



APPLICATION FOR FUNDING IN TERMS OF THE POLICY ON FINANCIAL AWARDS (NATIONAL BUSINESS PLAN)

PERIOD :

INSTRUCTIONS

- * This application is divided into SIX parts e.g. Section A, B etc
- * Please provide the information required in this format. Respond to all questions accordingly and use additional paper if necessary.
- * The format applies to all categories of services and can be adapted accordingly, where necessary.
- * Organisations may request assistance or support from the department to complete their business plans.
- * Programme herein refers to project or service provided.
- * The service provider refers to the organisation or applicant requesting financial assistance.
- * The NPO Certificate and the Constitution should only be submitted by organisations applying for the first time and when the NPO certificate and/or the Constitution have been changed.

SECTION A (Administrative details of the organisation)

A.1. Name of organisation
Postal address
.....
Postal code
.....
Street address
.....
.....
Tel No.
Fax No
Cell No.
Email

A. 2. TYPE OF APPLICATION AND REGISTRATION

(Please note that the service provider may tick more than one box. Provide reasons for the extension of service and indicate the registration status of the organisation)

	Tick <input type="checkbox"/>	Category e.g . NPO, Trusts, Section 21	Profit making organisation	Registration number	Date of registration
New Application					
Existing Application					
Geographic extension					
Service extension					

A. 3. MOTIVATION FOR FUNDING OF THE ORGANIZATION

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A. 4. IN WHICH PROVINCE/S DO YOU OPERATE *(Tick next to the province/s that apply to you)*

Eastern Cape	<input type="checkbox"/>	Gauteng	<input type="checkbox"/>	Free State	<input type="checkbox"/>
Northern-Cape	<input type="checkbox"/>	North West	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Limpopo	<input type="checkbox"/>	Kwazulu-Natal	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>

A. 5. AFFILIATES/BRANCHES

(Provide the number of affiliates/branches which will benefit or be part of the programme)

AFFILIATES/BRANCHES	EC	WC	NC	GP	MP	LP	NW	KZN	FS
1. Provincial Office									
2. Regional office									
3. Other (specify)									
Total									

A. 6. GOVERNANCE AND MANAGEMENT

Structure and management of the programme *(Provide details of each management committee member of the programme including race, gender, and disability, if any. Also attach an organogram or schematic representation of the organisational structure as **Annexure E**).*

NAME	POSITION	CONTACT DETAILS	ID NUMBER	GENDER		RACE	NATURE OF DISABILITY (Where applicable)	EXP E
				M	F			
1.		Home No.:						
		Tel No.:						
		Cell No.:						
2.		Home No.:						

		Tel No.:						
		Cell No.:						

A. 7. PROFILE OF STAFF MEMBERS

(Provide position of key staff members involved in the programme)

Categories of Staff Members (Identify categories of personnel from Schedule 1)	Consultants OR outsourced personnel	Number of staff with disabilities	REPRESENTIVITY (State number)					
			AFRICAN		INDIAN		COLOURED	
			No. of M	No. of F	No of M	No. of F	No. of M	No. of F
1.								
2.								
3.								
4.								
5.								
TOTAL								

A. 8. PROVIDE THE NUMBER OF VOLUNTEERS IN YOUR ORGANIZATION

REPRESENTIVITY (State number)						
AFRICAN		INDIAN		COLOURED		
No. of M	No. of F	No of M	No. of F	No. of M	No. of F	No. of M
1.						
2.						
3.						

A. 9. HISTORY OF THE PROGRAMME

(Briefly explain the background of the programme, how the service provider determined that there is a need for a service of this nature and when was the need identified e.g. three months, or a year etc)

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.....

A. 10. Describe the types of services that your organization provides **AND** the people who will benefit from the services:

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.....

.....

