**BUSINESS PLAN FOR NPO FINANCE YEAR: 2012/13**

|  |  |
| --- | --- |
| NAME OF ORGANISATION: |  |
| REGISTRATION NUMBER: |  |
| Is this an emerging (Turnover less than R200,000) or established organisation (Turnover more than R200,000)? | Emerging |  | Established |  |
| Postal address: |  |
| Physical address: |  |
| Province where Offices are located: |  |
| Contact person (name and job title): |  |
| Telephone number: |  | Fax number: |  | E-mail: |  |
| Purpose for which application is submitted (Mark applicable boxes with an X): | To re-apply for funding for projects/services currently funded |  |
| To apply for additional funding to extend projects/services currently funded |  |
| To apply for new projects/services not currently funded |  |
| To apply as a new organisation (not currently funded by the DSD) for funding of projects/services |  |
| Total amount of funding applied for per programme area (Please stipulate programme areas you are involved in: | Programme 1: | R |
| Programme 2: | R |
| Programme 3: | R |
| Programme 4: | R |
| Programme 5: | R |
| Name, surname and position of representative submitting the business plan proposal: |  |
| Date submitted (ddmmyyyy) |  | Signature: |  |
| Name and position of DSD official receiving the business plan proposal) |  |
| Date received (ddmmyyyy) |  | Signature: |  |

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# A. ORGANISATIONAL BACKGROUND

1. Indicate your organisation’s type by making a cross (X) in the first row of the box below. Please submit proof of registration, affiliation or application for NPO registration.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **NPO** | **Section 21 Company** | **Trust** | **Profit-making organisation** | **Affiliated to NPO** | **In the Process of NPO registration** |
| Organisation Type (indicate with X): |  |  |  |  |  |  |
| Proof of registration, affiliation or NPO Registration Application attached? (Y/N) |  |  |  |  |  |  |

2. Provide information about your organisation.

|  |  |
| --- | --- |
| Date when the organisation was founded: |  |
| Provide details on any amounts of government funding received in the last financial year as well as purpose/programme(s) for which they were received: |  |
|  |
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|  |
|  |
| How much was the organization’s total annual expenditure in the last financial year? | R |
| Is this application being submitted as an affiliation or joint submission? (If yes, complete below and submit proof of affiliation): | Yes |  | No: |  |
| Name of the affiliated organisation (refer to contract): |  |
| Affiliated organisation contact person name, telephone and email address: |  |

3. Provide your organisation banking details below.

|  |  |
| --- | --- |
| Name of Account Holder: (e.g. Mokitlane Old Age Care) |  |
| Account number: |  | Account type: | Cheque |  | Savings |  |
| Full name of the bank: |  |
| Branch: |  | Branch code: |  |

4. List all programmes/projects currently being implemented and all implemented in the past three years?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **From – To****(mm/yy) - (mm/yy)** | **Programme/project Title** | **Sector** | **Programme/project Location (town, district, province)** | **Donor (incl. contact name, telephone, and email address; Donor Letters)** | **Total Budget Expenditure** |
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5. Organisation structure, qualifications and capacity profiles

*Complete the table below regarding your organisation’s governing members of the Board/ Trustees/Volunteer Management Committee, executive management:*

| **Name and surname** | **Position** | **ID Numbers** | **Black/****White** | **Male /****Female** | **Disability indicator (yes/no)** | **Years in the organisation**  | **Years in non-profit sector**  | **Qualification/s(Attach certified copies)** | **Tel., Physical and Email Address** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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*(NOTE: Please attach additional sheets if needed)*

*Fill in below information about staff members involved in the implementation of this programme/ project*

| **Name and surname** | **Position** | **ID Numbers** | **Black/****White** | **Male /****Female** | **Disability indicator (yes/no)** | **Years in the organisation**  | **Years in non-profit sector**  | **Qualification/s(Attach certified copies)** | **FULLTIME,PART-TIME or VOLUNTARY** | **Professional registration status and date of registration** | **Telephone and Email Address** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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*(NOTE: Please attach additional sheets if needed)*

# B. PROGRAMME/PROJECT BACKGROUND

6. Indicate the intended focus of the service for which funding is required and number of beneficiaries:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Funded services/programme/project** | **Children** | **Youth** | **Families** | **Women** | **Older people** | **Other** |
| Children and families |  |  |  |  |  |  |
| HIV/AIDS |  |  |  |  |  |  |
| Youth care and development |  |  |  |  |  |  |
| Victim empowerment |  |  |  |  |  |  |
| Social crime prevention |  |  |  |  |  |  |
| Poverty alleviation  |  |  |  |  |  |  |
| Older persons |  |  |  |  |  |  |
| Alcohol and substance abuse |  |  |  |  |  |  |
| Community empowerment, including life skills, education and celebration of national and international days |  |  |  |  |  |  |
| Other: specify |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |

