



**Western Cape
Government**

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	DSDapplications.olderpersons@westerncape.gov.za
Persons with Disabilities	DSDapplications.personswithdisabilities@westerncape.gov.za
Care and Services to Families	DSDapplications.servicestofamilies@westerncape.gov.za
Child Care and Protection	DSDapplications.childcareandprotection@westerncape.gov.za
After School Care	DSDapplications.asc@westerncape.gov.za
Social Crime Prevention	DSDapplications.socialcrimeprevention@westerncape.gov.za
Victim Empowerment	DSDapplications.victimempowerment@westerncape.gov.za
Substance Abuse	DSDapplications.substanceabuse@westerncape.gov.za
Child and Youth Care Centres	DSDapplications.childandyouthcarecentres@westerncape.gov.za
Youth Development	DSDapplications.youth@westerncape.gov.za
Poverty Alleviation and Sustainable Livelihoods	DSDapplications.SL@westerncape.gov.za

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. 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

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

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

Technical assistance enquiries related to the online application platform are to be directed to: 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.

PART A – ORGANISATION DETAILS	ORGANISATION TO TICK	FOR OFFICE USE ONLY
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	
PART B – PROJECT BUSINESS PLAN	ORGANISATION TO TICK	FOR OFFICE USE ONLY
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

Name and Surname													
RSA ID													
Position in organisation													
Telephone number (landline)							Cell phone number						
Email address													
Preferred Language	<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> <hr/> <p>Position on the Board or Committee:</p> <hr/> <p>ID Number</p> <table border="1" style="width: 100%; height: 20px;"> <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> <hr/> <p>Email address:</p> <hr/> <p>Residential address:</p> <hr/>	<p>Gender:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <hr/> <p>Race:</p> <input type="checkbox"/> Black African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other <hr/> <p>Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Name and Surname:</p> <hr/> <p>Position on the Board or Committee:</p> <hr/> <p>ID Number</p> <table border="1" style="width: 100%; height: 20px;"> <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> <hr/> <p>Email address:</p> <hr/> <p>Residential address:</p> <hr/>	<p>Gender:</p> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other <hr/> <p>Race:</p> <input type="checkbox"/> Black African <input type="checkbox"/> Coloured <input type="checkbox"/> Indian <input type="checkbox"/> White <input type="checkbox"/> Other <hr/> <p>Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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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>
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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)																			
Total																			

Section A9: Financial Matters

Was the organisation operational during the previous financial year?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, complete section A9.1 If No, go to section A9.2
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Section A9.1: Total Income and Expenditure for the previous financial year (2022/23)

NB: Income – Expenditure = Balance

Income	R	Expenditure	R	Balance	R
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Section A9.2: Budgeted Expenditure for the current financial year and Estimated Expenditure for the next 2 financial years

Please provide the Organisation's Budgeted Expenditure for the financial years indicated below.

Item	2023/24	2024/25 (Estimated)	2025/26 (Estimated)
TOTAL			

Section A9.3: Budgeted Income for the current financial year and Estimated Income for the next 2 financial years

Please provide the Organisation's Budgeted Income for the financial years indicated below.

Item	2023/24	2024/25 (Estimated)	2025/26 (Estimated)
TOTAL			

Section A9.4: Other Sources of Funding

Please provide information about other sources of funding for the project that you are requesting DSD to fund.

Name of Organisation from whom funding has been received	Amount received
Total funding received from other sources	

Section A10: Organisation Bank Details

Full Name of Bank			
Account Name		Account Number	
Account Type		Branch code	

Section A11: Details of the organisation's auditor/registered accountant

Name of Company/Firm			
Name of contact person		Contact Number	
Postal Address		Email address	

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

Name and Surname													
Position													
Residential Address													
Cell phone number													
Email address													
RSA ID													

Authorised Person 2

Name and Surname													
Position													
Residential Address													
Cell phone number													
Email address													
RSA ID													

Authorised Person 3

Name and Surname													
Position													
Residential Address													
Cell phone number													
Email address													
RSA ID													

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

Name and Surname													
Position													
Residential Address													
Cell phone number													
Email address													
RSA ID													

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

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

Section B2: Project Implementation Plan

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

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	
Additional documents for After School Care applications only			
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**

BAS ENTITY MAINTENANCE FORM

Bank Details

1. DETAILS OF FIRM / INSTITUTION:

Name

Address

Postal code

Email address:

Contact Person: Tel. No.

Identity No.:

2. DECLARATION BY AUTHORISED ACCOUNT HOLDER

I/We hereby request and authorise you to pay any amounts which any accrue to me/us to the credit of my/our account with the mentioned bank.

I/We understand that the credit transfers hereby authorised will be processed by computer through a system known as the "ACB ELECTRONIC BANK TRANSFER SERVICE", and I/We also understand that no additional advice of payment will be provided by my/our bank, but details of each payment will be printed on my/our bank statement or any accompanying voucher.(This does not apply where it is not customary for banks to furnish bank statements).

I/we understand that a payment advice will be supplied by the Department in the normal way, and that it will indicate the date on which funds will be available in my/our account.This authority may be cancelled by me/us by giving thirty days notice by prepaid registered post.

Initials and Surname

Authorised Signature

Date dd/mm/yyyy

3. BANK DETAILS

Name of Bank

Name of Branch

Branch Code

Account Number

Type of Account Current Account Other (specify)

Savings Account

Transmission Account

CONFIRMATION BY BANK

We hereby confirm that the bank details under paragraph 3 of this form belongs to the institution mentioned under the same paragraph and that the authoriser of the declaration under 2 is the valid account holder

DATE STAMP OF BANK

BANK OFFICIAL

PRINT NAME:

SIGNATURE:

FOR OFFICE USE ONLY

System User Only

Bas Ref No.