A. 11. NAME / TITLE OF THE PROGRAMME

(Specify the name/title of the programme for which funds are sought) e.g. Home for orphaned children

NATURE AND SCOPE OF THE SERVICE	AREA OF OPERATION			
	Province	City/Municipal District	Townships/Informal settlements	
Services currently funded & for which funding is sought				
Services not currently funded & for which funding is sought				
Services for which funding is NOT sought				

A. 12. PURPOSE OF THE PROGRAMME

(Describe what the programme wants to achieve in broad terms).

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A. 13. COSTING OF CURRENT OBJECTIVES

(Give information on the current request for funding from the department. List and cost each objective in column 1 and 2, specify the targeted beneficiaries as well as their numbers in column 4 and 5)

OBJECTIVES	BUDGET COSTS	NUMBER OF BENEFICIARIES PER COMMUNITY	
		Target area/community	No of beneficiaries
1.			
2.			
3.			

SECTION B (TRANSFORMATION PLAN)

(Indicate the plan of the organisation to transform its structures as well as services and/or attach a transformation plan indicating the objectives, time frames, target dates and targets for change or add a separate page if there is more information to be provided, if necessary)

Transformation issue	Expected outcome	Target to be reached	Timeframe	Challenges
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<i>Specify the area of transformation e.g. accessibility of the programme ect.</i>	<i>How will you achieve this transformation imperatives e.g. indicate the distance of the organization from the community or target group.</i>	<i>Who will benefit from this process?</i>	<i>How long will it take to put in place a transformation plan?</i>	<i>What challenges/problems/concerns do you envisage?</i>
1. Equitable distribution of services between rural and urban areas	Shifting from over resourced areas to high priority areas where the needs are greatest (urban, peri-urban and rural)	Local communities and marginalized ones	Six monthly monitoring in 2007/08	Provincial representatives unable to identify influential leaders
2. Structures which reflect the demographic profile of the region and province that it serves.				
3. Ensuring transfer of skills from an established organization to emerging organization.				
4. Accessibility of services				

B. 1. Any additional information on transformation

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B. 2 ACTIVITY PLAN

(For each objective listed above, give details of how they will be achieved. Please provide supporting documents if is necessary)

OBJECTIVE	ACTIVITIES	PERFORMANCE INDICATORS	OUTCOME	PERSONNEL AND RESOURCES NEEDED	AREA OF OPERATION /LOCATION	BUDGET COST
List the identified objectives as in D2 above.	What does the service provider need to do to achieve the objectives? e.g. <i>Establish a substance abuse project.</i>	How are you going to see that you are achieving your objectives? e.g. <i>One project established in 3 communities.</i>	Report on the results of the OBJECTIVE or objectives stated e.g. <i>Community aware of substance abuse.</i>	Provide physical and material resources needed e.g. name or position of the responsible person or mode of transport to be used.	Indicate for each activity the area where it will be implemented.	What are the final costs & type of personnel to carry out such OBJECTIVE? e.g. <i>If activity is awareness program indicate inter alia Venue –R1000, Promotion Material x10 pamphlets@R50. pamphlet = R50.</i>

Objective 1

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ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	PERSONNEL AND RESOURCES	AREA OF OPERATION /LOCATION	BUD CO
1.					
2.					
3.					
4.					
SUB-TOTAL					

Objective 2

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ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	PERSONNEL AND RESOURCES	AREA OF OPERATION /LOCATION	BUD CO
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1.					
2.					
3.					
4.					
SUB-TOTAL					

B. 3. SUMMARY OF COST IMPLICATIONS

(Referring to the previous activity table, cluster the items and cost implications using the following specified items as a guide. Refer to attached Schedule 2 and use explanatory notes where necessary)

ITEM	OBJECTIVE 1	OBJECTIVE 2	TOTAL BUDGET
1. Personnel Costs			
2. Project costs			
3. Capital costs			
4. Administrative costs			
5. Other (specify)			
SUB-TOTAL			

B. 4. PREVIOUS FUNDING (REFER TO SCHEDULE 2)

Source of funding	Objectives Funded	Amount of funds received	Funds received for the past three years		
1. <i>E.g. Department of Social Development</i>	<i>Training of staff members</i>	<i>R100, 0000</i>	<i>2007/08</i>	<i>2008/09</i>	<i>2009/10</i>
2.					
3.					
Total Cost					

