIVE FOR OPERATIONAL BUDGET**  |
| *In the space provided below, please provide a high-level explanation for the main cost items per Objective in the operational budget as well as any significant fluctuations in the cost items from year to year. For ease of reference you may narrate in a Table format* |
|  |

# SECTION C7: FUNDING REQUEST FOR PROJECT, PROGRAMME OR OTHER INTERVENTION

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| *Please indicate, in the table provided below, how much funding your organisation is requesting from the Department in order to carry out the project, programme or other intervention over its duration.* |
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| **YEAR** | **FUNDING REQUEST IN RANDS** |
| **Year 1** |  |
| **Year 2** |  |
| **Year 3** |  |

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| **PREVIOUS FUNDING FOR PAST THREE (3) YEARS**  |
| **SOURCE/S** *E.g. Dept of Social Development* | **OBJECTIVES THAT WERE FUNDED***E.g. Mentoring emerging organizations*  | **AMOUNT RECEIVED***E.g. R110 000*  | **FINANCIAL YEAR** *E.g. 2021*  |
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**Part D**

**Forms and Declarations**

**FORM 1: NPO STATEMENT OF INCOME AND EXPENDITURE**

***(FOR EMERGING ENTITIES ONLY AS PER SECTION 1.2 OF REQUEST FOR PROPOSAL)***

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| **NPO DETAILS** |
| **Name of NPO or Other Entity:** |  |
| **Financial year end for NPO:***Mark the appropriate box with an* **X** |

|  |  |  |  |
| --- | --- | --- | --- |
|[ ]  January |[ ]  February |[ ]  March |[ ]  April |
|[ ]  May |[ ]  June |[ ]  July |[ ]  August |
|[ ]  September |[ ]  October |[ ]  November |[ ]  December |

 |
| **Reporting period for Statement of Income and Expenditure:***E.g. Financial year ended 30 June 2021* |  |
| **FUNDS RECEIVED FOR THE REPORTING PERIOD (REVENUE OR INCOME)** |
| **DEPARTMENT OR INSTITUTION FUNDS WERE RECEIVED FROM** | **AMOUNT RECEIVED (IN RANDS)** |
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| **TOTAL FUNDS RECEIVED (A)** |  |
| **PAYMENTS MADE FOR THE REPORTING PERIOD (EXPENDITURE)** |
| **TYPE OF EXPENDITURE** | **AMOUNT PAID (IN RANDS)** |
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| **TOTAL FUNDS PAID (B)** |  |
| **SURPLUS(+) OR DEFICIT(-)** |
| **SURPLUS(+) OR DEFICIT(-) (A)-(B)** |  |

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| **NOTES** |
| *Please use the space below to make any notes that will help the Department better understand the financial information provided in this Statement of Income and Expenditure* |
|  |
| **NPO DECLARATION** |
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| I hereby also confirm that the information contained in the form is true and correct. Should this be shown not to be the case, I understand that the Department of Social Development may disqualify my application or (if considered for funding) may terminate funding under the Transfer Payment Agreement and that I, as the person signing the form, may be prosecuted for fraud. |
|  |  |
| Signed at |  |
| On this the |  | day of |  | (month) |  | (year) |
|  |
| **Signature:** |  |  |  |  |  |
| **Name:** |  |  |  |  |  |
| **Position:** |  |  |  |  |  |

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**FORM 2: NPO OR OTHER ENTITY DECLARATION REGARDING FINANCIAL MANAGEMENT AND INTERNAL CONTROL SYSTEMS IN TERMS OF SECTION 38(1) (J) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999**

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| --- |
| In terms of section 38(1)(j) of the Public Finance Management Act (PFMA), the Department of Social Development (the Department) requires written assurance that your organisation implements effective, efficient and transparent financial management and internal control systems. **Parts A and B** should be completed by those NPOs or other entities that implement effective, efficient and transparent financial management and internal control systems.**Parts A and C** should be completed by those NPOs or other entities that **do not** implement effective, efficient and transparent financial management and internal control systems. |
| **Part A** |
| **NPO or other entity information** |
|

|  |  |
| --- | --- |
| **Name of entity:** |  |
| **Physical address:** |  |
|  |
|  | **Postal code:** |  |
| **Postal address:** |  |
|  |
|  | **Postal code:** |  |
| **Telephone number:** |  |
| **Cell phone number:** |  |
| **E-mail address:** |  |
| **Contact person:** |  |

