



**Western Cape  
Government**

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Department of Social Development

# **NPO Funding Application Form**

2023 Call for Proposals

# APPLICATION PROCESS DESCRIPTION

## STEP 1: Complete Application

This application form must be completed and submitted, together with applicable documents listed in Part C of this application form, to the Department of Social Development by **15 September 2023. A separate application form must be completed for each programme.**

Applications can be submitted via 3 routes:

### 1) Online Application submission

Applications may be submitted online at: <https://wcnpoms.westerncape.gov.za/>. The portal enables the upload of documents listed in Part C of this application form.

Applicants who do not have access to the Information and Communication Technology resources needed to submit an online application but wish to do so may approach a Cape Access Centre. These Centres provide access to computers, the internet and email amongst others to communities across the province. A list of Cape Access Centres can be found at: <https://www.westerncape.gov.za/cape-access/find-e-centre>

### 2) Email Application submission

A completed application form, together with applicable documents listed in Part C of the application form must be emailed to the applicable application email address listed below for programme to which you are applying for funding.

Programme	Programme application email address
Older Persons	<a href="mailto:DSDapplications.olderpersons@westerncape.gov.za">DSDapplications.olderpersons@westerncape.gov.za</a>
Persons with Disabilities	<a href="mailto:DSDapplications.personswithdisabilities@westerncape.gov.za">DSDapplications.personswithdisabilities@westerncape.gov.za</a>
Care and Services to Families	<a href="mailto:DSDapplications.servicestofamilies@westerncape.gov.za">DSDapplications.servicestofamilies@westerncape.gov.za</a>
Child Care and Protection	<a href="mailto:DSDapplications.childcareandprotection@westerncape.gov.za">DSDapplications.childcareandprotection@westerncape.gov.za</a>
After School Care	<a href="mailto:DSDapplications.asc@westerncape.gov.za">DSDapplications.asc@westerncape.gov.za</a>
Social Crime Prevention	<a href="mailto:DSDapplications.socialcrimeprevention@westerncape.gov.za">DSDapplications.socialcrimeprevention@westerncape.gov.za</a>
Victim Empowerment	<a href="mailto:DSDapplications.victimempowerment@westerncape.gov.za">DSDapplications.victimempowerment@westerncape.gov.za</a>
Substance Abuse	<a href="mailto:DSDapplications.substanceabuse@westerncape.gov.za">DSDapplications.substanceabuse@westerncape.gov.za</a>
Child and Youth Care Centres	<a href="mailto:DSDapplications.childandyouthcarecentres@westerncape.gov.za">DSDapplications.childandyouthcarecentres@westerncape.gov.za</a>
Youth Development	<a href="mailto:DSDapplications.youth@westerncape.gov.za">DSDapplications.youth@westerncape.gov.za</a>
Poverty Alleviation and Sustainable Livelihoods	<a href="mailto:DSDapplications.SL@westerncape.gov.za">DSDapplications.SL@westerncape.gov.za</a>

### 3) Physical Application submission

The Application form, and all required documentation as indicated in Part C, may be physically submitted at to the following addresses:

Physical Delivery Address:	Postal Address:
14 Queen Victoria Street Union House Cape Town 8000	Department of Social Development (Head Office) Private Bag x9112 Cape Town 8001

For **General enquiries** related to the application form completion and/or application process, please consult the Frequently Asked Questions document and Guideline to Completing the NPO Funding Application Form available at [www.westerncape.gov.za/CFP](http://www.westerncape.gov.za/CFP). Alternatively, general enquiries may be directed to:

- The applicable programme applications email address list above
- DSD Toll Free number: 0800 220 250
- DSD Regional Offices - Customer Care Support
- NPO Helpdesk at the Concourse, 7 Wale Street, Cape Town or at: [npo.helpdesk@westerncape.gov.za](mailto:npo.helpdesk@westerncape.gov.za)

**Programme specification enquiries** may only be directed to the applicable programme applications email address list as listed below:

