

NPO BUSINESS PLAN APPLICATION 2023/24 to 2025/26



A Caring, Humane and Developed Society



Organisations applying for funding should complete the Business Plan in full and ensure that all relevant supporting documents are attached to the application

Name of Organisation (as reflected on NPO Registration Certificate)	
NPO Registration Number	

OFFICIAL USE		
NAME AND SIGNATURE OF DSD OFFICIAL receiving the Business Plan	DSD Official	
	Signature	
	Job Title	
DATE RECEIVED (dd/mm/yyyy)		

SUPPORTING DOCUMENTATION	PAGE NUMBER	ORGANISATION TO VERIFY (YES/NO)	OFFICIAL USE
Business plan, including			
o Outcome of Screening against Part B of the Child Protection Register (if applicable)			
o Proof of registration of practitioners with professional body, e.g. SACSSP			
o Constitution – stamped ¹ , signed and dated			
o Daily activity programme ² (if applicable) – all services providing activities			
o Menu ³ (if applicable) – all services providing meals			
o Duty Sheets / Job descriptions			
o Sketch plan of the building – all residential care and other facilities			
o Lease agreement ⁴ (if applicable) in respect of building utilised for service delivery			
o Environmental Health Officer’s report ⁵ (if applicable) – if amendment of registration certificate is required or if premises are changed			
Registration certificates, viz.			
o Programmatic Registration certificate ⁶ (in terms of legislation and policy – if applicable)			
o NPO/NPC Registration Certificate / Memorandum of articles / Trust Deed			
o NPO Compliance Report ⁷			
Financial information, viz.			
o Audited financial statements for 2021/22 financial year			
o Bank statements (June, July and August 2022 statements)			
o BAS Entity Form (recent) signed by Bank			
o Assurance In Terms Of Section 38(1)(J) Of The Public Finance Management Act, 1999 (Act 1 Of 1999)			
o Declaration of Interest			
o Certified ID copies of signatories			
o Public Benefit Organisation (PBO), Tax Clearance and Section 18(a) Certificate			

¹ Copy of most recent Constitution, stamped by National NPO Directorate

² Daily activity programme to be submitted by Non-Centre Based Programmes, After School Centres, Stimulation Centres, Protective Workshops, VEP Centres, Substance Abuse Centres (Residential and Community based), Service Centres, Drop-In Centres

³ Menus to be submitted by Non-Centre Based Programmes, After School Centres, Stimulation Centres, Protective Workshops, VEP Centres, Substance Abuse Centres (Residential), Service Centres, Drop-In Centres, Child and Youth Care Centres

⁴ Lease agreements to be submitted by organisations renting the facility from which they are operating

⁵ Health Inspectors Report to be submitted by After School Centres, Stimulation Centres, Protective Workshops, VEP Centres, Substance Abuse Centres (Residential and Community Based), Service Centres, Drop-In Centres, Youth Development Centres

⁶ Programmatic Registration Certificates to be submitted by Non Centre Based Programmes, After School Centres, Stimulation Centres, Protective Workshops, Service Centres, Drop-In Centres, Substance Abuse (Residential and Community

⁷ NPO Compliance Report to be obtained from NPO Helpdesks in each sub-district office

TABLE OF CONTENTS

1.	ADMINISTRATIVE- AND PROGRAMME DETAILS	5
2.	BENEFICIARIES	7
3.	MANAGEMENT BOARD.....	11
4.	STAFF MEMBERS	16
5.	CAPACITY BUILDING AND TRAINING.....	17
6.	FINANCIAL MATTERS	18
7.	STRUCTURE.....	22
8.	TRANSFORMATION.....	23
9.	MARKETING.....	24
10.	MONITORING	25
11.	PROGRAMME OBJECTIVES.....	26
12.	ASSURANCE IN TERMS OF SECTION 38(1)(J) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999)	33
13.	DECLARATION OF INTEREST	34
14.	APPLICATION DECLARATION.....	35
15.	APPLICATION PROCESS DESCRIPTION	36