B. 5. MEDIUM TERM EXPENDITURE FRAMEWORK (MTEF) ALLOCATIONS

Objectives	Financial Year (Year 1)	Objectives	Budget Costs	Financial Year (Year 2)	Objectives	Budget Costs	Financial Year (Year 3)	C
1.								
2.								
Total Cost								

SECTION C (SUSTAINABILITY PLAN)

C. 1. SUSTAINABILITY PLAN

(Provide ways in which the organisational plans to sustain itself after cessation of funding from the department)

C. 2. Describe how the organization will sustain itself in the future to ensure continued service provision

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C. 3. After cessation of funds from the department

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.....

C. 4. In the event that there are budget cuts

.....

.....

C. 5. In the event that the programme is no longer a priority from the funding perspective

.....
.....
C. 6. Name of the person or firm responsible for managing your daily financial records (e.g. Bookkeeper or Treasurer)

.....
.....
C. 7. Firm registration number

.....
C. 8. CONTACT DETAILS

(An outside individual or accounting company or auditor/chartered accountant)

Physical Address

Postal Address

.....
.....
.....
Province.....

Postal Code

Tel No :

Cell No :

Fax No :

Email :

SECTION D (MONITORING AND EVALUATION)

D. 1. MONITORING AND EVALUATION PLAN

(How will the organization monitor or measure their performance against set goals and objectives)

D. 2. BALANCED SCORECARD

Financial perspective (e.g. monthly or quarterly)	Customer perspective (e.g. monthly or quarterly)	Organisational (internal business perspective) e.g. monthly or quarterly-	Inno
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<i>How will you manage your finances to ensure achievement of your objectives in line with the Policy on Financial Awards? e.g. report on progress</i>	<i>How will you ensure that customers are satisfied with the services provided? e.g. conduct a customer satisfaction survey</i>	<i>What will you do to make your organization work or what will you do to ensure there is continuous improvement in the way the organization works? e.g. monthly progress reports</i>	<i>How will you ensure your organization is enabled to work effectively? e.g. capacity building</i>
Financial perspective	Customer perspective	Organisational (internal business perspective)	Innovation perspective
1.			
2.			
3.			

SECTION E Checklist)

Check if the following documents have been submitted. Please tick applicable box.

F1. Business Plan -----	<input type="checkbox"/>
F2. Constitution -----	<input type="checkbox"/>
F3. Organisational Structure (Organogram) -----	<input type="checkbox"/>
F4. NPO Registration Certificate -----	<input type="checkbox"/>
F5. Proof that the service provider is in process of registering -----	<input type="checkbox"/>
F.6. Confirmation of Banking Details -----	<input type="checkbox"/>
F7. Financial Assurance Declaration ---- -----	<input type="checkbox"/>
F8. Certified Bank Statement ----- -----	<input type="checkbox"/>
F9. Audited Financial Statement (if previously funded by department) -----	<input type="checkbox"/>
F10. Quarterly progress report -----	<input type="checkbox"/>
F11. Cash flow statement -----	<input type="checkbox"/>
F12. Others (Specify) -----	<input type="checkbox"/>

Any Other Remarks

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DECLARATION :

I confirm on behalf of(**The name of organisation**) that I am authorized to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate.

Chairperson/ Programme manager :

Vice Chairperson :

For Official Use

Comments on the Business plan

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Issues for discussion within the Department

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ANNEXURE A



CONFIRMATION OF BANKING DETAILS

ENTITY MAINTENANCE

DEPARTMENT OF SOCIAL DEVELOPMENT

Bank Details

The Director General : Department of Social Development

I/ We hereby request and authorize you to pay any amount, which may accrue to me/ us to the credit of my/ our account with the mentioned bank. I/ We understand that the credit transfers hereby authorized will be processed by computer through a system known as the "ACB ELECTRONIC FUND TRANSFER SERVICE", and I/ we also understand that no additional advice of payment will be provided by my/ our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements).