7. Describe the purpose of the programme/project and provide details of the process followed to determine the needs to be addressed by this project (e.g. Conducted research and community profiling)

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8. List the areas where the programme/project will be implemented:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Programme/project | **Municipality/district** | **Is area Urban or Rural?** | **Target group (e.g. Women)** | **Output quantities/ Number of beneficiaries** |
| **Children and families** |  |  |  |  |
| **HIV/AIDS** |  |  |  |  |
| **Youth care and development** |  |  |  |  |
| **Victim empowerment** |  |  |  |  |
| **Social crime prevention** |  |  |  |  |
| **Poverty alleviation**  |  |  |  |  |
| **Older persons** |  |  |  |  |
| **Alcohol and substance abuse** |  |  |  |  |
| **Community empowerment, including life skills, education and celebration of national and international days** |  |  |  |  |
| **Other: specify** |  |  |  |  |

# C. PROGRAMME/PROJECT DELIVERY PLAN AND FUNDING

9. Identify the programmes and associated deliverables targets over three years

**DELIVERABLES – PROGRAMME NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Services (family preservation)** | **Level of intervention (e.g. early intervention)** | **Activity description (e.g. counselling of families)** | **Deliverable description (e.g. families counselled)** | **Output quantities/number of beneficiaries targeted** |
| **2012/13** | **2013/14** | **2014/15** |
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*NOTE: Please append additional sheets if more space is required – describe service specifications*

10. Identify items of spending for each programme for the current financial year

**EXPENDITURE – PROGRAMME NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- |
|  | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:** | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| **Item of Expenditure** |  |  |  |  |  |  |
| **1** | **HUMAN RESOURCE EXPENDITURE** |  |  |  |  |  |  |
| i | **Specify type of all occupational groups** | **Current number of personnel employed** |  |  |  |  |  |  |
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|  | **SUBTOTAL: ITEM 1** |  |  |  |  |  |  |

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|  | **TOTAL EXPENDITURE**  | **ACTIVITY/DELIVERABLE 1:**  | **ACTIVITY/DELIVERABLE 2:**  | **ACTIVITY/DELIVERABLE 3:**  | **ACTIVITY/DELIVERABLE 4:**  | **ACTIVITY/DELIVERABLE 5:**  |
| **Item of Expenditure** |  |  |  |  |  |  |
| **1** | **HUMAN RESOURCE EXPENDITURE** |  |  |  |  |  |  |
| i | **Specify type of all occupational groups** | **Current number of personnel employed** |  |  |  |  |  |  |
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|  | **SUBTOTAL: ITEM 1** |  |  |  |  |  |  |

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| **Item of Expenditure** | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| **1** | **HUMAN RESOURCE EXPENDITURE** (continued) |  |  |  |  |  |  |
|  | Bonus |  |  |  |  |  |  |
|  | Personnel Training (Not Expenditure Item 5) |  |  |  |  |  |  |
|  | Honorarium (Paid to Volunteers) |  |  |  |  |  |  |
|  | **Contributions:** |  |  |  |  |  |  |
| Medical Aid Fund |  |  |  |  |  |  |
| Pension Fund |  |  |  |  |  |  |
| Workmen's Compensation |  |  |  |  |  |  |
| UIF  |  |  |  |  |  |  |
| other (specify)  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Clothing/Uniform |  |  |  |  |  |  |
|  | **SUBTOTAL: ITEM 1**  |  |  |  |  |  |  |

|  |  | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2** | **OPERATIONAL EXPENDITURE** |  |  |  |  |  |  |
|  | Petrol (for managerial and/oradministrative tasks) |  |  |  |  |  |  |
|  | Maintenance of vehicles |  |  |  |  |  |  |
|  | Insurance of vehicles |  |  |  |  |  |  |
|  | Traveling & Accommodation(Conferences, workshops, consultation/supervision, events, etc.) |  |  |  |  |  |  |
|  | Replacements (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Purchases (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **SUBTOTAL: ITEM 2** |  |  |  |  |  |  |

