



DEPARTMENT OF SOCIAL DEVELOPMENT

**DEVELOPMENTAL SOCIAL WELFARE SERVICES
APPLICATION FOR FUNDING IN TERMS OF THE POLICY ON FINANCIAL AWARDS
(SERVICE PLAN)**

NAME OF NON PROFIT ORGANIZATION.....

PERIOD: 2015/16- 2017/18 FINANCIAL YEARS

INSTRUCTIONS

- * *This application is divided into SIX parts e.g. Section A, B, C, D, E, F*
- * *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.*
- * *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 be submitted by ALL organisations applying even when the NPO certificate and/or the Constitution have been changed (SUBMISSION IS COMPULSORY).*

SECTION A (Administrative details of the organisation)

- A1.** Name of organisation.....
 Postal address.....
 Postal code.....
 Tel No
 Cell No:.....

A2. Street address.....

A3. Type of application (Please note that the service provider may tick more than one box. Provide reasons for the extension of service)

Tick ✓ applicable box

New Application	
Existing Application	
Geographic extension	
Service extension	

A.4. Motivation

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A.5. Category and Registration

CATEGORY	REGISTRATION						DATE OF REGISTRATION (Please attach a copy of your registration certificate)
	Type of Registration (Tick ✓ applicable box or choose one)						
	1	2	3	4	5	6	
NPO							
NGO							

CBO							
FBO							
National Organisations							

Legend

- | | |
|--------------------------------------|---|
| 1. Non-Profit Organisation (NPO) Act | 4. Affiliation with registered network |
| 2. Trusts | 5. In process applying for registration |
| 3. Section 21 | 6. Other (specify) |

A.6 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/District	City/Municipal District	Townships/Informal settlements
<i>Services currently funded & for which funding is sought</i>			
<i>Services not currently funded & for which funding is sought</i>			

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A7.3 Funding by the Department or other sources of funding

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A8 Target Groups
(Provide the number of people who will benefit or be part of the programme)

TARGET GROUPS	Beneficiaries	Total Number								Total No.
	Age group, e.g. 10 -14 years or all	African		Coloured		Asian		White		
		M	F	M	F	M	F	M	F	
1. Children										
2. Youth										
3. Women										

4. Older Persons										
5. Persons with disabilities										
6. Persons with HIV / AIDS										
7. Other (specify)										
-										
-										
-										
Grand Total										

A.9 Describe how beneficiaries (target group) of the programme participate in the planning, implementation, monitoring and evaluation of the programme:

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A10 Purpose of the programme
(Describe what the programme wants to achieve in broad terms).

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A11 Describe the types of services that your organization provides AND the people who will benefit from the services:

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A12 Are the poor and vulnerable involved? (Tick applicable box)

 Yes

 No

A13 Describe how you will reach out to poor and vulnerable.

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A14 In which District/s do you operate (Tick next to the District/s that apply to you)

Mopani Waterberg

Vhembe Sekhukhu

Capricorn

A15. Give the numbers of staff and voluntary workers presently in your organization

PAID STAFF		VOLUNTEERS	
No. of full-time staff	No. of part time staff	No. of full-time volunteers	No. of part time volunteers

A16. GOVERNANCE AND MANAGEMENT

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

NAME	POSITION	CONTACT DETAILS	ID NUMBER	GENDE R		RAC E	NATURE OF DISABILITY (Where applicable)	EXPERIENCE AND SPECIFIC EXPERTISE IN AREA OF SERVICE
				M	F			
1.		Home No.: Tel No.: Cell No.:						
2.		Home No.: Tel No.: Cell No.:						
3.		Home No.: Tel No.: Cell No.:						
4.		Home No.: Tel No.: Cell No.:						

A.17 Profile of staff members

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

Positions of Staff Members	Number of staff with disabilities	REPRESENTIVITY (State number)							
		AFRICAN		ASIAN		COLOURED		WHITE	
		No. of M	No. of F	No of M	No. of F	No. of M	No. of F	No. of M	No. of F
1.									
2.									
3.									
4.									
5.									
6.									
TOTAL									

