|  |  |
| --- | --- |
| **NGO BUSINESS PLAN APPLICATION CHECKLIST (2015/16 AND THEREAFTER)** | |
| **Name of Organisation** |  |
| **Programme applied for funding** |  |

**Comment:**

All Non-Government Organisation applying for funding for the 2015/16 financial year and thereafter (2016/17 & 2017/18) must verify and check all pages are completed and adhered to in terms of the Department’s administrative compliance requirements**.**

|  |  |  |  |
| --- | --- | --- | --- |
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| Proof of registration, affiliation or application in terms of the NPO, Trust Property Control and Companies Act(s) |  |  |  |
| Proof of constitution of organisation |  |  |  |
| Certified copy of financial statements or past 3 months bank statements if organisation is applying for less than R200 000.00 funding |  |  |  |

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| **Office Use (Only)** | | | | | | |
| **C Code** | |  | | | | |
| **Comments** | | | | | | |
|  | | | | | | |
| **Name of Verifier** |  | | **Signature** |  | **Date of Verification** |  |

Please provide the information required in this application. Complete all questions and use additional paper if necessary. For information on the application process, please read Schedule 6, the last page of this form. Where you are required to provide an attachment, it will be indicated in this form in *italics.*

WESTERN CAPE GOVERNMENT

DEPARTMENT OF SOCIAL DEVELOPMENT

APPLICATION FOR NON-PROFIT ORGANISATION FUNDING FOR 2015/16 AND THEREAFTER

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF YOUR ORGANISATION | |  | | | | | | | | |
| STREET ADDRESS | |  | | | | | | | | |
| POSTAL ADDRESS | |  | | | | | | | | |
| CONTACT DETAILS | Name |  | | | | | | | | |
| Position |  | | | | | | | | |
| Telephone No. |  | | | Fax No. | | |  | | |
| E-mail Address |  | | | | | | | | |
| Preferred language (Please tick) | | English | | Afrikaans | | | | | isiXhosa | |
| Is this APPLICATION submitted AS AN AFFILIATION? (Yes/No) If yes, please provide the name of the affiliated organisation, the contact person’s name, telephone and email address. | | Affiliation (Yes/No) | |  | | | | | | |
| Name of Affiliated Org | |  | | | | | | |
| Contact Person | |  | | | | | | |
| Telephone Nr | |  | | | | | | |
| E-mail Address | |  | | | | | | |
| Please indicate with an X your organisation type | | NPO | Non Profit Company (previously referred as Section 21 Company) | | | Trust | | Affiliation to NPO | | In process of NPO registration |
|  |  | | |  | |  | |  |
| Please indicate Programme for which your organisation is applying for funding  *Note: Separate applications must be completed for each programme your organisation which to apply for funding* | |  | | | | | | | | |
| REGION and/or LOCAL OFFICE and/or MAGISTERIAL DISTRICT and/or area/s of operation where you will be rendering services | | | Region | | | |  | | | |
| Local Office | | | |  | | | |
| Magisterial District | | | |  | | | |
| TOTAL AMOUNT of funding you are applying for | | |  | | | | | | | |
| OFFICIAL USE | | | | | | | | | | |
| NAME AND SIGNATURE OF DSD OFFICIAL receiving the proposal (include job title) | | DSD Official |  | | | | | | | |
| Signature |  | | | | | | | |
| Job Title |  | | | | | | | |
| DATE RECEIVED (dd/mm/yyyy) | | |  | | | | | | | |

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# ORGANISATIONAL BACKGROUND

*Please attach proof of the following documentations:*

* *Registration or application in terms of the NPO, Trust Property Control or Companies Act(s).*
* *Copy of organisation’s constitution (latest version)*

|  |
| --- |
| **Did your organisation receive any government funding in the past? If so, when, how much and for what purpose:** |
|  |
|  |
|  |
|  |
|  |
| **If your organisation is not currently funded by the DSD, please describe the services you provided in the past:** |
|  |
|  |
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|  |

# BOARD/MANAGEMENT/FUNCTIONS & COMPOSITION

|  |
| --- |
| **Please set out the functions of your Board / Trustees / Volunteer Management Committee:** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

Please complete the table below for your Board / Trustees/ Volunteer Management Committee:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name and surname | ID No | Disabled / Not Disabled | Race | Telephone no, email address and physical address |
| Chairperson |  |  |  |  |
| Deputy/Vice Chairperson |  |  |  |  |
| Secretary |  |  |  |  |
| Treasurer |  |  |  |  |
| Additional members |  |  |  |  |
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# PROFILE OF STAFF MEMBERS

Provide position of key staff members involved in the programme for the past quarter and whom you plan to involve in the year you are applying for funding for.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Categories of staff members | No of Vacant Posts | No of Filled Posts | No of Consultants appointed | No of Staff with disabilities | REPRESENTIVITY | | | | | | | |
| **AFRICAN** | | **ASIAN** | | **COLOURED** | | *WHITE* | |
| **No of Male** | **No of Female** | **No of Male** | **No of Female** | **No of Male** | **No of Female** | ***No of Male*** | *No of Female* |
| Managers |  |  |  |  |  |  |  |  |  |  |  |  |
| Professional staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Admin support |  |  |  |  |  |  |  |  |  |  |  |  |
| Temporary staff |  |  |  |  |  |  |  |  |  |  |  |  |
| Volunteers |  |  |  |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |  |  |  |