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|  |  |
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| **Date of the entity’s financial year-end:** |  |
| **Total annual revenue/income for the most recent financial year-end:** |  |
| **Allocation to entity size category** |
| **NPO or other entity size** | **Annual revenue/income categories** | **Mark the correct row with an X** |
| Emerging NPO or other entity | Less than R 500 000 |  |
| Small NPO or other entity | Greater than or equal to R 500 000 but less than R 2 million |  |
| Medium NPO or other entity | Greater than or equal to R 2 million but less than R 10 million |  |
| Large NPO or other entity | Greater than or equal to R 10 million |  |

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| **Part B** |
| **Part B** should be completed by those NPOs or other entities that implement effective, efficient and transparent financial management and internal control systems. |
| **NPO or other entity financial management declaration** |
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| --- | --- |
| I, the undersigned |  |
| in my capacity as |  |
| of the entity with the name |  |
| hereby declare that the entity with the name |  |
| implements effective, efficient and transparent financial management and internal control systems. |
|  |  |
| Signed at |  |
| On this the |  | day of |  | (month) |  | (year) |
|  |
| **Signature:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Witness 1: |  |  |  |
|  | Name of witness |  | Signature |
| Witness 2: |  |  |  |
|  | Name of witness |  | Signature |

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| **Part C** |
| **Part C** should be completed by those NPOs or other entities that **DO NOT** implement effective, efficient and transparent financial management and internal control systems. |
| In instances where written assurance cannot be obtained that effective, efficient and transparent financial management and internal control systems are implemented, s 38(1)(j) of the PFMA requires that the transfer must be subject to conditions and remedial measures requiring the entity to establish and implement such systems. The following conditions and remedial measures, therefore, will apply: * Management will implement and adhere to the financial control system prescribed by the Department to maintain its financial records.
* Management will subject itself to the monitoring and inspection of financial records on a regular basis as conducted by officials of the Department or its representatives.
* Management will submit the financial expenditure reports and financial statements required by the Department.
 |
| **NPO or other entity financial management declaration** |
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| I, the undersigned |  |
| in my capacity as |  |
| of the entity with the name |  |
| hereby declare that the entity with the name |  |
| will adhere to the conditions as stipulated above in order to ensure effective, efficient and transparent financial management and internal control systems. |
|  |  |
| Signed at |  |
| On this the |  | day of |  | (month) |  | (year) |
|  |
| **Signature:** |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Witness 1: |  |  |  |
|  | Name of witness |  | Signature |
| Witness 2: |  |  |  |
|  | Name of witness |  | Signature |

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**FORM 3: DECLARATION OF NPO BANK ACCOUNT DETAILS**

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| --- |
| PLEASE NOTE THAT THE ACCOUNT **MUST** BE IN THE NAME OF THE NPO. NO THIRD-PARTY PAYMENTS ARE ALLOWED. |
| **SECTION 1: NPO / SUPPLIER banking details** | **SECTION 2: Confirmation by bank** |
| **Account name:** |  | We hereby confirm that the bank details alongside, under Section 1 of this form belong to the entity mentioned under the same paragraph and that the authoriser of the declaration under Section 3 of this form is an authorised signatory under the account. |
| **Bank name:** |  |
| **Account number:** |  | **Official bank stamp:** | Name: |  |
| **Branch name:** |  | Signature |  |
| **Branch number:** |  |  |  |
| **Account type:** | € | Cheque | € | Savings | € | Transmission | **Section 3: NPO declaration** |
| € | Bond | € | Other, specify: | I hereby confirm that the bank details provided in Section 1 of this form belong to the entity mentioned in the same section of the form and that the authoriser of the declaration under this section of the form is authorised to sign on behalf of the entity.I hereby also confirm that the information contained in the form is true and correct. Should this be shown not to be the case, I understand that the Department of Social Development may terminate the funding Transfer Payment Agreement with the entity and that I, as the person signing the form, may be prosecuted for fraud.Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_ (month) \_\_\_\_\_\_\_\_\_\_\_\_\_ (year)Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name of account signatory:** |  |
| **ID number of account signatory:** |  |
| **NPO registration number:** |  |
| **Company registration number:** |  |
| **Contact Person** |  |
| **Contact Details**  | **Tel:**  | **Email:**  |