<b>Programme</b>	<b>Programme specifications enquiries email address</b>
Older Persons	<a href="mailto:DSDapplications.olderpersons@westerncape.gov.za">DSDapplications.olderpersons@westerncape.gov.za</a>
Persons with Disabilities	<a href="mailto:DSDapplications.personswithdisabilities@westerncape.gov.za">DSDapplications.personswithdisabilities@westerncape.gov.za</a>
Care and Services to Families	<a href="mailto:DSDapplications.servicestofamilies@westerncape.gov.za">DSDapplications.servicestofamilies@westerncape.gov.za</a>
Child Care and Protection	<a href="mailto:DSDapplications.childcareandprotection@westerncape.gov.za">DSDapplications.childcareandprotection@westerncape.gov.za</a>
After School Care	<a href="mailto:DSDapplications.asc@westerncape.gov.za">DSDapplications.asc@westerncape.gov.za</a>
Social Crime Prevention	<a href="mailto:DSDapplications.socialcrimeprevention@westerncape.gov.za">DSDapplications.socialcrimeprevention@westerncape.gov.za</a>
Victim Empowerment	<a href="mailto:DSDapplications.victimempowerment@westerncape.gov.za">DSDapplications.victimempowerment@westerncape.gov.za</a>
Substance Abuse	<a href="mailto:DSDapplications.substanceabuse@westerncape.gov.za">DSDapplications.substanceabuse@westerncape.gov.za</a>
Child and Youth Care Centres	<a href="mailto:DSDapplications.childandyouthcarecentres@westerncape.gov.za">DSDapplications.childandyouthcarecentres@westerncape.gov.za</a>
Youth Development	<a href="mailto:DSDapplications.youth@westerncape.gov.za">DSDapplications.youth@westerncape.gov.za</a>
Poverty Alleviation and Sustainable Livelihoods	<a href="mailto:DSDapplications.SL@westerncape.gov.za">DSDapplications.SL@westerncape.gov.za</a>

**Technical assistance enquiries** related to the online application platform are to be directed to: [DSD.SysAdmin@westerncape.gov.za](mailto:DSD.SysAdmin@westerncape.gov.za).

## STEP 2: Application Assessment

Your organisation will receive a notification 'acknowledging receipt of application' shortly after DSD receives your organisation's application. Your application will be assessed by the relevant programme(s). As part of the assessment process, the DSD may conduct an on-site visit to your organisation.

Applications will be assessed using the programmes specifications and other eligibility criteria provided on the Departmental website. Successful organisations will be recommended to the Head of the DSD for funding in accordance with the DSD Policy. Please note that the aforementioned is subject to budget availability.

## STEP 3: Notification of Outcome of Application

The DSD will formally notify your organisation of the outcome of the application. Detail on next steps will be provided in the notification letter.

# APPLICATION CHECKLIST

## IMPORTANT NOTE:

All NPO's or other entities submitting a funding application must ensure that:

- All the pages of Parts A and B of this application form are completed;
- The declaration, forms and documentation listed in Part C of this application form are completed and signed by duly authorised member of the organisation and submitted with the application form; and
- Separate applications are be completed for each Programme for which your organisation wishes to apply for funding.

The below table will assist in ensuring that all sections have been completed and all relevant documents have been attached or uploaded. Please tick the appropriate block.

<b>PART A – ORGANISATION DETAILS</b>	<b>ORGANISATION TO TICK</b>	<b>FOR OFFICE USE ONLY</b>
A1: Organisation Details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A2: Programme to which your organisation is applying for funding	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A3: Organisation Legal Structure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A4: NPO Registration Details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A5: Contact Details of Person Responsible for this Application	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A6: Where did you hear about the Call for Proposals?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A7: Composition of Board/Management Structure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A8: Profile of Staff Members	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A9: Financial Matters	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A10: Organisation Bank Details	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A11: Details of the organisation's auditor/registered accountant	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A12: Authorised Bank Account Signatories	<input type="checkbox"/> Yes <input type="checkbox"/> No	
A13: Authorised Written Agreement Signatories	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>PART B – PROJECT BUSINESS PLAN</b>	<b>ORGANISATION TO TICK</b>	<b>FOR OFFICE USE ONLY</b>
B1: Project Background	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B2: Project Implementation Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B3: Project Monitoring and Evaluation	<input type="checkbox"/> Yes <input type="checkbox"/> No	

