



**DEPARTMENT OF
SOCIAL DEVELOPMENT
FREE STATE**

FINANCIAL YEAR: 2011/2012

**BUSINESS PLAN
APPLICATION FOR FUNDING**

FULL CONSTITUTION NAME

OF SERVICE PROVIDER :

TYPE OF SERVICE :

(One application per specification)

TOWN: :

DATE SUBMITTED :

FUNDING PERIOD : April 2011 – March 2012

PERSON SUBMITTING THIS BUSINESS PLAN

NAME :

POSITION :

SIGNATURE :

- * *Please provide the information required in this format. Respond to all questions accordingly and use additional paper if necessary.*
- * *The format applies to all categories of services and can be adapted accordingly, where necessary.*
- * *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 Social Development*

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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Annexure

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 If you are obliged to register for service delivery in terms of current legislation, indicate this registration and attach a copy (e.g. shelters for children, children's homes, old age homes, organisations rendering statutory services)

Type of Registration (Specify)	Reg. Nr.	Date of Reg.

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	<input type="checkbox"/>
Existing Application (Funded 2010/2011)	<input type="checkbox"/>

1.3.1 How many Applications for Funding did you submit to the Department for the financial year 2011/2012?

List the other Applications made:

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>eg Orphaned children between 0 – 18 years</i>	<i>Limpopo</i>	<i>Nqwenani wa Themeni</i>	<i>Thohoyandou</i>	<i>Makhado Township</i>
1.				
2.				
3.				

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)

.....

.....

.....

.....

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. 10 - 14 years or all	African		Coloured		Asian		White		
		M	F	M	F	M	F	M	F	
1. Children										
2. Youth										
3. Women										
4. Older Persons										
5. Persons with disabilities										
6. Persons with HIV / AIDS										
7. Other (specify)										
-										
-										
-										
Grand Total										

2.3.1. Describe how beneficiaries (target group) of the programme participate in the planning, implementation, monitoring and evaluation of the programme:

.....
.....
.....
.....

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

 Yes No

2.3.3. Describe how you will reach out to poor and vulnerable.

.....
.....

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

.....
.....

2.3.5 How accessible is your service to clients in terms of location and language?

.....
.....

2.4. PURPOSE OF THE PROGRAMME

(Describe what the programme wants to achieve in broad terms).

.....
.....
.....

OBJECTIVES

(List the objectives in column 1 and indicate in column 2 the various areas/communities where the objectives will be achieved. Also specify the number of beneficiaries within each community/target area)

OBJECTIVES	NUMBER OF BENEFICIARIES PER COMMUNITY	
	Target area/community	No. of Beneficiaries
1.		
2.		
3.		
4.		
5.		

2.5. **ACTIVITY PLAN**

(For each objective listed above on pg 8, give details of how they will be achieved)

Guideline to complete from on pg 10 -14

Activities	Performance indicators	Outcome	Number to be reached <i>(as per schedule 1)</i>	Location	Costs
What does the service provider need to do to achieve the objectives? e.g. <i>Establish a substance abuse project.</i>	How are you going to see that you are achieving your objectives? e.g. <i>One project established in 3 communities.</i>	Report on the results of the activities or objectives stated e.g. <i>Community aware of substance abuse.</i>	Provide details of who will benefit and number	Indicate for each activity the area where it will be implemented	What are the financial costs & type of personnel to carry out such activities? e.g. <i>If activity is awareness program – indicate inter alia Venue –R1000, Promotion Material – x10 pamphlets@R5.00 per pamphlet = R50.00.</i>

Objective 1 : (As indicated on pg 8)

.....
.....
.....

ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	NUMBER TO BE REACHED	LOCATION	COSTS
1.					
2.					
3.					
4.					
5.					
6.					

Objective 2: (As indicated on pg 8)

.....
.....
.....

ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	NUMBER TO BE REACHED	LOCATION	COSTS
1.					
2.					
3.					
4.					
5.					
6.					

Objective 3: (As indicated on pg 8)

.....
.....
.....

ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	NUMBER TO BE REACHED	LOCATION	COSTS
1.					
2.					
3.					
4.					
5.					
6.					

Objective 4: (As indicated on pg 8)

.....
.....
.....

ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	NUMBER TO BE REACHED	LOCATION	COSTS
1.					
2.					
3.					
4.					
5.					
6.					

Objective 5: (As indicated on pg 8)

.....
.....
.....

ACTIVITIES	PERFORMANCE INDICATORS	OUTCOMES	NUMBER TO BE REACHED	LOCATION	COSTS
1.					
2.					
3.					
4.					
5.					
6.					

2.6. SUMMARY OF COST IMPLICATIONS

(Referring to the previous activity table, cluster the items and cost implications using the following specified items as a guide)

ITEM	TOTAL NUMBER REQUIRED	TOTAL COST
1. Personnel		
2. Administrative		
3. Operational		
4. Training and Development		
5. Other (specify)		
-		
-		
GRAND TOTAL		

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. Describe how volunteers participate in the planning, monitoring and evaluation of the service / programme?

.....

.....

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

.....

.....

.....