I/ we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account. This may be cancelled by me/ us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

Date dd/mm/yyyy									

Name of Bank

--

Name of Branch

--

Branch Code

--	--	--	--	--	--

Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Type of Account

☐ Current Account

☐ Other (please specify)

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

☐ Savings Account

☐ Transmission Account

DATE STAMP OF BANK
BANK ACCOUNT PARTICULARS
CERTIFIED AS CORRECT

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ADDRESS TO SEND THE PAYMENT STUB

ANNEXURE B1

ASSURANCE IN TERMS OF SECTION 38(1)(J) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999)

In terms of Section 38 (1) (J) of the Public Finance Management Act, 1999 (Act 1 of 1999), the Department of Social Development requires a written assurance, that your entity implements effective, efficient and transparent financial management and internal control systems)

I, the undersigned in my capacity as of hereby declare that (service provider) implements effective, efficient and transparent financial management and internal control systems.

Signed at on this day of 20.....

Signature :

Witness

1. **Capacity** :

2. **Capacity** :

**CONDITIONS AND REMEDIAL MEASURES TO COMPLY WITH THE PUBLIC FINANCE MANAGEMENT ACT
(SECTION 38 (1) (J), ACT 1 of 1999)**

In the case where written assurance cannot be obtained from the entity that effective, efficient and transparent financial management and internal control systems exist, the following conditions and remedial measures will apply:

- The service provider will not use any funds allocated by the department and paid into their bank account, until the department gives them written permission to do so.
- The service provider will implement and adhere to the financial control system prescribed by the department.
- The service provider will subject itself to monitoring and inspection of financial records on a regular basis as conducted by the officials of the department or it's representatives.
- The service provider will submit quarterly financial expenditure and progress reports as prescribed by the department.
- The service provider will take appropriate measures to ensure that it improves its capacity to implement effective, efficient and transparent management and internal control systems.

I, the undersigned in my capacity as of hereby declare that (service provider) implements effective, efficient and transparent financial management and internal control systems.

Signed at on this day of 20.....

Signature :

Witness

1. **Capacity** :

2. **Capacity** :



CERTIFICATE OF REGISTRATION OF NONPROFIT ORGANIZATION

In terms of the Nonprofit Organisation Act, 1997, I am satisfied that

.....
(name of the nonprofit organization)

meets the requirements for registration.

The organisation's name was entered into the register on
(date)

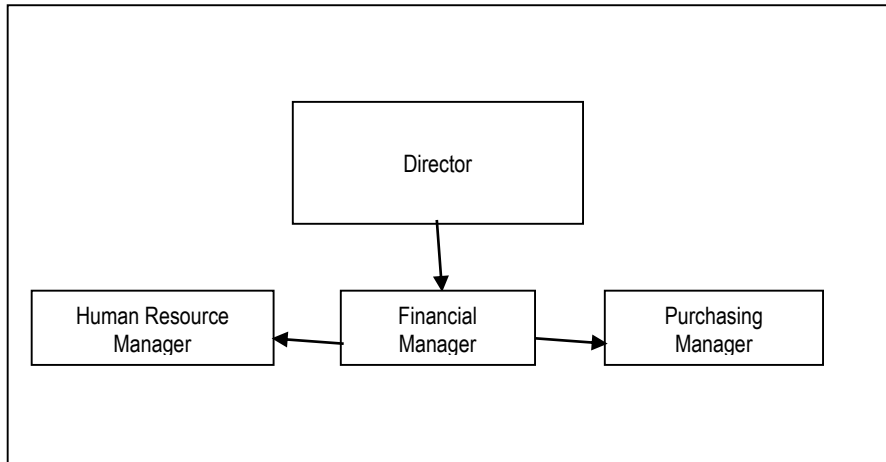
Registration number :

Director's signature :

Date :