PART C – DECLARATIONS AND FORMS	ORGANISATION TO TICK	FOR OFFICE USE ONLY
C1: Application Declaration	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C2: Additional Documentation to be submitted with application	<input type="checkbox"/> Yes <input type="checkbox"/> No	

FOR OFFICE USE ONLY	
Details of DSD official receiving the application and performing application verification	
Name and Surname:	
Signature:	
Job Title:	
Date received: (dd/mm/yyyy)	
Application verification date: (dd/mm/yyyy)	

# **Part A**

# **Organisation Details**

Section A1: Organisation Details			
Name Of Organisation		C-Code: (For office use only)	
Street Address			
		Postal Code	
Postal Address			
		Postal Code	
Telephone number (landline)		Cell phone number	
Email address		Website (if applicable)	
Is this application submitted as an affiliation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide the following details.			
Name of Affiliated Organisation			
Contact Person		Telephone Number	
Email Address		Website	
Section A2: Programme to which your organisation is applying for funding			
Please select the programme to which your organisation is applying for funding.			
<input type="checkbox"/> Older Persons	<input type="checkbox"/> Persons with Disabilities	<input type="checkbox"/> Care and Services to Families	
<input type="checkbox"/> Child Care and Protection	<input type="checkbox"/> After School Care	<input type="checkbox"/> Child and Youth Care Centres	
<input type="checkbox"/> Crime Prevention and Support	<input type="checkbox"/> Victim Empowerment	<input type="checkbox"/> Youth Development	
<input type="checkbox"/> Substance Abuse Prevention and Rehabilitation		<input type="checkbox"/> Poverty Alleviation and Sustainable Livelihoods	
Section A3: Organisation Legal Structure			
Please indicate your organisation's legal structure/form with a (X) from the list below.			
Voluntary Association <input type="checkbox"/>	Not-for-profit Company (NPC) <input type="checkbox"/> (previously Section 21 Company)	Trust <input type="checkbox"/>	
Not applicable	Company Registration Number:	Trust Registration Number:	
Section A4: NPO Registration Details			
Please indicate your organisation's NPO registration status in terms of the NPO Act 71 of 1997 by ticking the applicable box below with a (X).			
<input type="checkbox"/> Registered NPO		<input type="checkbox"/> Not registered under the NPO Act	
Please provide us with your NPO's registration number, if applicable			
NPO Registration Number:			
If the organisation's NPO application is in progress, please provide the NDSD Application number (APP number).			
APP Number:			
If the organisation is registered as a Public Benefit Organisation, please provide the PBO Number:			
PBO Number:			
Is the organisation also registered to provide Section 18 receipts?			<input type="checkbox"/> Yes <input type="checkbox"/> No

**Section A5: Contact Details of Person Responsible for this Application**

<b>Name and Surname</b>													
<b>RSA ID</b>													
<b>Position in organisation</b>													
<b>Telephone number (landline)</b>							<b>Cell phone number</b>						
<b>Email address</b>													
<b>Preferred Language</b>	<input type="checkbox"/> English				<input type="checkbox"/> Afrikaans				<input type="checkbox"/> isiXhosa				

**Section A6: Where did you hear about the Call for Proposals?**

**Please indicate where you heard about this Call for Proposals:**

Printed newspaper If yes, which one?	
Online If yes, where?	
DSD circular to NPOs	
Other (specify)	

This section has purposely been left blank.



**Section A7: Composition of the Board/Management Structure**

Please provide date of last Annual General Meeting \_\_\_\_\_ (Day/Month/Year)

Please provide the details of your organisation's governance team (e.g. Board of Trustees, Board of Directors, Management Committee) in the table provided below.

