



**DEPARTMENT OF
SOCIAL DEVELOPMENT
FREE STATE**

FINANCIAL YEAR: 2011/2012

BUSINESS PLAN

APPLICATION FOR FUNDING : ECD SECTOR

FULL CONSTITUTION NAME

OF SERVICE PROVIDER :

TYPE OF SERVICE : **EARLY CHILDHOOD DEVELOPMENT (Creches)**

TOWN: :

DATE SUBMITTED :

FUNDING PERIOD : April 2011 – March 2012

PERSON SUBMITTING THIS BUSINESS PLAN

NAME :

POSITION :

SIGNATURE :**CONTACT NR.**.....

- * *Please provide the information required in this format. Respond to all questions accordingly and use additional paper if necessary.*
- * *The format applies to the EDC SECTOR (CRECHES) only.*
- * *Organisations may request assistance or support from the department or established organisation / service provider to complete their business plans.*
- * *Programme herein refers to project or service provided.*
- * *The service provider refers to the organisation or applicant requesting financial assistance.*
- * *Submit applications to the relevant DISTRICT Office of the Department of SocialDevelopment*

For Office Use Only:

DISTRICT OFFICE

Date Received: **File Number:**.....

Official responsible for appraisal:

Date transmitted to PPP:..... **Record number captured:**

Status: Recommended

Not Recommended

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Schedule

SECTION 1

1. ADMINISTRATIVE DETAILS

(Specify the identification details of the service provider. If registered, please provide a certified copy of the registration certificate or if not, proof that the service provider is in the process of registering)

1.1. CATEGORY AND REGISTRATION

1.1.1 Are you registered as:

	Reg. Nr/Ref Nr	Date of Reg./ Date of Application
Non Profit Organisation (NPO)		
Submitted Application for NPO Registration		
Section 21 Company		
Trust		
SARS		

Registration as an NPO or proof of application for registration is compulsory in order to be considered for state funding from the Department of Social Development.

1.1.2 Are you registered as a Day Care Centre / Crèche in terms of the Child Care Act?

Yes

No

If yes - Provide information:

Registration Nr:	Date of last Registration:	Number of Children Registered for:

1.2 SERVICE PROVIDER CONTACT DETAILS

1.2.1 Physical Address

.....
..... Code

1.2.2. Postal Address

.....
..... Code

Tel Number :

Cell Number :

Fax Number :

Email address :

1.2.3. Contact person's details

NAME <i>(Please print)</i>	POSITION/CAPACITY	TEL / CELL NO	ADDRESS
1.			
2.			
3.			

1.3. TYPE OF APPLICATION

Tick applicable box

New Application	
Existing Application (Funded 2010/2011)	

SECTION 2

2. PROGRAMME DETAILS

2.1. NAME / TITLE OF THE PROGRAMME (Specification)

(Specify the name/title of the programme for which funds are sought) e.g. Home for orphaned children

NATURE AND SCOPE OF THE SERVICE (As per Specifications)	AREA OF OPERATION			
	Province	Village	City/Municipal District	Township/Informal Settlement
	<i>Free State</i>		<i>Motheo</i>	<i>Rocklands</i>
EARLY CHILDHOOD DEVELOPMENT / CRECHE	FREE STATE			

2.2. HISTORY OF THE PROGRAMME

(Explain the background of the programme, how the service provider determined that there is a need for a service of this nature and when was the need identified e.g. three months, or a year etc)

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.....

.....

.....

2.3. TARGET GROUP

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

TARGET GROUPS	Beneficiaries	Total Number								Total No.
	Age group, e.g. 0 – 6yrs	African		Coloured		Asian		White		
		M	F	M	F	M	F	M	F	
1. Children										

2.3.1. Are the poor and vulnerable involved ? *(tick applicable box)*

 Yes

 No

2.3.2 Describe how you will make the service known to potential beneficiaries / clients / target group / community.

.....

.....

2.4 PURPOSE OF THE PROGRAMME

To provide day care/crèches services to children including those under age of 6 years. Ho fana ka tlhokomelo dikolong tse tlase tsa ho qala tsa bana, ho tloha kgweding tsa pele ho isa dilemong tse tshelentseng (6)

2.5 **OBJECTIVE:** To provide care and development to children

2.6 **ACTIVITY PLAN:** What are you going to do to achieve this objective? (Tick those that are relevant to your service)

PROVIDE A SAFE AND HEALTHY ENVIRONMENT		INTELLECTUAL DEVELOPMENT	
Provide a clean and safe site		Use of toys, shapes, colour	
Fenced in site		Understanding concepts (e.g. height, depth, numbers)	
Adequate toilet and wash facilities		Provide activities to improve concentration (e.g. reading stories, learning new words, counting, alphabet etc.)	