|  | **Item of Expenditure** | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **3** | **OPERATIONAL EXPENDITURE** |  |  |  |  |  |  |
|  | Municipal Services |  |  |  |  |  |  |
|  | Post & Telecommunication Services |  |  |  |  |  |  |
|  | Printed Matter & Stationery |  |  |  |  |  |  |
|  | Advertisements |  |  |  |  |  |  |
|  | Books & Journals |  |  |  |  |  |  |
|  | Levies/Registration & Affiliation fees |  |  |  |  |  |  |
|  | Insurance |  |  |  |  |  |  |
|  | Maintenance |  |  |  |  |  |  |
|  | Replacements (specify): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Purchases (specify): |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  | **SUBTOTAL: ITEM 3** |  |  |  |  |  |  |
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|  | **Item of expenditure** | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **4** | **OPERATIONAL EXPENDITURE** |  |  |  |  |  |  |
|  | Capital and Interest Redemption |  |  |  |  |  |  |
| (Private) |  |  |  |  |  |  |
|  | Capital and Interest Redemption |  |  |  |  |  |  |
| (State) |  |  |  |  |  |  |
|  | Maintenance |  |  |  |  |  |  |
| other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Insurance |  |  |  |  |  |  |
| other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **SUBTOTAL: ITEM 4** |  |  |  |  |  |  |

|  |  | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **5** | **PROGRAMME RELATED COSTS** |  |  |  |  |  |  |
|  | Fees in respect of training |  |  |  |  |  |  |
|  | Cost of material/equipment needed for training |  |  |  |  |  |  |
|  | Transport to implement program/activities |  |  |  |  |  |  |
|  | Hiring of venues to implement program/activities |  |  |  |  |  |  |
|  | Equipment for activities |  |  |  |  |  |  |
|  | Refreshments offered implementing program/activities |  |  |  |  |  |  |
|  | Food and Groceries |  |  |  |  |  |  |
|  | Consumable equipment to implement program/activities |  |  |  |  |  |  |
|  | Accommodation |  |  |  |  |  |  |
|  | Education & Recreation |  |  |  |  |  |  |
|  | Domestic fuel/laundry andcleaning services \*\* |  |  |  |  |  |  |
|  | Linen \*\* |  |  |  |  |  |  |
|  | Toiletries \*\* |  |  |  |  |  |  |
|  | Medical \*\* |  |  |  |  |  |  |
|  | Other (refer to activities in implementation plan) |  |  |  |  |  |  |
|  | Purchases (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Replacements (specify) |  |  |  |  |  |  |
| **SUBTOTAL: ITEM 5** |  |  |  |  |  |  |

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| **6** | **BANK AND OTHER COSTS** | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
|  | Audit Costs |  |  |  |  |  |  |
|  | Bank Costs |  |  |  |  |  |  |
|  | Fund-Raising |  |  |  |  |  |  |
|  | Other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **SUBTOTAL: ITEM 6** |  |  |  |  |  |  |

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| **7** | **SUNDRIES** | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
|  | Research |  |  |  |  |  |  |
|  | Public Relations and Marketing |  |  |  |  |  |  |
|  | VAT |  |  |  |  |  |  |
|  | other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **SUBTOTAL: ITEM 7** |  |  |  |  |  |  |

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| **8** | **PROVISION FOR SPECIAL FUNDS** | **TOTAL EXPENDITURE**  | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
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|  | **SUBTOTAL: ITEM 8** |  |  |  |  |  |  |

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|  | **GRAND TOTAL: ITEMS 1 – 8** |  |  |  |  |  |  |

*NOTE: Please append additional sheets if more space is required*

11. Quarterly programme/project deliverable plan

Please list types of services, activity descriptions, and deliverables and their targets with associated budget per quarter per programme.

PROGRAMME NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Services (family preservation)** | **Activity description (e.g. counseling of families)** | **Deliverable description (e.g. families counselled)** | **2012/13 FINANCIAL YEAR** |
| **QUARTER 1** | **QUARTER 2** | **QUARTER 3** | **QUARTER 4** |
| **OUTPUTS/ BENEFICIARIES** | **BUDGET (RANDS)** | **OUTPUTS/ BENEFICIARIES** | **BUDGET (RANDS)** | **OUTPUTS/ BENEFICIARIES** | **BUDGET (RANDS)** | **OUTPUTS/ BENEFICIARIES** | **BUDGET (RANDS)** |
|  |  |  |  |  |  |  |  |  |  |  |
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*NOTE: Please append additional sheets if more space is required*