3.3.8 List of Volunteers / Carers

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

SURNAME	NAME(s)	ID NUMBER												TASK/DUTY			
5.																	
6.																	
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)		

3.5.2. Networking with other service providers *(List all the service providers known to you that are providing similar or other services in your area of operation)*

(a) similar services

1.	Name of service	Nature of relationships <i>(if any)</i>
2.		
3.		
4.		

(b) other services

1.	Name of service	Nature of relationships <i>(if any)</i>
2.		
3.		
4.		

3.5.3. Do you have written agreements with other service providers in relation to this or other organizations. If formalised, please submit proof of agreement(s).

.....

.....

.....

.....

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

.....

.....

.....

4.1.1. After cessation of funds from the department

.....
.....
.....

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 / affiliates contributing towards the project / programme through:

(Tick ✓ applicable box)

Membership fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Labour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.2.1. If you answered Yes to any of the above, please specify the amount or nature of contribution

.....

4.2.2 If no, are there any prospects of contributions and how?

.....

SECTION 5

5. **TRANSFORMATION PLAN** (*Indicate the plan of the organisation to transform its structures as well as services and/or attach a transformation plan indicating the objectives, activities, time frames, target dates and targets for change or add a separate page if there is more information to be provided, if necessary*)

Transformation issue	Expected outcome	Target reached	Timeframe	Challenges	Responsible person
<i>Specify the area of transformation e.g. accessibility of the programme ect.</i>	<i>How will you achieve this transformation imperatives e.g. indicate the distance of the organisation from the community or target group.</i>	<i>Who will benefit from this process?</i>	<i>How long will it take to put in place a transformation plan?</i>	<i>What challenges/problems/concerns do you envisage?</i>	<i>Indicate the person who will be responsible for the transformation plan.</i>
1.					
2.					
3.					

Add additional pages if space insufficient

SECTION 6

6. FINANCIAL MATTERS

6.1 BANKING DETAILS

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

6.1.2 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.					

6.2 FINANCIAL MANAGEMENT

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

6.2.2 What training has this person undergone?

6.2.3 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:	

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

6.2.4 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.

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

Financial Management	Yes	No
Are all financial registers, journals and ledgers updated on a monthly basis?		
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?		

6.3 FINANCIAL POSITION

6.3.1 **Assets and Liabilities:** Do you currently have any assets (resources owned and controlled by the organisation) and/or liabilities (short and long term debt)

 Yes

 No

TYPE OF ASSETS AND LIABILITIES	A = Assets L = Liability (use A or L where applicable)	NUMBER	AMOUNT/VALUE
Buildings			
Motor Vehicle			
Cash at Hand			
Cash at bank			
Prepaid – accounts			
Accounts receivable			
• Debtors			
• Interest -			
Accounts payable:			
• Taxes			
• Creditors			
• Rent			
• Interest			
Accruals			
Accumulated Funds			

6.4 **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				
-				
-				
Membership Fee				
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
Social Relief				
- Food				
- Clothing				
- Accommodation				
Other (specify)				
-				
-				
Subtotal				
Special Services				
- Audit Costs				
- Bookkeeping				
- Bank Cost /Charges				
- Fund raising				
Other (specify)				
-				
-				
Subtotal				
Grounds and Buildings				
- Capital and interest				
- Maintenance				
- Insurance				

EXPENDITURE	Financial Year (Past year) 2010 / 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
Other (specify)				
-				
-				
Subtotal				
Domestic Expenditure (Facilities only)				
- Food & Groceries				
- Laundry & Cleaning Services				
- Linen				
- Toiletries				
- Medical				
- Pocket Money				
Other (specify)				
-				
-				
Subtotal				
Special Programme Expenditure				
- Equipment				
- Transport				
- Accommodation				
- Refreshments				
- Hiring of Halls /Facilities				

EXPENDITURE	Financial Year (Past year) 2010 / 2011	Financial Year (Expected) 2011/ 2012	Financial Year (Next two years)	
			2012/13	2013/14
- Research				
- Protective Clothing				
- Public Relations & Marketing				
Other (specify)				
-				
Subtotal				
Transport				
- Petrol				
- Maintenance of vehicles				
- Insurance & Licenses				
- Traveling (Public Transport)				
Other (specify)				
-				
-				
Subtotal				
TOTAL INCOME				
TOTAL EXPENDITURE				
SURPLUS / SHORTAGE				

6.4.1 Has your organisation had any funders other than this Department, in the last three years (not specific to this programme)?

Yes

No

6.4.2. 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) - -			

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

 Yes

 No

6.4.4. 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.			

SECTION 7

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

7.1. 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 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.			

7.2. How often will monitoring and evaluation be conducted?

.....

.....

7.3 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.
5.

8. 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:

For 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:	



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 -----
- 3. Organisational Structure (Organigram) -----
- 4. NPO Registration Certificate -----
- 5. Any other Registration Certificate -----
- 6. Proof that the service provider is in process of registering -----
- 7. Audited Financial Statement (if previously funded by department) -----
- 8. Six monthly progress report (If not submitted prior to application) -----
- 9. Others (Specify) -----

Any Other Remarks

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