Space for preparation of food		Teaching on animals, names, plants, fruits, vegetables etc.	
Others (List):		Others (List) :	
-		-	
PROVIDE FOR CHILD'S PHYSICAL DEVELOPMENT		SOCIO-EMOTIONAL DEVELOPMENT	
Inside play		Singing	
Outside play		Dancing	
Climbing		Playing with friends	
Playing with balls		Sharing	
Games play		Develop self-image	
Using scissors		Discipline	
Others (List)		Acting / Drama	
		Develop artistic skills / art	
		Creative activities	
Basic care for the body and teeth		Interaction between children	
Provide meals - Tick the meals that are provided per day:		Others (List):	
Break fast	<input type="checkbox"/>	Morning Snack	<input type="checkbox"/>
	<input type="checkbox"/>	Lunch	<input type="checkbox"/>
	<input type="checkbox"/>	Afternoon snack	<input type="checkbox"/>
HIV&AIDS RELATED PROGRAMMES FOR TO CHILDREN & FAMILIES		TO INVOLVE THE COMMUNITY IN / WITH THE CRECHE	
Information sharing with parents and children		Meetings with parents	
Others (List):		Involve community groups and / or people who can benefit the children	
-		Take children on outings	
-		Others (List)	
-		-	

SECTION 3

3. GOVERNANCE AND MANAGEMENT

3.1. STRUCTURE AND MANAGEMENT OF THE PROGRAMME

(Provide details of each member of the management committee of the programme including race, gender, and disability, if any. Also attach an organigram or schematic representation of the organisational structure).

NAME	POSITION	CONTACT DETAILS	ID NUMBER	GENDER		RACE	NATURE OF DISABILITY <i>(Where applicable)</i>	EXPERIENCE AND SPECIFIC EXPERTISE IN AREA OF SERVICE
				M	F			
1.		Home No.:						
		Tel No.:						
		Cell No.:						
2.		Home No.:						
		Tel No.:						
		Cell No.:						
3.		Home No.:						
		Tel No.:						
		Cell No.:						
4.		Home No.:						
		Tel No.:						
		Cell No.:						
5.		Home No.:						
		Tel No.:						
		Cell No.:						

3.2. PROFILE OF STAFF MEMBERS *(Provide position of key staff members involved in the programme)*

Categories of Staff Members <i>(Identify categories of personnel from Schedule 1)</i>	Number of staff with disabilities	REPRESENTIVITY <i>(State number)</i>								Total Number
		AFRICAN		ASIAN		COLOURED		WHITE		
		No. of M	No. of F	No of M	No. of F	No. of M	No. of F	No. of M	No. of F	
1.										
2.										
3.										
4.										
5.										
6.										
TOTAL										

3.2.1 Staff Development: Does the organization have a staff development plan in place?
If yes, provide details:

 Yes

 No

.....

.....

.....

3.3 VOLUNTEERS (Provide number of volunteers involved in the programme)

3.3.1. Does your organisation make use of volunteers?

Yes	No
-----	----

3.3.2. If yes, please state the number of volunteers.

Position of Volunteers / Tasks performed by Volunteers	RACE AND GENDER								TOTAL
	AFRICAN		ASIAN		COLOURED		WHITE		
	No. of M	No. of F	No. of M	No. of F	No of M	No. of F	No. of M	No. of F	
1. Management									
2. Fundraising									
3. Staff									
4. Other (specify)									
4.1.									
4.2.									
4.3.									
TOTAL									

3.3.3. Do your volunteers receive stipend?

Yes	No
-----	----

If yes, indicate amount R

3.3.4. Number of volunteers in receipt of stipend, if any.

3.3.5. What activities do your volunteers undertake? Describe how volunteers participate in / contribute to service delivery:

.....

.....

.....

3.3.6 Volunteer training and development plan: Does the organization have a plan in place for volunteer training and development? Provide details:

.....

.....

.....

3.3.7. List of Volunteers / Carers

SURNAME	NAME(s)	ID NUMBER												TASK/DUTY	
1.															
2.															
3.															
4.															
5.															
6.															

SURNAME	NAME(s)	ID NUMBER												TASK/DUTY			
7.																	
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
14.																	
15.																	
16.																	

Add additional pages if space is insufficient

3.4 **CAPACITY** *(In terms of knowledge and skill to implement programme)*

3.4.1. Does your organisation have sufficient capacity to implement the programme?

 Yes

 No

3.4.2. If no, what is being done to improve the situation?

.....