1. ADMINISTRATIVE- AND PROGRAMME DETAILS

Name of Organisation					
Street Address					
Postal Address					
Contact details of <i>the manager of the organisation</i>	Name				
	Telephone Number				
	Fax Number				
	E-mail Address				
Please indicate with an X the organisation type		<input type="checkbox"/> NPO (Voluntary Association)	<input type="checkbox"/> Non Profit Company (previously referred as Section 21 Company)	<input type="checkbox"/> Trust	<input type="checkbox"/> In process of NPO Registration
PROVINCE, DISTRICT and/or SUB-DISTRICT, WARD(S) and/or area/s of operation where the organisation will be rendering services	Province				
	District				
	Sub-district				
	Ward(s)				
	GPS Coordinates (if available)				
Is this a new application or a reapplication?					

If new application, indicate why the service was initiated							
Is the organisation requesting for additional posts or extending services to other areas?							
If requesting funding for extending services to other areas: provide details of request and motivate							
Total amount of funding organisation is applying for?							
Type of service, e.g. Child Protection							
Target group, e.g. Children	<input type="checkbox"/> Children	<input type="checkbox"/> Youth	<input type="checkbox"/> Adults	<input type="checkbox"/> Older Persons	<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Women	<input type="checkbox"/> Families
Indicate the location of the office, the target group and the kilometre distance?	Location of the office		Location of target group (Specify, e.g. wards or specific Areas)		Kilometre distance between location of office and location of target group		
If not located within the community, what arrangements are made to make the service accessible to service recipients (example: service points, mobile service, etc.)							
List three predominant languages spoken by the target group, and indicate whether practitioners are able to engage beneficiaries. If unable, which measures are in place to reach out to the community?							

2. BENEFICIARIES

2.1 Provide a breakdown of the target group that benefited from the programme from 1 April 2021 to 30 September 2022⁸

Target group		Actual number of beneficiaries from 1 April 2021 to 31 March 2022				Actual number of beneficiaries from 1 April 2022 to 30 September 2022				
		Persons with Disabilities	Black	Coloured	Asian	White	Persons with Disabilities	Black	Coloured	Asian
Children (0-6 years)	Male									
	Female									
Children (7-18 years)	Male									
	Female									
Youth (19-35 years)	Male									
	Female									
Adults (36 – 59 years)	Male									
	Female									
Older persons (60 years +)	Male									
	Female									
Total										

⁸ Provincial offices should reflect employees only, under the appropriate life stage, race and gender

2.2 Provide a breakdown of the target group that is projected to benefit annually from 2023/24 – 2025/26⁹

Target group	Projected 2023/24	Projected 2024/25	Projected 2025/26
Children (0-6 years)			
Children (7-18 years)			
Youth (19-35 years)			
Adults (36 – 59 years)			
Older persons (60 years +)			
Persons with Disabilities			
Total			

2.3 Reflect the nature of disability of persons benefiting from the service from 1 April 2021 to 31 March 2022 (to be completed by Protective Workshops, Stimulation Centres and Residential Facilities only)

Nature of disability (please specify/describe)	Children (0-6 years)	Children (7-18 years)	Youth (19-35 years)	Adults (36 – 59 years)	Older persons (60 years +)	Total
Blind						
Physical						
Intellectual						
Deaf						
Multiple						
Other (specify)						
TOTAL						

⁹ Provincial offices should reflect employees only, under the appropriate life stage

2.4 Provide a breakdown of the type of income and number of beneficiaries per type of income (to be completed by Protective Workshops, Stimulation Centres and Residential facilities only)

Type of income	Number
No income	
Self-employed / Salaried / stipend	
Private income (e.g. inheritance, policies etc.)	
Old Age Pension	
Foster Care grant	
Care Dependency grant	
Child support grant	
Veterans grant	
Grant-in-Aid	
Disability Grant	
Total	

2.5 Provide a breakdown of the total number of beneficiaries per Category of Registration (only to be completed by Service Centres and Protective Workshops)

