|  |
| --- |
| **NPO BUSINESS PLAN APPLICATION 2024/25** **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** | **ORGANISATION TO VERIFY (YES/NO)** | **COMMENTS (FOR OFFICIAL USE ONLY)** |
| --- | --- | --- |
| **Business plan, including**  |  |  |
| * + Constitution – stamped[[1]](#footnote-1), signed and dated
 |  |  |
| * + Employment contracts of current staff
 |  |  |
| * + Floor Sketch of the building used for the service (approximate)
 |  |  |
| * Lease agreement [[2]](#footnote-2) or right/permission to occupy in respect of building utilised for service delivery
 |  |  |
| * + Procedure to elect Board members (if not included in the Constitution) / Minutes and attendance register of the AGM in which the Management Board was elected
 |  |  |
| **Registration certificates, viz.** |  |  |
| * + NPO Registration Certificate (Certified copy of the original)
 |  |  |
| * + NPO Compliance Report[[3]](#footnote-3)
 |  |  |
| * + Proof of registration for UIF (Proof of Registration or recent proof of payment)
 |  |  |
| * + Proof of registration for COIDA (Letter of Good Standing)
 |  |  |
| **Financial information, viz.** |  |  |
| * + Audited financial statements for 2022/23 financial year
 |  |  |
| * + Bank statements (Last six months – 1 April 2023 to 30 September 2023)
 |  |  |
| * CSD Registration form
 |  |  |
| * Bank account confirmation letter
 |  |  |
| * + Assurance In Terms Of Section 38(1)(J) Of The Public Finance Management Act, 1999 (Act 1 Of 1999)
 |  |  |
| * + Declaration of Interest
 |  |  |
| * + Certified ID copies of Board members and signatories.
 |  |  |
| * + Valid Tax PIN and/or Proof of tax compliance
 |  |  |

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1. **ADMINISTRATIVE- AND PROGRAMME DETAILS**

|  |  |
| --- | --- |
| **Name of Organisation** |  |
| **Street Address** |  |
| **Postal Address** |  |
| **Contact details of *the manager of the organisation*** | **Name** |  |
| **Telephone Number**  |  |
| **Fax Number** |  |
| **E-mail Address** |  |
| **Please indicate with an X the organisation type** | **🞏** **NPO (Voluntary Association)** | **🞏** **Non Profit Company (previously referred as Section 21 Company)** | **🞏** **Trust** | **🞏** **In the 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. Youth development services.** |  |
| **Target group, e.g. Youth.** | 🞏**Children** | 🞏**Youth** | 🞏**Adults** | 🞏**Older Persons** | 🞏**Persons with Disabilities** | 🞏**Women** | 🞏**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?** |  |

1. **BENEFICIARIES**
	1. **Provide a breakdown of the target group that benefited from the programme from 1 April 2022 to 30 September 2023**

| **Target group** | **Actual number of beneficiaries from 1 April 2022 to 31 March 2023** | **Actual number of beneficiaries from** **1 April 2023 to 30 September 2023** |
| --- | --- | --- |
| **Persons with Disabilities** | **Black** | **Coloured** | **Asian** | **White** | **Persons with Disabilities** | **Black** | **Coloured** | **Asian** | **White** |
| **Children (0-6 years)** | **Male** |  |  |  |  |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |  |  |  |  |
| **Children (7-18 years)** | **Male** |  |  |  |  |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |  |  |  |  |
| **Youth (19-35 years)** | **Male** |  |  |  |  |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |  |  |  |  |
| **Adults (36 – 59 years)** | **Male** |  |  |  |  |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |  |  |  |  |
| **Female** |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |  |  |  |  |  |  |  |  |  |  |

* 1. **Provide a breakdown of the target group that is projected to benefit annually from 2024/25 – 2026/27**

| **Target group** | **Projected 2024/25** | **Projected 2025/26** | **Projected 2026/27** |
| --- | --- | --- | --- |
| **Children (0-6 years)** |  |  |  |
| **Children (7-18 years)** |  |  |  |
| **Youth (19-35 years)** |  |  |  |
| **Adults (36 – 59 years)** |  |  |  |
| **Older Persons (60 and above)** |  |  |  |
| **Persons with Disabilities** |  |  |  |
| **Total** |  |  |  |

1. **MANAGEMENT BOARD**
	1. **Provide the main functions of the management board**

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* 1. **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[[4]](#footnote-4)**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Black** | **Asian** | **Coloured** | **White** |
| **Y** | **N** | **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**