12. Give information on sources of funding for eachprogramme/project:

PROGRAMME NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

| **ITEMS OF INCOME** | **Total Revenue** | **ACTIVITY/ DELIVERABLE 1:**  | **ACTIVITY/ DELIVERABLE 2:**  | **ACTIVITY/ DELIVERABLE 3:**  | **ACTIVITY/ DELIVERABLE 4:**  | **ACTIVITY/ DELIVERABLE 5:**  |
| --- | --- | --- | --- | --- | --- | --- |
| 9 | **PROVISION FOR SPECIAL FUNDS** |  |  |  |  |  |  |
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|  | **SUBTOTAL: ITEM 9** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **10** | **FEES FOR SERVICES** |  |  |  |  |  |  |
|  | Board and Lodging |  |  |  |  |  |  |
|  | Community Services |  |  |  |  |  |  |
|  | Consultation |  |  |  |  |  |  |
|  | Counselling/Treatment |  |  |  |  |  |  |
|  | Fees for Day Care |  |  |  |  |  |  |
|  | Membership |  |  |  |  |  |  |
|  | Registration Fees |  |  |  |  |  |  |
|  | Training |  |  |  |  |  |  |
|  | other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **SUBTOTAL: ITEM 10**  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **11** | **OTHER FORMS OF INCOME**  |  |  |  |  |  |  |
|  | Bequests (cash) |  |  |  |  |  |  |
|  | Donations |  |  |  |  |  |  |
|  | Fund-raising |  |  |  |  |  |  |
|  | **Column 1** |  |  |  |  |  |  |
|  | **Item of Income** |  |  |  |  |  |  |
|  | Grants  |  |  |  |  |  |  |
|  | Income from investments  |  |  |  |  |  |  |
|  | Income from fixed property bequeathed to organization |  |  |  |  |  |  |
|  | Products sold |  |  |  |  |  |  |
|  | Rent |  |  |  |  |  |  |
|  | Social Relief |  |  |  |  |  |  |
|  | VAT (reclaimed) |  |  |  |  |  |  |
|  | In natura (value of products etc. donated to organisation)) |  |  |  |  |  |  |
|  | Interest gained from investing pensions/grants of residents (optional) |  |  |  |  |  |  |
|  | Other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | **SUBTOTAL: ITEMS 11**  |  |  |  |  |  |  |
| **12** | **STATE AND OTHER ALLOCATIONS** |  |  |  |  |  |  |
|  | National Departments (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Provincial Departments |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Local Government (Municipality) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Lotto |  |  |  |  |  |  |
|  | **Column 1** |  |  |  |  |  |  |
|  | **Item of Income** |  |  |  |  |  |  |
|  | Community Chest |  |  |  |  |  |  |
|  | International Funding |  |  |  |  |  |  |
|  | Other funders/donors (specify) |  |  |  |  |  |  |
|  | **SUBTOTAL: ITEMS 12** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **13** | **ALLOCATION DEPT SOCIAL DEVELOPMENT** |  |  |  |  |  |  |
|  | Subsidy per annum |  |  |  |  |  |  |
|  | Special Programme funding (specify) |  |  |  |  |  |  |
|  | **SUBTOTAL: ITEMS 13**  |  |  |  |  |  |  |
|  | **TOTAL FUNDS REQUIRED (9+10+11+12+13)** |  |  |  |  |  |  |

*NOTE: Please append additional sheets if more space is required (describe in-kind donations for which monetary value cannot be attached)*

# D. MULTI-YEAR BUDGET PLANNING OF ORGANISATIONAL EXPENDITURE AND INCOME

13. Please complete the table below on the expenditure and income of your organisation as per the Budget: Planning of Organisational Income and Expenditure per programme below. Add rows as necessary. For multi-year applications, complete column 4 too.