Name, Surname, Position and ID number,	Address and contact Details	Race, gender and disability status																				
<p>Name and Surname:</p> <p>Position on the Board or Committee:</p> <p>ID Number</p> <table border="1" data-bbox="136 614 719 671"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>Cell number:</p> <p>Email address:</p> <p>Residential address:</p>	<p>Gender:</p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other</p> <p>Race:</p> <p><input type="checkbox"/> Black African    <input type="checkbox"/> Coloured    <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Other</p> <p>Disability: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Name and Surname:</p> <p>Position on the Board or Committee:</p> <p>ID Number</p> <table border="1" data-bbox="136 965 719 1023"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>Cell number:</p> <p>Email address:</p> <p>Residential address:</p>	<p>Gender:</p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other</p> <p>Race:</p> <p><input type="checkbox"/> Black African    <input type="checkbox"/> Coloured    <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Other</p> <p>Disability: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Name and Surname:</p> <p>Position on the Board or Committee:</p> <p>ID Number</p> <table border="1" data-bbox="136 1321 719 1378"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																					<p>Cell number:</p> <p>Email address:</p> <p>Residential address:</p>	<p>Gender:</p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other</p> <p>Race:</p> <p><input type="checkbox"/> Black African    <input type="checkbox"/> Coloured    <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Other</p> <p>Disability: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

**Section A7: Composition of the Board/Management Structure (cont.)**

Please provide the details of your organisation's governance team (e.g. Board of Trustees, Board of Directors, Management Committee) in the table provided below.

Name, Surname, Position and ID number,	Address and contact Details	Race, gender and disability status																					
<p>Name and Surname:</p> <p>Position on the Board or Committee:</p> <p>ID Number</p> <table border="1" data-bbox="136 587 719 643"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						<p>Cell number:</p> <p>Email address:</p> <p>Residential address:</p>	<p>Gender:</p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other</p> <p>Race:</p> <p><input type="checkbox"/> Black African    <input type="checkbox"/> Coloured    <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Other</p> <p>Disability: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Name and Surname:</p> <p>Position on the Board or Committee:</p> <p>ID Number</p> <table border="1" data-bbox="136 938 719 994"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						<p>Cell number:</p> <p>Email address:</p> <p>Residential address:</p>	<p>Gender:</p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other</p> <p>Race:</p> <p><input type="checkbox"/> Black African    <input type="checkbox"/> Coloured    <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Other</p> <p>Disability: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
<p>Name and Surname:</p> <p>Position on the Board or Committee:</p> <p>ID Number</p> <table border="1" data-bbox="136 1289 719 1345"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>																						<p>Cell number:</p> <p>Email address:</p> <p>Residential address:</p>	<p>Gender:</p> <p><input type="checkbox"/> Male    <input type="checkbox"/> Female    <input type="checkbox"/> Other</p> <p>Race:</p> <p><input type="checkbox"/> Black African    <input type="checkbox"/> Coloured    <input type="checkbox"/> Indian</p> <p><input type="checkbox"/> White    <input type="checkbox"/> Other</p> <p>Disability: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>

## Section A8: Profile of Staff Members

Please provide the number of key staff members in each position involved in the organisation for the past quarter (3 months) and/or whom you plan to involve in the project over the period you are applying for funding.

Categories of staff members	No. of Vacant Posts	Number of Filled Posts	Number of Consultants appointed	Number of Staff with disabilities	Representivity														
					Black African			Coloured			Indian			White			Other		
					No. of Males	No. of Female(s)	No. of Other	No. of Males	No. of Female(s)	No. of Other	No. of Males	No. of Female(s)	No. of Other	No. of Males	No. of Female(s)	No. of Other	No. of Males	No. of Female(s)	No. of Other
Managers																			
Professional staff																			
Admin support																			
Part-time staff																			
Volunteers																			
Other: (Please specify)																			
<b>Total</b>																			





**Section A12: Authorised Bank Account Signatories**

Please provide the names and details of persons who are authorised signatories for your organisations' bank account.