Description	Total Service Centre	Total Home Based Care	Category of Registration			
			A. Basic Services – (Luncheon / Service Clubs Informal / temporary accommodation (rural))	B. Basic Services (Formal)	C. Intermediate Services – Service Centre	D. Tertiary Services – Comprehensive Service which could include Assisted Living / Respite Services
Number of older persons that the service centre is registered for						
Total number of enrolled members						
Total number of people with disabilities attending the service centre						
TOTAL						

2.6 Provide a breakdown the total number of beneficiaries per Category of Registration *(to be completed by Residential Facilities for Older Persons and Persons with Disabilities only)*

Description	Total Service Centre	Total Home Based Care	Category of Registration		
			A. Independent Living	B. Assisted Living	C. Frail Care
Number of older persons that the service centre is registered for					
Total number of enrolled members					
Total number of people with disabilities attending the service centre					
TOTAL					

3.2 Provide details of management board members

Full name and Surname	ID number	Formal qualification(s)	Position	Experience relating to the service / position on committee	Disability		Race								Screened against Part B of CPR ¹⁰	
					Y	N	Black		Asian		Coloured		White			
							M	F	M	F	M	F	M	F		
			Chairperson													
			Deputy Chairperson													
			Secretary													
			Deputy Secretary													
			Treasurer													
			Additional Members													
			1													
			2													
			3													
			4													
TOTAL																

I, _____ (Chairperson), hereby certify that this is the elected management board as per AGM held on _____ (date)

Signature

Date

¹⁰ Relevant to all organisations where children are the primary recipients of the service. Attach report on outcome of Screening

3.4 Provide details of local committee (where applicable)

Full name and Surname	ID number	Formal qualification(s)	Position	Experience relating to the service / position on committee	Disability		Race								Screened against Part B of CPR ¹¹	
					Y	N	Black		Asian		Coloured		White			
							M	F	M	F	M	F	M	F		
			Chairperson													
			Deputy Chairperson													
			Secretary													
			Deputy Secretary													
			Treasurer													
			Additional Members													
			1													
			2													
			3													
			4													
TOTAL																

I, _____ (Chairperson), hereby certify that this is the elected board as per AGM held on _____ (date)

Signature

Date

¹¹ Relevant to all organisations where children are the primary recipients of the service. Attach report on outcome of Screening

3.5 Is the organisation compliant to its Constitution as it relates to terms of office for office bearers?

	What is the duration of a term (refer to Constitution)? <i>E.g. Chairperson may hold office for two years</i>	How many times may an incumbent be re-elected to this position (refer to Constitution), e.g. <i>E.g. Chairperson may be re-elected for a further two-year period</i>	When was the incumbent initially elected to this position? <i>E.g. 1 December 2016</i>	Is this in line with the Organisation's Constitution? <i>E.g. No, based on the Constitution, the Chairperson should not hold office for more than 4 years at most</i>
Chairperson				
Deputy Chairperson				
Treasurer				
Secretary				
Deputy Secretary				

3.6 Does the organisation hold the following Management meetings?

Type of meeting	Yes / No	Frequency of meetings (e.g. monthly, bi-monthly, quarterly, six monthly)	No of meetings held during the past year	Are minutes and attendance registers kept? Yes / No
Annual General Meeting				
Management Board Meeting				
Executive committee meetings				
Meetings with personnel				
Meetings with service recipients and/or community				
Other (specify)				

4. STAFF MEMBERS

4.1 Provide details of key staff members who will be implementing the programme (insert more pages if required)¹² and whom you plan to involve in the year you are applying for funding, separating it in terms of the following categories, i.e. Managers, Professional Staff, Admin Support, Temporary Staff

Full name and Surname	ID number	Formal qualification(s)	Position	Experience relating to the service / position on committee	Disability		Race								Screened against Part B of CPR ¹³	Registration number with professional body (if applicable) ¹⁴
							Black		Asian		Coloured		White			
					Y	N	M	F	M	F	M	F	M	F		
TOTAL																

¹² Provincial offices should reflect only the staff funded from the provincial office

¹³ Relevant to all organisations where children are the primary recipients of the service. Attach report on outcome of Screening.