**EXPENDITURE -NAME OF PROGRAMME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **(NOTE: TO BE COMPLETED BY WELL-ESTABLISHED ORGANISATIONS ONLY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Motivation / Remarks** |
|  **Item of Expenditure** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for** **financial year 2012/13** | **Budget for****financial year****2013/14** |
| **1** | **HUMAN RESOURCE EXPENDITURE** |  |
| i | **Specify type of all occupational groups in the service plan** | **Current number of personnel employed in each occupational group** | **Salaries and wages for each occupational group** | **Salaries and wages for each occupational group** | **Salaries and wages for each occupational group** |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
|  | **SUBTOTAL: ITEM 1** |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** |  **Motivation/Remarks** |
| **Item of Expenditure** | **Estimated Actual Expenditure for financial year 2011/12** **(01.04.2011-31.03.2012)** | **Budget for financial year 2012/13** | **Budget for financial year 2013/14** |  |
| **1** | **HUMAN RESOURCE EXPENDITURE** (continued) |
|  | Bonus |  |  |  |  |
|  | Personnel Training (Not Expenditure Item 5) |  |  |  |  |
|  | Honorarium (Paid to Volunteers) |  |  |  |  |
|  | **Contributions:** |  |  |  |  |
| Medical Aid Fund |  |  |  |  |
| Pension Fund |  |  |  |  |
| Workmen's Compensation |  |  |  |  |
| UIF  |  |  |  |  |
| other (specify)  |  |  |  |  |
|  |  |  |  |  |
|  | Clothing/Uniform |  |  |  |  |
|  | **SUBTOTAL: ITEM 1**  |  |  |  |  |
|  |  |
| **2** | **TRANSPORT EXPENDITURE** |
|  | Petrol (for managerial and/oradministrative tasks) |  |  |  |  |
|  | Maintenance of vehicles |  |  |  |  |
|  | Insurance of vehicles |  |  |  |  |
|  | Traveling & Accommodation(Conferences, workshops, consultation/supervision, events, etc.) |  |  |  |  |
|  | Replacements (specify) |  |  |  |  |
|  |  |  |  |  |
|  | Purchases (specify) |  |  |  |  |
|  |  |  |  |  |
|  | **SUBTOTAL: ITEM 2** |  |  |  |  |
|  | **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Motivation/Remarks** |
|  | **Item of Expenditure** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for****financial year 2012/13** | **Budget for****financial year****2013/14** |
| **3** | **OFFICE/ADMINISTRATIVE EXPENDITURE**  |
|  | Municipal Services |  |  |  |  |
|  | Post & Telecommunication Services |  |  |  |  |
|  | Printed Matter & Stationery |  |  |  |  |
|  | Advertisements |  |  |  |  |
|  | Books & Journals |  |  |  |  |
|  | Levies/Registration & Affiliation fees |  |  |  |  |
|  | Insurance |  |  |  |  |
|  | Maintenance |  |  |  |  |
|  | Replacements (specify): |  |  |  |  |
|  |  |  |  |  |
|  | Purchases (specify): |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | **SUBTOTAL: ITEM 3** |  |  |  |  |
|  |  |  |  |  |
| **4** | **GROUNDS & BUILDINGS** |
|  | Capital and Interest Redemption |  |  |  |  |
| (Private) |  |  |  |  |
|  | Capital and Interest Redemption |  |  |  |  |
| (State) |  |  |  |  |
|  | Maintenance |  |  |  |  |
| other (specify) |  |  |  |  |
|  |  |  |  |  |
|  | Insurance |  |  |  |  |
| other (specify) |  |  |  |  |
|  |  |  |  |  |
|  | **SUBTOTAL: ITEM 4** |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Column 1** | **Column 2** | **Column 3** | **Column 4**  | **Motivation/Remarks** |
|  | **Item of Expenditure** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for****financial year****2012/13** | **Budget for****financial year****2013/14** |
| **5** | **PROGRAMME/PROJECT EXPENDITURE** |
|  | Fees in respect of training |  |  |  |  |
|  | Cost of material/equipment needed for training |  |  |  |  |
|  | Transport to implement program/activities |  |  |  |  |
|  | Hiring of venues to implement program/activities |  |  |  |  |
|  | Equipment for activities |  |  |  |  |
|  | Refreshments offered implementing program/activities |  |  |  |  |
|  | Food and Groceries |  |  |  |  |
|  | Consumable equipment to implement program/activities |  |  |  |  |
|  | Accommodation |  |  |  |  |
|  | Education & Recreation |  |  |  |  |
|  | Domestic fuel/laundry andcleaning services \*\* |  |  |  |  |
|  | Linen \*\* |  |  |  |  |
|  | Toiletries \*\* |  |  |  |  |
|  | Medical \*\* |  |  |  |  |
|  | Other (refer to activities in implementation plan) |  |  |  |  |
|  | Purchases (specify) |  |  |  |  |
|  |  |  |  |  |
|  | Replacements (specify) |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL: ITEM 5** |  |  |  |  |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Motivation/Remarks** |
| **Item of Expenditure** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for****financial year****2012/13** | **Budget for****Financial year****2013/14** |
| **6** | **BANK AND OTHER COSTS** |
|  | Audit Costs |  |  |  |  |
|  | Bank Costs |  |  |  |  |
|  | Fund-Raising |  |  |  |  |
|  | Other (specify) |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL: ITEM 6** |  |  |  |  |
| **7** | **SUNDRIES** |
|  | Research |  |  |  |  |
|  | Public Relations and Marketing |  |  |  |  |
|  | VAT |  |  |  |  |
|  | other (specify) |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL: ITEM 7** |  |  |  |  |
| **8** | **EXPENDITURE: PROVISION FOR SPECIAL FUNDS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **SUBTOTAL: ITEM 8** |  |  |  |  |
|  | **GRAND TOTAL: ITEMS 1 – 8** |  |  |  |  |