Department of Social Development

Organisational Structure or Organogram

Example

SCHEDULE 1

Category	Required Human Resources
Managers	Administrative Managers Professional Managers
Professional personnel	Social workers Youth workers Probation officers Community Development Worker Child and Youth care workers
Assistant personnel	Social auxiliary workers Assistant probation officers Auxiliary Child and Youth Care Workers ECD care givers Home and community based care givers Sign language interpreters
Professional support	Medical practitioners Physiotherapists Speech therapists Occupational therapists Nursing Personnel Psychologists Psychiatrists Researchers Information Management Specialists
Administrative support personnel	Information Technology Specialists Administrative officers Typists Drivers Data capturers Cleaners General assistants Security Personnel
Other	Volunteers
Temporary personnel	Student social workers Interns Contract workers Escorts Student child and youth care workers

NB : Please note that this list may not be exhaustive.

SCHEDULE 2

PROPOSED FRAMEWORK OF INCOME AND EXPENDITURE ITEMS WITH EXPLANATION

EXPLANATION OF BUDGET ITEMS

FINANCIAL MATTERS

Source of funding may be from:

Fees for services
Membership fees
Affiliation fees paid by branches/ affiliates
Products sold
Rental income
Interest

Donors:

International
Corporate Business

Government departments:

Grants
Subsidies/ Financial Award

Fund-raising activities such as fetes, street collections, book sales, etc.

COST IMPLICATIONS

PERSONNEL COSTS:

All costs that are directly linked to obtaining & maintaining the necessary human resources, whether they are employed personnel, on an outsourced/ contract/ session basis.

- Salaries & wages
- Overtime
- Bonuses
- Honorariums (volunteers, etc)
- Allowances
- Contributions – medical aid, pension, etc
- Personnel recruitment (adverts)
- Staff meals, clothing & accommodation

PROJECT COSTS:

- Training workshops/sessions for staff, management, volunteers, etc
- Organisations 's contribution towards personnel study fees

This can be used for any other specific service/project expenditure such as:

- social relief (food parcels, rent, etc.)
- awareness campaigns
- holiday programmes
- recreational activities
- fund-raising
- marketing

ADMINISTRATION COSTS such as:

- Communication (telephone, fax, E Mail, post etc)
- Printed material and stationery
- Administration - affiliation fees, levies, registration, etc.
- Books and journals
- Rental of equipment
- Affiliation fees
- Marketing
- Auditing fees
- Bank fees
- Interest on overdrafts & loans
- Insurance –furniture, equipment, professional indemnity

TRANSPORT COSTS such as:

- fuel
- vehicle allowances
- vehicle rental
- lease agreements
- public transport
- vehicle maintenance & depreciation
- insurance of vehicles
- incidentals such as licences, toll road costs, parking, etc.

CAPITAL COSTS

- Refers to the erection, renovation, extension, purchase & upgrading of land & buildings such as:
- purchase of equipment
 - purchase of vehicles
 - Maintenance
 - insurance

It is important to use this explanation when compiling the budget, cost per objective and financial reports and also to specify each item under the various categories.

Glossary:

Affiliates	A structure belonging to an umbrella body or institution
Beneficiaries	A number of persons receiving social grants or other material assistance from a project or programme
Branches	A structure established at provincial or local level dealing with issues affecting the community or addressing specific needs of the society
Financial Award	An allocation of funds for the provision of approved developmental social welfare services
National Body	An organization established at national level with endowed resources with affiliates or branches in more than three provinces
Non-Profit Organizations (NPO)	Organizations established as bodies, trusts, companies or other associations of persons independently at national, provincial, and/or local level to provide welfare services not for gain, but for public service
Non Governmental Organization (NGO)	An organization that is not a government entity and that provides services for the benefit of the public.
Post funding	Funding specifically for posts of social service professions
Project	A planned undertaking designed to achieve certain specific objectives within a given budget and within a specified period of time.
Programme	A group of related projects or services directed toward the attainment of specific (usually similar or related) objectives
Programme funding	Funding allocated specifically for projects or programmes