.....

.....

3.5. **AFFILIATION WITH OTHER SERVICE PROVIDERS / ENTITIES**

3.5.1. Which networking or co-coordinating structure is the organisation/service affiliated to?

NAME OF NETWORKING / CO-ORDINATING STRUCTURE	TICK ✓ APPLICABLE BOX	DATE OF AFFILIATION
National Coalition of Social Services (NACOSS)		
National Welfare Forum (NWF)		
Community Based Organisation network (CBO network)		
South African NGO Coalition (SANGOCO)		
National Council (Specify)		
NONE		
Other (Specify)		

SECTION 4

4. **SUSTAINABILITY PLAN** *(Provide ways in which the organisation make plans to sustain itself after cessation of funding from the department)*

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

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4.1.1. After cessation of funds from the department

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4.1.2. In the event that there are budget cuts

.....
.....

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

.....
.....

4.2. Are the beneficiaries / parents contributing towards the project / programme through:

(Tick ✓ applicable box)

	Yes	No
Membership fees / Parents Fees		
Material		
Labour		
Skills		
Cash		

4.2.1 If parents are paying fees, how do you decide how much should parents pay?

4.2.2 How much to parents contribute per child per month? R

SECTION 5

5. FINANCIAL MATTERS

5.1 BANKING DETAILS

5.1.1 Do you currently have an active bank account? **Yes** **No**

5.1.2 If Yes – please provide your Bank details:

Name of Bank		Branch code:		Account Nr										
Mark with x the Type of Account	Cheque	Savings	Transmission	Do you have a cheque book?										
Name of Bank Account (Holder)														
Signatories : Initials and Surname	Identity number										Physical Address		Contact Telephone Number	
1.														
2.														
3.														

5.2 FINANCIAL MANAGEMENT

5.2.1 Name of the person responsible for managing financial records::

5.2.2 What training has this person undergone?

5.2.3 Has the organization appointed an auditor? **Yes** **No**

If yes, please provide the following information re the auditing firm:

Name of person/Company:		
Postal Address:	Telephone Nr:	
	Fax Nr:	
	Contact Person:	

5.2.4 Audited OR certified financial statements: Attach copies of the most recent statement.

5.2.5 Financial Management: Capacity. Please mark the applicable:

Does your Organisation implement good financial management and internal control system?

OR

Does your organisation needs capacity building and support in terms of financial management administration.

5.2.6 Checklist for financial management. (Tick the appropriate blocks)

Financial Management	Yes	No
Are all financial registers, journals and ledgers updated monthly?		
Are all financial reports prepared and submitted in a timely manner?		
Are financial activities separated in such a way than no one person completes all the transactions of registry, reviews and authorisation?		
Are security measures in place to protect assets, books and registers from tampering and theft?		
Is a physical inventory of fixed assets and supplies conducted at least once a year?		
Are statements reconciled regularly		
Is financial administration staff actively involved in financial planning and budgeting processes?		
Does the work plan for the year match the annual budget?		

5.3 SUMMARY OF PROJECTED INCOME AND EXPENITURE (specific to this programme)

* Only complete section applicable to your programme

INCOME	Financial Year (Past year) 2010/ 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
International Donor Agencies				
Corporate Business				
National Development Agency				
National Lottery				
Departmental:				
- Financial Award/subsidy				
- Grant (HIV/AIDS)				
- EPWP				
- Poverty Funds				
Other departments				
-				
-				
Day Care/ Parent Fees received				
Interest received				
Sales and Fundraising				
Other (specify)				
SUBTOTAL				

EXPENDITURE	Financial Year (Past year) 2010/ 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
Personal Expenditure				
- Salary and Wages				
- Bonus				
- Honorarium				
- Stipends for Volunteers				
- Staff development				
- Management Training				
Subtotal				
Office Expenditure				
- Rent				
- Municipal Services				
- Insurance				
- Books and Journals				
- Post & Telecommunication Services				
- Affiliation fees				
- Printed matter & Stationary				
- Security				
Others(Specify)				
-				
Subtotal				

EXPENDITURE	Financial Year (Past year) 2010/ 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
Special Services				
- Audit Costs				
- Bookkeeping				
- Bank Cost /Charges				
- Fund raising				
Other (specify)				
-				
-				
Subtotal				
Grounds and Buildings				
- Capital and interest				
- Maintenance				
- Insurance				
Other (specify)				
-				
-				
Subtotal				
Domestic Expenditure (Facilities only)				
- Food & Groceries				
- Toiletries				
- Recreational				