*NOTE: Please append additional sheets if more space is required*

**INCOME – NAME OF PROGRAMME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(NOTE: TO BE COMPLETED BY WELL-ESTABLISHED ORGANISATIONS ONLY)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Motivation/Remarks** |
| **Item of Income** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for****financial year****2012/13** | **Budget for****Financial year** **2013/14** |
| 9 | **PROVISION FOR SPECIAL FUNDS** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **SUBTOTAL: ITEM 9** |  |  |  |  |
|  |  |  |  |
| **10** | **FEES FOR SERVICES** |
|  | Board and Lodging |  |  |  |  |
|  | Community Services |  |  |  |  |
|  | Consultation |  |  |  |  |
|  | Counselling/Treatment |  |  |  |  |
|  | Fees for Day Care |  |  |  |  |
|  | Membership |  |  |  |  |
|  | Registration Fees |  |  |  |  |
|  | Training |  |  |  |  |
|  | other (specify) |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL: ITEM 10**  |  |  |  |  |
|  |  |
| **11** | **OTHER FORMS OF INCOME**  |
|  | Bequests (cash) |  |  |  |  |
|  | Donations |  |  |  |  |
|  | Fund-raising |  |  |  |  |
|  | **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Motivation/Remarks** |
|  | **Item of Income** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for****financial year****2012/13** | **Budget for****Financial year****2013/14** |
|  | Grants  |  |  |  |  |
|  | Income from investments  |  |  |  |  |
|  | Income from fixed property bequeathed to organization |  |  |  |  |
|  | Products sold |  |  |  |  |
|  | Rent |  |  |  |  |
|  | Social Relief |  |  |  |  |
|  | VAT (reclaimed) |  |  |  |  |
|  | In natura (value of products etc. donated to organisation)) |  |  |  |  |
|  | Interest gained from investing pensions/grants of residents (optional) |  |  |  |  |
|  | Other (specify) |  |  |  |  |
|  |  |  |  |  |
|  | **SUBTOTAL: ITEMS 11**  |  |  |  |  |
| **12** | **STATE AND OTHER ALLOCATIONS** |
|  | National Departments (specify) |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Provincial Departments |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  | Local Government (Municipality) |  |  |  |  |
|  |  |  |  |  |
|  | Lotto |  |  |  |  |
|  | **Column 1** | **Column 2** | **Column 3** | **Column 4** | **Motivation/Remarks** |
|  | **Item of Income** | **Estimated Actual Expenditure****for financial year 2011/12****(01.04.2011-31.03.2012)** | **Budget for****financial year****2012/13** | **Budget for****Financial year****2013/14** |
|  | Community Chest |  |  |  |  |
|  | International Funding |  |  |  |  |
|  | Other funders/donors (specify) |  |  |  |  |
|  | **SUBTOTAL: ITEMS 13**  |  |  |  |  |
|  |  |
| **13** | **ALLOCATION DEPT SOCIAL DEVELOPMENT** |
|  | Subsidy per annum |  |  |  |  |
|  | Special Programme funding (specify) |  |  |  |  |
|  | **SUBTOTAL: ITEMS 13**  |  |  |  |  |
|  |  |  |  |  |  |
|  | **TOTAL EXPENDITURE (1-8)** |  |  |  |  |
|  |  **TOTAL INCOME (9-13)**  |  |  |  |  |
|  | **SURPLUS/SHORTAGE** |  |  |  |  |

NOTE: Please append additional sheets if more space is required

14. Financial controls

|  |  |
| --- | --- |
| System of control | Make an X where appropriate |
| All funds received are promptly deposited into the organization’s bank account, properly recorded, reconciled and all records kept under adequate security  |  |
| A central point of contact is designated for all incoming mail |  |
| Bank statements are reconciled to General Ledger on a monthly basis and reviewed by management |  |
| Segregation of duties within the account reconciliation, journal posting, and management review and approval processes |  |
| Funds are disbursed only upon authorisation of management for the purpose for which funds are granted and all disbursements are properly recorded |  |
| There is policy on minimum petty cash to be held on a daily basis and all petty cash is kept in a secure and safe place |  |
| Policies and procedures governing accounts payable and purchasing processes exist |  |
| Wire transfers are executed through a password-protected internet process |  |
| Expense reimbursements are only issued to employees with clearly defined needs |  |
| There are policies and procedures governing payroll processes detailing timelines, responsibilities, and actions. |  |
| There is up to date asset register with all fixed assets recorded/updated on a monthly basis |  |
| Managerial approval is required in advance for the acquisition, disposal, and write-off of assets. |  |
| Procedures and systems approved for the storage, use and maintenance of all its assets and equipment |  |
| Procedures and mechanisms exist to prevent abuse, theft and loss of assets and equipment.  |  |
| Password protected accounting software system exists and access to information and editable fields are limited to appropriate personnel |  |