SECTION B (Sustainability plan)

B1. SUSTAINABILITY PLAN
(Provide ways in which the organization makes plans to sustain itself after cessation of funding from the department)

B2. Describe how the organization will sustain itself in the future to ensure continued service provision

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B3. After cessation of funds from the department

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B4. In the event that there are budget cuts

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B5. In the event that the programme is no longer a priority from the funding perspective

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SECTION C (Transformation plan)

C1. TRANSFORMATION PLAN

(Indicate the plan of the organization to transform its structures as well as services and/or attach a transformation plan indicating the objectives, OBJECTIVE, 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 reached	Timeframe	Challenges	Responsible person
Specify the area of transformation e.g. accessibility of the programme etc.	How will you achieve this transformation imperatives e.g. indicate the distance of the organization from the community or target group.	Who will benefit from this process?	How long will it take to put in place a transformation plan?	What challenges/problems/concerns do you envisage?	Indicate the person who will be responsible for the transformation plan.
1. Equitable distribution of services between rural and urban areas					

2. Structures which reflect the demographic profile of the region and province that it serves.					
3. Ensuring a transfer of skills from an established organization to emerging organization.					
4. Accessibility of services					

C2. Any additional information on transformation

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SECTION D (Financial matters)

D1. Previous funding (Indicate the source of funding, for which objectives the money was used for and the cost)

Source of funding	Objectives	Amount of funds
1. For example Department of Social Development	1. 2. 3.	
2.	1. 2. 3.	
3.	1. 2. 3.	
4.	1. 2. 3.	
Total Cost		

D2. Allocation for 2 financial years

	Financial Year 2015/ 2016 ITEMS	Costs	Financial Year 2016/2017 ITEMS	Costs
1.				
2.				
3.				
4..				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

16.				
Total				

D3. 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 as well as their numbers.)

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

TOTAL COSTS				

D4. Activity Plan
(For each objective listed above, give details of how they will be achieved)

Objective	Activities	Performance indicators	Outcome	Personnel and resources needed	Location	Costs
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 financial 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@R5.00 per pamphlet = R50.00.</i>

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Objective 1

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ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	PERSONNEL AND RESOURCES	LOCATION	TOTAL COSTS
1.					
2.					

Objective 2

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ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	PERSONNEL AND RESOURCES	LOCATION	TOTAL COSTS
1.					

2.					
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D5. Summary of cost implications

(Referring to the previous activity table, cluster the items and cost implications using the following specified items as a guide).

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

D6. Name of the person or firm responsible for managing your financial records

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D7. Individual or Firm registration number

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D8. What training has this person undergone?

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D9. Contact details
(An outside individual or accounting company or auditor/chartered accountant)

Physical Address

Postal Address

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Province.....

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Postal Code.....

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Tel No:.....

Cell No:.....

Fax No:.....

Fax to email:.....

Email:

SECTION E (Monitoring and Evaluation)

E1. MONITORING AND EVALUATION PLAN

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

E2 Balanced scorecard

Financial perspective	Customer perspective	Organisational (internal business perspective)	Innovation and learning Perspective
<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 that your organization learns new things that will enable it to work better? e.g. training and capacity building programmes</i>
Financial perspective	Customer perspective	Organisational (internal business perspective)	Innovation and learning perspective
1.			
2.			
3.			

4.			
5.			
6.			
7.			
8.			

SECTION F (Checklist)

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

- F1. Business Plan /Service plan-----
- F2. Constitution -----
- F3. Organizational Structure (Organogram) -----
- F4. NPO Registration / Crèche Certificate -----
- F5. Proof of NPO Act compliance -----
- F6. Proof that the service provider is in process of registering as NPO/ crèche-----
- F7. Confirmation of Banking Details -----
- F8. Financial Assurance Declaration -----
- F9. Certified Bank Statement -----
- F10. Audited Financial Statement (if previously funded by department) -----
- F12. Cash flow statement -----
- F13. Annual Report -----

DECLARATION:

I confirm on behalf of (**The name of organization**) 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:

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Vice Chairperson

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Date:.....