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

* 1. **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)** |  |  |  |  |

1. **STAFF MEMBERS**
	1. **Provide details of key staff members who will be implementing the programme (insert more pages if required) 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[[5]](#footnote-5)** | **Registration number with professional body (if applicable)[[6]](#footnote-6)** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Black** | **Asian** | **Coloured** | **White** |
| **Y** | **N** | **M** | **F** | **M** | **F** | **M** | **F** | **M** | **F** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TOTAL** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. **CAPACITY BUILDING AND TRAINING**
	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** |  |  |  |  |

1. **FINANCIAL MATTERS**
	1. **Summary 1 April 2022 – 31 March 2023 (Income – Expenditure = Balance)**

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

* 1. **Summary 1 April 2023 – Present (Income – Expenditure = Balance)**

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

* 1. **Provide actual expenditure for 2021/22 and 2022/23, as well as projections for 2023/24 – 2026/27 for the specific programme funding is being applied for. Ensure that information about other sources of funding is reflected on the income portion**

|   | **2021/22****(Actual)** | **2022/23****(Actual)** | **2023/24 (Projection)** | **2024/25 (Projection)** | **2025/26****(Projection)** | **2026/27****(Projection)** |
| --- | --- | --- | --- | --- | --- | --- |
| ***INCOME*** |
| MPU DSD subsidy |  |  |  |  |  |  |
| Own Income |  |  |  |  |  |  |
| Other Departments (Specify) |  |  |  |  |  |  |
| Other donors (Specify) |  |  |  |  |  |  |
| Membership fees |  |  |  |  |  |  |
| Interest received |  |  |  |  |  |  |
| Others income (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **SUB-TOTAL INCOME** |  |  |  |  |  |  |
| ***EXPENDITURE*** |
| ***Personnel expenditure*** |  |  |  |  |  |  |
| Salaries and Wages |  |  |  |  |  |  |
| UIF |  |  |  |  |  |  |
| Compensation Fund |  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Capital Assets*** |  |  |  |  |  |  |
| Computers/Laptops |  |  |  |  |  |  |
| Printers |  |  |  |  |  |  |
| Audio visual equipment |  |  |  |  |  |  |
| Furniture |  |  |  |  |  |  |
| Kitchen equipment |  |  |  |  |  |  |
| Garden Equipment |  |  |  |  |  |  |
| Air conditioners |  |  |  |  |  |  |
| Accessories |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| ***Operational Costs*** |  |  |  |  |  |  |
| Data and Airtime |  |  |  |  |  |  |
| Rental (Buildings) |  |  |  |  |  |  |
| Rental (Equipment) |  |  |  |  |  |  |
| Stationery/toner/paper |  |  |  |  |  |  |
| Maintenance (Buildings) |  |  |  |  |  |  |
| Service and Maintenance (Machinery) |  |  |  |  |  |  |
| Electricity |  |  |  |  |  |  |
| Cleaning Services/material |  |  |  |  |  |  |
| Municipal rates and taxes |  |  |  |  |  |  |
| Insurance |  |  |  |  |  |  |
| Security services |  |  |  |  |  |  |
| Gardening services |  |  |  |  |  |  |
| Audit/legal fees |  |  |  |  |  |  |
| Venues and Facilities |  |  |  |  |  |  |
| Transport |  |  |  |  |  |  |
| Travel and Subsistence |  |  |  |  |  |  |
| Catering |  |  |  |  |  |  |
| Bank Charges |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **SUB-TOTAL EXPENDITURE** |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| **TOTAL INCOME minus EXPENDITURE** Surplus/Deficit |  |  |  |  |  |  |

* 1. **If a surplus or deficit is reflected, explain the reasons**

|  |
| --- |
|  |
|  |
|  |

* 1. **Bank Details**

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

* 1. **Signatories**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name and Surname[[7]](#footnote-7)** | **ID No** |  **Designation** | **Telephone number, email address and physical address** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. **STRUCTURE**

|  |  |  |
| --- | --- | --- |
| **The organisation has a structure (Building)** | 🞏 Yes | 🞏 No |
| **The building is:**  | 🞏 Owned | 🞏 Rented |
| **The building is:** | 🞏 Conventional building | 🞏 Shack |
| 🞏 Shipping container | 🞏 Prefab |
| Other, specify |
| **The structure is approved by relevant authorities** | 🞏 Yes  | 🞏 No |  Not Applicable |
|  |  |  |  |

| **Specify the type of rooms and facilities available[[8]](#footnote-8)** |
| --- |
| **Type** | **Number** |
| Activity/work rooms |  |
| Office |  |
| Store room |  |
| Toilets (indicate if pit toilets) |  |
| Other (please specify) |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