# BANK DETAILS

|  |  |
| --- | --- |
| Account Name |  |
| Account Number |  |
| Account Type |  |
| Full Name of the Bank |  |
| Branch Code |  |
| Branch Address |  |
|  |



Business Plan for Non-Profit Organisation Funding

# SIGNATORIES

Please indicate the names of persons that will be entitled to enter into written agreements on behalf of your organisation.

|  |  |  |  |
| --- | --- | --- | --- |
| Name and Surname | ID No | Designation | Telephone number, email address and physical address |
|  |  |  |  |
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# FINANCIAL MATTERS

Please complete Schedule 3: Financial Matters for the financial years (**2015/16, 2016/17 & 2017/18)** that you are applying for funding.

Give information about other sources of funding for the services/projects that you are requesting the DSD to fund:

|  |  |
| --- | --- |
| Additional Funding Sources | Amount requested |
|  |  |
|  |  |
|  |  |
| **Total funds** |  |

All organisations applying for funding please complete Schedule 2: Bank Bas Maintenance Form.

Provide the name of the firm or person responsible for the compilation of your organisation’s Financial Statements and their contact details.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please attach:*

* *a copy of your organisation’s certified financial statements.*
* *The past 3 month’s Bank Statements of your organisation* ***(only applicable for organisations applying for less than R200 000 funding).***

# PROJECT BACKGROUND

In this section “project” means the services or activities that you are asking the DSD to fund.

Why was the project initiated?

What is the purpose of the project?

Why do you believe the DSD should consider your organisation’s application positively?

Please complete Schedule 1: Project Implementation Plan for every objective that your project aims to achieve.

# MONITORING AND EVALUATION PLAN

Please describe how you will know your service/project is achieving its goals/ outcomes and impact (i.e. how will you know that your service/project made a difference to the beneficiaries of the project and the community they are in?):

# ANY ADDITIONAL COMMENTS YOU WISH TO MAKE

# APPLICATION DECLARATION

We, the undersigned, hereby declare that the information supplied is true and valid and that, should we be awarded funding by the DSD, we will comply with the DSD reporting requirements as set out in the Transfer Payment Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
| Designation | Name of person | Signature | Date |
| Manager/Principal |  |  |  |
| Chairperson |  |  |  |
| Treasurer |  |  |  |

# Appendices

## Schedule 1: Project Implementation Plan

**Project Objective**

|  |
| --- |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Activities | Number of Beneficiaries | Time Frame | Results (What you want to achieve) | Resources Needed | Budget |
|  |  |  |  |  |  |
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| --- | --- | --- | --- |
| **DEPARTMENT**  **PROVINCIAL GOVERNMENT WESTERN CAPE**  **11.2 Schedule 2 – Bas Entity Maintenance Bank Form Details** |  | **OFFICE** |  |
| **BANK DETAILS** | | | |
| **1.DETAILS OF FIRM /INSTITUTION** | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Organisation** |  | | | | | | | | | | | | | | | | | | | |
| **Address** |  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | **Postal Code** | | | | |  | | | | | |
| **Name of Bank** |  | | | | | | | | | | | | | | | | | | | |
| **Name of Branch** |  | | | | | | | | | | | | | | | | | | | |
| **Branch Code** |  | | |  | | |  | | | |  | | |  | | |  | | | |
| **Account Number for Institution as above** |  |  |  | |  |  |  |  |  | | |  |  |  | |  | |  |  |  |

|  |
| --- |
| **2. CONFIRMATION BY BANK** |

We hereby confirm that the bank details under paragraph 1 of this form belong to the institution mentioned under the same paragraph and that the authorizer of the declaration under paragraph 3 is the valid account holder

|  |  |  |
| --- | --- | --- |
| **Date Stamp of Bank** | **Bank Official** | |
|  | **Print Name** |  |
| **Signature** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Type of Account** | | | |
|  | Current Account |  | Savings Account |
|  | Transmission Account |  | Other (Specify) |

|  |
| --- |
| **3.DECLARATION BY AUTHORISED ACCOUNT HOLDER** |

I/We …………………………………………………………………………..hereby request and authorize you to pay any amounts which may accrue to me/us to the credit of my/our account with the mentioned bank in paragraph 1.

I/We understand that the credit transfer hereby authorized will be processed by the computer through a system known as the “ACB ELECTRONIC BANK 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 authority may be cancelled by me/us by giving thirty days’ notice by prepaid registered post.

|  |  |
| --- | --- |
| **NPO Number of Organisation** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |
| **Initials and Surname** |  | **Authorised Signature** |  |  | **Date: dd/mm/ccyy** | | | | | | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **4. FOR OFFICE USE ONLY** | | | |
| **System User Only** | | **Approved by Head Office** | |
| **Bas Ref No** |  | **Print Name** |  |
| **Captured by** |  |
| **Date Captured** |  | **Signature** |  |
| **Authorised by** |  |
| **Date Authorised** |  | **Date** |  |

## 11.3 Schedule 3: Financial Matters

Please complete this schedule for the previous financial year.