¹⁴ Attach proof of registration

5. CAPACITY BUILDING AND TRAINING

5.1 Provide details of capacity building opportunities planned for staff members and the management board for the year funding is applied for

Target	Topic of training / capacity building programme	Number to be trained	In which quarter will training take place	Service provider / organisation who will present training
Personnel / Staff				
Management				

6. FINANCIAL MATTERS

6.1 Summary 1 April 2020 – 31 March 2021 (Income – Expenditure = Balance)

Income	Expenditure	Balance

6.2 Summary 1 April 2021 – 31 March 2022 (Income – Expenditure = Balance)

Income	Expenditure	Balance

6.3 Provide actual expenditure for 2020/21 and 2021/22, as well as projections for 2022/23 – 2025/26 for the specific programme funding is being applied for. Ensure that information about other sources of funding is reflected on the income portion

	2020/21 (Actual)	2021/22 (Actual)	2022/23 (Projection)	2023/24 (Projection)	2024/25 (Projection)	2025/26 (Projection)
INCOME						
MPU DSD subsidy						
Fundraising						
Other Departments (List)						
Other donors (List)						
Membership fees						
Interest received						
Others (specify)						

	2020/21 (Actual)	2021/22 (Actual)	2022/23 (Projection)	2023/24 (Projection)	2024/25 (Projection)	2025/26 (Projection)
SUB-TOTAL INCOME						
EXPENDITURE						
Personnel expenditure						
Basic Salary						
Performance Bonus						
Service Bonus						
Overtime						
Pension contributions						
Medical contributions						
Housing contributions						
Vehicle Allowance						
UIF						
Other (specify)						
List other key cost drivers						

6.5 Bank Details

Full Name of the Bank		Account Name	
Branch Code		Account Number	
Branch address		Account Type	

6.6 Signatories

Name and Surname¹⁵	ID No	Designation	Telephone number, email address and physical address

¹⁵ Note that the Department advises that signatories should not be personnel members

7. STRUCTURE

The organisation has a structure	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the building	<input type="checkbox"/> Owned	<input type="checkbox"/> Rented
Is the building	<input type="checkbox"/> Conventional building	<input type="checkbox"/> Shack
	<input type="checkbox"/> Shipping container	<input type="checkbox"/> Prefab
	Other, specify	
Is the structure approved by relevant authorities	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Specify the type of rooms and facilities available¹⁶	
Type	Number
Activity/work rooms	
Office	
Sick bay	
Kitchen	
Store room	
Toilets (indicate if pit toilets)	
Wash basins	
Dining hall	
Other (please specify)	

¹⁶ To be completed by Protective Workshops, Stimulation Centres and Residential facilities only

8. TRANSFORMATION

8.1 Reflect any issues which the organisation wishes to change or develop, especially as it relates to services, gender, race

Developmental Issue / objective <i>Specify the issue to be changed or developed</i>	Activities <i>Activities/actions & measurable targets/results that organisation plans to achieve</i>	Intended outcome	Time frame <i>Target dates and dates for change/completion. How long will it take to implement the actions and by when will it be achieved?</i>	Risks / Challenges / Remedial Measures <i>What risks / challenges do you envisage</i>	Remedial Measures of identified risk <i>Measures to address risks</i>
<i>E.g. Transformation of staff profile so as to be representative of the demographics of the community</i>					

9. MARKETING

9.1 Reflect activities / actions, measurable targets / results that the organisation plans to achieve so as to market the service

Activities	Target Group	Time Frame and duration	Cost	Expected outcome
<i>e.g. Exhibition during Older Person's month</i>	<i>e.g. Older Persons</i>	<i>e.g. 15 – 17 October 2021, 3 days</i>	<i>e.g. R20,000</i>	<i>e.g. Awareness created</i>

10. MONITORING

10.1 Describe how the organisation will determine whether the 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 and the community they are in)

Aspects to be monitored and evaluated per objective	Type of monitoring and evaluation tools ¹⁷ to be used to measure progress and achievements	How often will monitoring and evaluation be conducted