1. **TRANSFORMATION**
	1. **Reflect any issues which the organisation wishes to change or develop, especially as it relates to services, gender, race**

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

1. **MARKETING**
	1. **Reflect activities / actions, measureable targets / results that the organisation plans to achieve so as to market the service**

| **Activities** | **Target Group** | **Time Frame and duration** | **Cost** | **Expected outcome** |
| --- | --- | --- | --- | --- |
| *e.g. Exhibition during Older Person’s month* | *e.g. Older Persons* | *e.g. 15 – 17 October 2024, 3 days* | *e.g. R20,000* | *e.g. Awareness created* |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **MONITORING**
	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[[9]](#footnote-9) to be used to measure progress and achievements** | **How often will monitoring and evaluation be conducted** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

1. **PROGRAMME OBJECTIVES****[[10]](#footnote-10)**

**Example:**

|  |  |
| --- | --- |
| **Objective:** | * *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:** | * *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** |
| * *What is a realistic numerical value / quantity which you wish to attain per year?*
* *Consider performance data of previous years to determine baseline*
 | * *Reflect the time frame (Month & Year to Month & Year) that the activity will be implemented / funding will be required*
 | * *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*
 | * *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*
 | * *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*
 |

|  |  |
| --- | --- |
| **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** |
|  |  |  |  |  |

1. **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. ………………………………………..
3. **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** |
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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.

1. **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**  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*This application must be made by people who are duly mandated and/or delegated to do so by the organization and should be persons who hold positions of authority in the organisation.

1. **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 on or before the closing date.

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

**STEP 2: Evaluation and Assessment of Application**

Business Plans and supporting documents will be invited and received from suitably qualified Non-Profit Organisations (NPOs) working in youth and women development programmes to submit proposals to render some youth and women development programmes on behalf of the department.

All business plans must be submitted to a Community Development Practitioner (CDP) and will upon submission be registered and acknowledged accordingly. It is the responsibility of the NPO to ensure that its business plan is registered upon being submitted.

If is passes the 1st stage of evaluation, the organisation’s application will be assessed by the District Evaluation and Assessment Panel comprising of members with knowledge of the programme for which the organisation has applied. As part of the evaluation and assessment process, the Mpumalanga Department of Social Development will conduct an on-site visit to the organisation, which will be conducted by an assessment panel to confirm some critical aspects not adequately covered in the business plan.

The District Evaluation and Assessment Panel 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 deemed 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 will take approximately **two (2) months** to complete.

Method of evaluation:

A three-stage method of evaluation will be used -

1) Stage 1: First and foremost, organisations must be registered as NPOs. Organisations will be evaluated on the basis of Mandatory / Compulsory Documents to be submitted and full completion of the Business Plan (or requirements). NPOs that fail to submit mandatory documents of fail to complete the Business Plan in full will be automatically disqualified.

2) Stage 2: NPOs that have passed the Mandatory / Compulsory Requirements, will then be evaluated further for functionality using an assessment grid against the submitted business plan.

3) Stage 3: NPOs will be evaluated on site to confirm critical areas of their Business Plan as well as basic infrastructure.

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

The Mpumalanga Department of Social Development will communicate only with organisations whose applications are successful.

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.

NB: The department reserves the right not to award funding to any of the NPOs that have submitted Business Plans, submitting a Business Plan or having a Business Plan accepted by DSD officials does not accord an NPO a right to be funded.

**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.

1. Copy of most recent Constitution, stamped by National NPO Directorate [↑](#footnote-ref-1)
2. Lease agreements to be submitted by organisations renting the facility from which they are operating [↑](#footnote-ref-2)
3. NPO Compliance Report to be obtained from NPO Helpdesks in each DSD sub-district office. If not attached, NPOs should not be penalised. [↑](#footnote-ref-3)
4. Relevant to all organisations where children are the primary recipients of the service. Attach report on outcome of Screening [↑](#footnote-ref-4)
5. Relevant to all organisations where children are the primary recipients of the service. Attach report on outcome of Screening. [↑](#footnote-ref-5)
6. Attach proof of registration [↑](#footnote-ref-6)
7. Note that the Department advises that signatories should not be personnel members (not compulsory, but must be backed by organisational policy if such is not the case). [↑](#footnote-ref-7)
8. To be completed by Protective Workshops, Stimulation Centres and Residential facilities and Youth/Women Development Centres. [↑](#footnote-ref-8)
9. Monitoring and Evaluation tools should refer to the services / objectives [↑](#footnote-ref-9)
10. Align to Objectives and Outputs as reflected in Service Specifications (A minimum of three and maximum of six objectives) [↑](#footnote-ref-10)