# E. MONITORING AND EVALUATION

15. Balanced scorecard

|  |  |  |  |
| --- | --- | --- | --- |
| **FINANCIAL PERSPECTIVE** | **CUSTOMER PERSPECTIVE** | **ORGANISATIONAL (INTERNAL BUSINESS PERSPECTIVE)** | **INNOVATION AND LEARNING PERSPECTIVE** |
| *Explain how your organization* *plans to monitor compliance with financial requirements as stipulated in the Memorandum of Agreement*  | *Explain how your organisation* *plans to get feedback from customers and ensure that they are satisfied with the services provided?*  | *Explain which* *key processes, policies, legislation, procedures and guidelines your organisation will be adhering to ensuring excellence in provision of services* | *Explain how your organisation will keep pace with the latest developments and demand for service thus ensuring adaptation to change and improvements?*  |
|  |  |  |  |

# F. FINANCIAL SUSTAINABILITY AND TRANSFORMATION

16. Describe ways in which the organization plans to sustain itself financially after funding from the department stops (100 words)

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| --- |
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17. Explain how the organization plans to share resources and transfer skills to emerging organisations

*NOTE: TO BE COMPLETED BY WELL-ESTABLISHED ORGANISATIONS*

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# G. DECLARATION

We, the undersigned, being the persons responsible in the application organisation for action, certify that the information given in this application is correct.

|  |  |
| --- | --- |
| Board/Trustees/Volunteer Management Committee chairperson’s name: |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| Board/Trustees/Volunteer Management Committee treasurer’s name: |  |
| Signature: |  | Date: |  |

# H. APPENDIX A:WRITTEN ASSURANCE IN TERMS OF SECTION 38 OF THE PFMA

Written Assurance in terms of Section 38(1) (j) of the Public Finance Management Act, 1999

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

**Part 1**: should be completed by those organisations that implement effective, efficient and transparent financial management and internal control systems.

**Part 2**: should be completed by those organisations that do not yet have in place effective, efficient and transparent financial management and internal control systems.

**Part 1:**

|  |  |  |
| --- | --- | --- |
| I, the undersigned |  | (print name) |
| in my capacity as |  | (position) |
| of |  |  |
| hereby declare that |  | (organization) |
|  |  |  |

Implements effective, efficient and transparent financial management and internal control systems.

|  |  |  |
| --- | --- | --- |
| Signed at |  | (place) |
| On this |  | day of |  | month  |  | year |
|  |  |  |
|  signature |  |  |

Confirmed by 2 witnesses:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  signature |  | print name of witness |
|  signature |  | print name of witness |

**Part 2**

**Conditions and remedial measures to comply with Section 38(1)(j) of the Public Finance Management Act, 1999 (Act 1 of 1999 as amended by Act 29 of 1999)**

In instances where written assurance cannot be obtained that effective, efficient and transparent financial management and internal control systems are implemented, the following conditions and remedial measures will apply:

* The management committee will arrange to attend and subject itself to training in business management and financial control systems.
* The management committee will implement and adhere to the financial control system prescribed by the Department.
* The management committee will subject itself to monitoring and inspection of financial records on a regular basis as conducted by officials of the Department or its representatives.
* The management committee will submit audited as well as financial expenditure reports and progress reports on training and implementation of prescribed financial systems when requested by the Department.

|  |  |  |
| --- | --- | --- |
| I, the undersigned |  | (print name) |
| in my capacity as |  | (position) |
| of |  | (organization) |
| hereby declare that |  | (organization) |
|  |  |  |

will adhere to the conditions as stipulated above in order to ensure effective, efficient and transparent financial management and internal control systems.

|  |  |  |
| --- | --- | --- |
| Signed at |  | (place) |
| on this |  | day of |  | month  |  | year |
|  |  |  |
|  signature |  |  |

Confirmed by 2 witnesses:

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  signature |  | print name of witness |
|  signature |  | print name of witness |

# APPENDIX B: ORGANOGRAM

*Please submit an organogram to illustrate the structure of the organisation.*

|  |
| --- |
|  |

# J. APPENDIX C: DOCUMENTS TO BE SUBMITTED WITH THE BUSINESS PLAN (CHECKLIST)

|  |  |  |  |
| --- | --- | --- | --- |
| **Well-Established NPO** | **Mark****X** | **Emerging NPO** | **Mark****X** |
| Constitution/founding documents |  | Founding documents |  |
| Organisation structure |  | Organisation structure |  |
| NPO certified registration certificate |  | Proof that the service provider in the process of registering / Proof that the NPO is affiliated to a registered organisation |  |
| Sector specific registration certificate (e.g. ECD services providers to be registered with the Department of Basic Education) |  |  |  |
| Confirmation of banking details (e.g. Bank certified statement) |  | Confirmation of banking details |  |
| Annual report |  |  |  |
| Most recent audited financial statements |  |  |  |
| Financial declaration in terms of section 38(1) J of the PFMA  |  |  |  |
| Proof of affiliation / Memorandum of Understanding, where relevant |  | Proof of affiliation / Memorandum of Understanding, where relevant |  |
| Donor letters |  | Donor Letters |  |
| CVs and certified certificates of qualifications of management |  | CVs and certified certificates of qualifications of management |  |