**Authorised Person 1**

<b>Name and Surname</b>													
<b>Position</b>													
<b>Residential Address</b>													
<b>Cell phone number</b>													
<b>Email address</b>													
<b>RSA ID</b>													

**Authorised Person 2**

<b>Name and Surname</b>													
<b>Position</b>													
<b>Residential Address</b>													
<b>Cell phone number</b>													
<b>Email address</b>													
<b>RSA ID</b>													

**Authorised Person 3**

<b>Name and Surname</b>													
<b>Position</b>													
<b>Residential Address</b>													
<b>Cell phone number</b>													
<b>Email address</b>													
<b>RSA ID</b>													

**Section A13: Authorised Written Agreement Signatory**

Please provide the name and details of person within your organisation who is authorised to enter into written agreements (e.g. a Transfer Payment Agreement with the Department) on behalf of your organisation

<b>Name and Surname</b>													
<b>Position</b>													
<b>Residential Address</b>													
<b>Cell phone number</b>													
<b>Email address</b>													
<b>RSA ID</b>													

# **Part B**

# **Project Business Plan**

**Section B1: Project Background**

**“Project” means the programmes or activities, aligned to the programme specifications, that you are asking the DSD to fund.**

**What is the purpose of the project?** *(Include the motivation for the project, what it intends achieving and previous experience in implementing the project, if applicable)*

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**In which local municipality and town/area will the project be in operation?**

Local Municipality(ies)	
Town/Area	



**Section B2: Project Implementation Plan**

<b>Project Outcome</b>			
<b>Activity 1 Description</b>			
<b>Place – Target Area(s)</b>		<b>Sub-Place – Community(ies)</b>	
<b>Output (What you want to achieve through this activity)</b>	<b>Number of Beneficiaries (disaggregate where relevant)</b>	<b>Resources Needed</b>	<b>Budget</b>
<b>Activity 2 Description</b>			
<b>Place – Target Area(s)</b>		<b>Sub-Place – Community(ies)</b>	
<b>Output (What you want to achieve through this activity)</b>	<b>Number of Beneficiaries (disaggregate where relevant)</b>	<b>Resources Needed</b>	<b>Budget</b>

**Section B2: Project Implementation Plan**

<b>Project Outcome</b>			
<b>Activity 3 Description</b>			
<b>Place – Target Area(s)</b>		<b>Sub-Place – Community(ies)</b>	
<b>Output (What you want to achieve through this activity)</b>	<b>Number of Beneficiaries (disaggregate where relevant)</b>	<b>Resources Needed</b>	<b>Budget</b>
<b>Activity 4 Description</b>			
<b>Place – Target Area(s)</b>		<b>Sub-Place – Community(ies)</b>	
<b>Output (What you want to achieve through this activity)</b>	<b>Number of Beneficiaries (disaggregate where relevant)</b>	<b>Resources Needed</b>	<b>Budget</b>

**Note: Please add additional tables if required**

### Section B3: Project Monitoring and Evaluation

Briefly outline how you plan to measure and assess the impact of your project/programme on the beneficiaries you are targeting?

# **Part C**

## **Declaration and Forms**

### Section C1: Application Declaration

We, the signatories, hereby declare that the information supplied in Parts A, B and C of this application form as well as supporting documentation provided is true and valid.

Position	Name and Surname	Place	Date	Signature
Director/Manager				
Chairperson				
Treasurer				

### Section C2: Documentation to be submitted with the application form

Name of document to be submitted with all applications	Attached by applicant		
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NPO Registration Certificate (copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
NPC / Trust / PBO Registration Certificate (copies of all applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Organisation Constitution (most recent copy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Statutory Registration Certificates (copies of all applicable)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Bank details confirmation letter (New applicants only, i.e. not funded in 2023/24)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A copy of the Organisations' most recent Audited Annual Financial Statements, if income per annum is more than R600 000.00	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A copy of the Organisations' most recent Certified Financial Statements by a registered accountant, if income is less than R600 000.00 per annum	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Organisation's last 3 month's Bank Statements (Only applicable for organisations not funded in 2023/24 applying for less than R600 000.00 funding)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
BAS Entity Form (NPOs funded in 2023/24 only) <i>* Where a BAS Entity Form is not stamped by the organisations' bank, a bank details confirmation letter must also be attached.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Written assurance in terms of Section 38 of the PFMA	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Declaration of Interest	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Additional documents for After School Care applications only</b>			
Facility Registration Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Schedule A: Enrolment Form	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Example of Menu	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Example of Weekly and/or Holiday Programme	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A



**Western Cape  
Government**