¹⁷ Monitoring and Evaluation tools should refer to the services / objectives



11. PROGRAMME OBJECTIVES¹⁸

Example:

Objective:	<ul style="list-style-type: none"> • Should be developmental and SMART (specific, measurable, achievable, realistic and time bound) • Specify the primary objectives of the service • It must be linked directly to the outcome, profile of the target group and reasons for the problem • It should be such that it leads to the action/activities 			
Activity:	<ul style="list-style-type: none"> • Answer the following questions: what, when, who and how must it be done to achieve the objective. It refers to work done by staff, management and volunteers 			
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget
<ul style="list-style-type: none"> • What is a realistic numerical value / quantity which you wish to attain per year? • Consider performance data of previous years to determine baseline 	<ul style="list-style-type: none"> • Reflect the time frame (Month & Year to Month & Year) that the activity will be implemented / funding will be required 	<ul style="list-style-type: none"> • Anticipated results of the activities or objectives stated • Describes that which the service will achieve in realistic and measurable terms. It includes number, needs addressed, need provided or changes in behaviour. It includes aspects of quantity, quality and time 	<ul style="list-style-type: none"> • What are the resources needed for carrying out the programme/activity? • Refers to personnel, equipment, buildings, and vehicles, etc. It determines what goes into a service 	<ul style="list-style-type: none"> • What are the financial costs for carrying out the activity? • Cost of activity should relate to income and expenditure statement • Provide a total cost for each activity

¹⁸ Align to Objectives and Outputs as reflected in Service Specifications

Objective 1:				
Activity:				
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget

Objective 2:				
Activity:				
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget

Objective 3:				
Activity:				
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget

Objective 4:				
Activity:				
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget

Objective 5:				
Activity:				
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget

Objective 6:				
Activity:				
Place / Target Area			Sub-place / Community(ies)	
Number of beneficiaries	Timeframe	Results (what you want to achieve)	Resources needed	Budget

12. 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 Chairperson of..... (Name and location of organisation) hereby declare that (Name and location of organisation) implements effective, efficient and transparent financial management and internal control systems.

Signed at..... (Place) on this.....day of 20....

SIGNATURE

WITNESSES

1.

2.

13. DECLARATION OF INTEREST

This declaration should 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 Department wishes to advise organisations that in terms of financial and auditing practices, it is advisable that persons involved in, or responsible for any of the above, should not be related.

I, the undersigned, hereby make the following declaration:

Initials & surname	Designation / post / involvement	Signature	Date

I will not use my discretionary-, 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.

14. 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 Service Level Agreement.

Designation	Name of person	Signature	Date
Director of Organisation			
Chairperson			
Treasurer			

15. APPLICATION PROCESS DESCRIPTION

STEP 1: Complete Application

This application form must be completed and submitted together with relevant supporting documents to the nearest Mpumalanga Department of Social Development office by **15 January 2023**.

Enquiries regarding the completion of the application should be directed toward the nearest Department of Social Development office.

STEP 2: Assessment of Application

Following the submission of the application, the department will acknowledge the receipt of the business plan, and indicate if any supporting documents were outstanding.

The organisation's application will be assessed by the programme(s) for which the organisation has applied for funding. As part of the assessment process, the Mpumalanga Department of Social Development may conduct an on-site visit to the organisation, which will be followed by an assessment by an assessment panel.

The departmental programme(s) will then make a recommendation to the Head of Department, that the organisation be funded in line with the Department's guidelines for funding, should the organisation be compliant; meet the department's minimum norms and standards; is strategically aligned to the department'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 **three (3) months** to complete.

STEP 3: Approval of Application, and Transfer of Funds

The Mpumalanga Department of Social Development will notify the organisation in the event that the organisation's application is approved or rejected.

If approved, further details regarding funding allocation, outputs to be achieved, as well as accountability and compliance requirements will be stipulated in the Service Level Agreement (SLA) which will be sent to the organisation for signature.

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

STEP 4: Monitoring and Quality Assurance

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