# K. APPENDIX D: APPLICATION PROCESS DESCRIPTION

### STEP 1: Complete Application

From the time we call for proposals in the newspapers, you will have **6 weeks** to submit your application. Complete this format, including the written assurances. The BAS form only needs to be completed if you are not currently funded by the DSD or if your banking details have changed and proof of affiliation, only if you are applying as an affiliation. Please also attach a copy of your NPO certified registration or your NPO Registration Application, your organisation structure and submit your application form to the relevant DSD Regional Office.

### STEP 2: Application Evaluation

We will acknowledge receipt of your application within **15 working days**. Your application will be assessed by the DSD programme/programmes you have applied to from a compliance, a qualitative and a DSD strategic alignment perspective. We might also request that we visit your organisation on site as part of the assessment process.

If your organisation is compliant, meets our minimum norms and standards, is strategically aligned to the DSD objectives and is in terms of other applications received, one of the preferred organisations to deliver the services, subject to budget availability, the programme/programmes will recommend to the Head of the DSD, that you be funded in accordance with the DSD guidelines for funding. This process takes approximately **4 months** to complete.

### STEP 3: Application Contracting and Funding Disbursement

If your application has been successful we will contact you to agree on a Third Party Agreement, which will become the formal contract between your organisation and the DSD for the delivery of the services as specified in the contract. The contract will also specify the amount of funding the DSD is committing to your organisation, how and when that funding will be disbursed and set out the obligations of your organisation and the DSD.

If your application is unsuccessful, we will advise you in writing, providing reasons for why your application has been unsuccessful and informing you of your right to have your application Reviewed and the Review process.

Contracting takes approximately **a month** and no disbursements will be made until the DSD has received a signed copy of the contract from your organisation. The DSD strives to fund approved organisations in terms of the contract signed, from 1 April 2012. Due to volumes variability, this is however not always possible.

### STEP 4: Performance Management of Service Delivery

Post the disbursement of the funds to your organisation as per the signed contract, we require regular feedback on the contracted service/project (STEP 3). During this phase of the process we will call for reports in accordance with the contract and may visit your organisation to observe and discus progress as well as recommend remedial action, where necessary.

# L. APPENDIX E:EMPLOYEE LINE ITEMS (NON-EXHAUSTIVE)

|  |
| --- |
| **STAFF CATEGORY** |
| **Managers** |
| Administrative Managers |
| Professional Managers |
| **Professional Personnel** |
| Social Workers |
| Youth Workers |
| Probation Officers |
| Community Development Worker |
| Child & Youth Care worker |
| Other |
| **Assistant Personnel** |
| Social Auxiliary worker |
| Assistant probation workers |
| ECD care givers |
| Home & Community Based care givers |
| Sign language interpreters |
| House Mothers |
| **Professional Support** |
| Medical practitioners |
| Physiotherapists |
| Speech therapist |
| Occupational therapists |
| Nursing Personnel |
| Psychologists |
| Psychiatrists |
| Researchers |
| Information System Specialists |
| Other (specify) |
| **Admin Support Personnel** |
| Information Technology Specialists |
| Admin officers |
| Typists |
| Drivers |
| Data capturers |
| Cleaners |
| Admission Personnel |
| Security personnel |
| Receptionist |
| **Temporary personnel** |
| Student social workers |
| interns |
| contract workers |
| Student CYC workers |
| Other |

# M. APPENDIX F: LEVELS OF INTERVENTION

The DSD are implemented across 4 levels of intervention. The following is a description of various intervention levels to be used in preparing your business plan.

|  |  |
| --- | --- |
| **Levels of intervention** | **Definition and examples of services within different levels of intervention** |
| **Awareness**  | To ensure that individuals and communities know their socio-economic rights and responsibilities, for example international and national awareness programs; commemoration of days/weeks/months/years for specific causes; and prevention programs |
| **Early Intervention** | To identify vulnerable individuals and groups and ensure the provision of a range of developmental and therapeutic programmes and services, for example protective workshops; service centres etc. |
| **Statutory** | To ensure the provision of statutory services and ensure compliance with statutory provisions, protocols and minimum standards, for example social work services; child abuse protocol; children’s court services; criminal court services etc. |
| **Reintegration** | To ensure the provision of a range of aftercare and community based services that enhance positive life styles, self-reliance and optimal social functioning, for example reintegration programmes for offenders etc. |