**Financial Year**: **2014/15 (Estimated)**

**NB: Income – Expenditure = Balance**

|  |  |  |
| --- | --- | --- |
| Income | Expenditure | Balance |
|  |  |  |

**Budget Income and Expenditure (2015/16, 2016/17 & 2017/18) : Please complete**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Organisation’s Budget Expenditure: Financial Years 2015/16, 2016/17 & 2017/18 | | | | |
| **Item** | **2015/16**  **R- Value** | **2016/17 (Estimated)**  **R-Value** | | **2017/18 (Estimated)**  **R-Value** |
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| **Total funds** |  |  |  | |

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| --- | --- | --- | --- |
| Organisation’s Income Budget :Financial Years 2015/16, 2016,17 & 2017/18 | | | |
| **Source** | **2015/16**  **R- Value** | **2016/17 (Estimated)**  **R-Value** | **2017/18 (Estimated)**  **R-Value** |
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| **Total funds** |  |  |  |

## 11.4 Schedule 4: 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 controlsystems.

**Part 2:** should be completed by those organisations that do not implement 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 | | | |

## 11.5 Schedule 5: Declaration of Interest

This declaration is to be signed by all persons, management or staff involved in:

* approving or buying equipment, food, or any other items,
* signing cheques,
* accessing Internet banking,
* drawing cash for daily expenditure (petty cash),
* receiving donations, equipment, food or other items,
* handing out food or other items

The DSD wants to advise organisations that in terms of financial and auditing practices, it is advisable that persons involved or responsible for any of the above should not be from the same family.

I, the undersigned, hereby make the following declaration:

|  |  |  |  |
| --- | --- | --- | --- |
| **Initials & surname** | **Designation / post / involvement** | **Signature** | **Date** |
|  |  |  |  |
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I will not use my discretion, official or non-official powers, or position within or outside the organization, to benefit myself, or any other person known to me or the organization, or any legal person, to obtain an unlawful or unauthorized advantage during the requisitioning, consideration, acceptance, or allocation of tenders, quotations or any other, or an advantage that serves to unlawfully prejudice the interest of the organization or any other person or legal person.

## 11.6 Schedule 6: DSD Application Process Description

### **STEP 1: Complete Application**

This application form (including Schedules 1 to 5) must be completed and submitted together with proof of registration in terms of the Non-profit Organisations Act 71 of 1997/ Companies Act 71 of 2008/ Trust Property Control Act 57 of 1988 **OR** proof of application for registration in terms of the Non-profit Organisations Act 71 of 1997/Companies Act 71 of 2008/ Trust Property Control Act 57 of 1988 to the Department of Social Development’s (DSD) Head Office, within **6 (six) weeks** from the date the ‘Call for proposals to partner the Department of Social Development in rendering developmental social services in the Western Cape’ is advertised.

|  |  |
| --- | --- |
| **Street Address** | **Postal Address** |
| **Department of Social Development ( Head Office) 14 Queen Victoria Street**  **Union House Cape Town 8000** | **Department of Social Development (Head Office)**  **Private Bag x9112**  **Cape Town**  **8001** |

### **STEP 2: Application Assessment**

Your organisation will receive a notification ‘acknowledging receipt of application’ shortlyfrom the date the DSD receives your organisation’s application. Your organisation’s application will be assessed by the relevant programme(s) your organisation has applied for funding to. As part of the assessment process, the DSD may conduct an on-site visit to your organisation.

The programme(s) will recommend to the Head of the DSD, that your organisation be funded in accordance with the DSD guidelines for funding, should your organisation be compliant; meet the DSD’s minimum norms and standards; is strategically aligned to the DSD’s objectives and is considered in relation to other applications received to be one of the preferred organisations to deliver the service(s). Please note that the aforementioned is subject to budget availability.

The application assessment process takes approximately **4-6 (four-six) months** to complete.

### **STEP 3: Application Approval and Transfer of Funds**

The DSD will formally notify your organisation in the event that your organisation’s application is approved. Further details regarding funding allocation, outputs to be achieved as well as accountability and compliance requirements will be stipulated in the Transfer Payment of Agreement (‘TPA’) which will be sent to your organisation for signature.

Please note that in terms of the agreement, funds will be transferred to approved organisations in monthly transfer payments OR quarterly transfer payments commencing in the month following signature of the agreement by the last-signing party. However, notwithstanding the aforementioned, no funds will be transferred by the DSD to the approved organisation until such time as the DSD has received a signed copy of the agreement from the organisation.

### **STEP 4: Performance Management of Service Delivery**

After payment of any funds to your organisation, the DSD requires regular feedback on the agreed services/projects as per the signed agreement. Furthermore, the DSD will call for reports in accordance with the agreement and may also visit your organisation to observe and discuss progress as well as actions recommended to improve service delivery.