EXPENDITURE	Financial Year (Past year) 2010/ 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
- Medical				
Other (specify)				
-				
Subtotal				
Special Programme Expenditure				
- Equipment				
- Protective Clothing				
- Public Relations & Marketing				
Other (specify)				
-				
-				
Subtotal				
Transport				
- Petrol				
- Maintenance of vehicles				
- Insurance & Licenses				
- Traveling (Public Transport)				
Other (specify)				
-				
Subtotal				

EXPENDITURE	Financial Year (Past year) 2010/ 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
TOTAL INCOME				
TOTAL EXPENDITURE				
SURPLUS / SHORTAGE				

5.3.1 Has your organisation had any funders other than this Department, in the last three years?

Yes

No

5.3.2 If your answer to the previous question is Yes, complete the following:

Source of Income/Name of Funder	Amount received	Purpose for which funds were awarded	Funding Period
Departmental: - Financial Award/subsidy			
- Grant (HIV/AIDS)			
- Extended Public Works Programme (EPWP)			
- Poverty Funds			
International Donors			
Corporate Business			
National Development Agency (NDA)			
National Lottery			
Other Departments:			
-			
-			
Other (Specify)			
-			

5.3.3. Has your organisation received any other donations (in kind) in the last 3 years?

 Yes No

5.3.4. If Yes complete the following:

Name of Donor organisation	Type of donation received	Purpose for which donation was used	Date received
1.			
2.			
3.			
4.			
5.			
6.			
7.			

SECTION 6

6. MONITORING AND EVALUATION PLAN *(How will the organization monitor or measure their performance against set goals and objectives)*

6.1. BALANCED SCORECARD

Financial Management Plan	Customer Orientation	Organisational and Structure Plan	Innovation and Continuous Learning Plan
<i>How will you manage your finances to ensure achievement of your objectives in line with the Policy on Financial Awards? e.g. report on progress</i>	<i>How will you ensure that customers are satisfied with the services provided? e.g. conduct a customer satisfaction survey</i>	<i>What will you do to make your organization work or what will you do to ensure there is continuous improvement in the way the organization works? e.g. monthly management meetings and progress reports</i>	<i>How will you ensure that your organization learns new things that will enable it to work better? e.g. training and capacity building programmes</i>
1.			
2.			
3.			
4.			

6.2 Identify specific aspects / subjects on which you would request the department to provide capacity building and training to your organization (members, staff and/or volunteers)

1.
2.
3.
4.

7. Who assisted you to compile this business plan? (If any).

.....
.....

I, the undersigned, hereby declare that the information supplied is true and valid.

PROGRAMME MANAGER / DIRECTOR	CHAIRPERSON	TREASURER
Name:	Name:	Name:
Signature:	Signature:	Signature:
Date:	Date:	Date:

OFFICIAL USE

Comments on the Business plan

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Compliance Current Agreement (if applicable) including, Service Delivery, Reporting, Financial Management and Reporting.

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Issues for discussion within the Department

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Issues for discussion with the Service Provider

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Recommendations

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Name:	
Signature:	
Designation:	
Date:	

ALSO COMPLETE APPRAISAL FORM



ANEXURE A

CHECK LIST

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

NAME OF SERVICE PROVIDER:

- 1. Business Plan -----
- 2. Constitution -----
- 4. NPO Registration Certificate -----
- 5. Registration Certificate : Day Care / Creches in terms of Child Care Act-----
- 6. Proof that the service provider is in process of registering -----
- 7. Audited / Certified Financial Statement (if previously funded by department) -----
- 8. Six monthly progress report (if not submitted prior to application)-----
- 9. Means Test Forms (**See format attached**).....
- 10. Others (Specify) -----

Any Other Remarks

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.....
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SCHEDULE 1

Category	Required Human Resources
Managers	Administrative Managers Professional Managers
Professional personnel	Social workers Youth workers Probation officers Community Development Worker Child and Youth care workers
Assistant personnel	Social auxiliary workers Assistant probation officers Auxiliary Chile and Youth Care Workers ECD care givers Home and community based care givers Sign language interpreters
Professional support	Medical practitioners Physiotherapists Speech therapists Occupational therapists Nursing Personnel Psychologists Psychiatrists Researchers Information Management Specialists
Administrative support personnel	Information Technology Specialists Administrative officers Typists Drivers Data captures Cleaners General assistants Security Personnel
Other	Volunteers
Temporary personnel	Student social workers Interns Contract workers Escorts Student child and youth care workers

- It should be noted that this list may not be exhaustive.