Captured by:

Date captured:

Authorised by:

WRITTEN ASSURANCE IN TERMS OF SECTION 38(1) (j) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999 AS AMENDED BY ACT 29 OF 1999)

In terms of Section 38(1) (j) of the Public Finance Management Act, 1999, the Western Cape Department of Social Development requires written assurance that your organisation implements effective, efficient and transparent financial management and internal control systems.

I, the undersigned _____ (Name)
 in my capacity as _____ (Position)
 of _____ (Organisation)
 and duly authorised to commit _____ (Organisation)
 hereby declare that _____ (Organisation)

Implements effective, efficient and transparent financial management and internal control systems which in particular includes the disbursement of and accountability for funds transferred to our organisation.

THE BENEFICIARY			
Signed at:			
Date:		Signature:	

AS WITNESSES:

Print Name and Surname of Witness in capital letters	Signature of Witness
1.	
2.	

COMPLIANCE WITH THE PFMA, ACT 1 OF 1999 (as amended) – SECTION 38 (1) (j)

- Section 38 (1)(j) of the Public Finance Management Act requires that the Accounting Officer for a department, trading entity or constitutional institution must, "before transferring any funds (other than grants in terms of the annual Division of Revenue Act or to a constitutional institution) to an entity within or outside government, must obtain a written assurance from the entity that the entity implements effective, efficient and transparent financial management and internal control systems". To give effect to Section 38 (1) (j) the following governance arrangements are in place and adhered to:
- A Board or Governing Body is appointed with a "Charter" approved by the Board/ Governing Body for the purpose of setting out the Boards'/Governing

Body's role and responsibilities or approved "Terms of Reference" of committees to whom the Board/Governing Body has delegated certain functions.

- A Memorandum of Incorporation (MOI) filed with the Companies and Intellectual Property Commission (CIPC).
- The Board/ Governing Body appointed the Chief Executive Officer (CEO) and established a framework for the delegation of authority.
- Ascribe to the Standards of Good Governance {i.e. KING III, SANGOCO's Code of Ethics for Non-profit Organisations (1997), The Independent Code of Governance and Values for Non-profit Organisations in South Africa (2012)}.
- Organisational structure is appropriately resourced and skilled in order to give effect to its mandate and for the purpose for which funds were transferred.
- The organisation's Board/ Governing Body is responsible for overseeing risk management (Board/ Governing Body developed and approved a policy and a plan that provides for an effective system and process of risk identification and management).
- Financial statements are prepared (consistent with its accounting records) and subject to audit in accordance with relevant legislative requirements (i.e. Companies Act, No. 71 of 2008) or as per agreement reached (Memorandum of Agreement).
- An appropriate financial system and accounting procedures to record and account for all financial transactions are in place, including systems, procedures and processes for efficient and effective banking and cash management.
- An appropriate procurement and provisioning administration system, which is fair, equitable, transparent, competitive and cost-effective, is in place.
- Responsible asset management, including safeguarding and maintenance of assets.
- Ensure compliance with all relevant financial regulations, rules and standards.
- Maintenance of appropriate financial/ non-financial reports that satisfy the needs of the users of financial/ non-financial information.

An Audit Committee and/ or other Sub-Committee/s under the control and direction of the Board/ Governing Body has been established (in accordance with relevant legislation/regulations) and a system of internal audit/control under the control and direction of an Audit Committee or other Sub-Committee. Where such committee/s does not exist the Board/ Governing Body will fulfil the role of careful and effective managers of the resources entrusted to them by donors, sponsors and the State.

DECLARATION OF INTEREST

The DSD wants to advise organisations that in terms of financial and auditing practices, it is advisable that persons involved or responsible for any of the above should not be from the same family.

This declaration is to be signed by all persons, management board, 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.

I, the undersigned, hereby make the following declaration: I will not use my discretion, official or non-official powers, or position within or outside the organisation, to benefit myself, or any other person known to me or the organisation, 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 organisation or any other person or legal person.

	Initials & surname	Designation/ post/ involvement	Signature	Date
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I will not use my discretion, official or non-official powers, or position within or outside the organisation, to benefit myself, or any other person known to me or the organisation, 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 organisation or any other person or legal person.

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Name of organisation: _____

Particulars of child registered				Identity number				For statistical purposes only				Particulars of relative parents/ carers			Comments		
No.	Surname	First name	Date of Birth YYYY/MM/DD	Duplicate child information	DOB YY/MM/DD	Middle 4 digits	Last 3 digits	Age in years	Gender	Race	Foreigner	Disability	Single parent	Gross income of father / guardian		Gross income of mother / guardian	Total joint monthly income
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Print Name Principal
Position Signature Date

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Name of organisation: _____

Particulars of child registered				Identity number				For statistical purposes only				Particulars of relative parents/ carers			Comments		
No.	Surname	First name	Date of Birth YYYY/MM/DD	Duplicate child information	DOB YY/MM/DD	Middle 4 digits	Last 3 digits	Age in years	Gender	Race	Foreigner	Disability	Single parent	Gross income of father / guardian		Gross income of mother / guardian	Total joint monthly income
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 Print Name Principal Signature Date
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Name of organisation: _____

Particulars of child registered				Identity number				For statistical purposes only				Particulars of relative parents/ carers			Comments		
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Print Name Principal
Position Signature Date

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Name of organisation: _____

Particulars of child registered			Identity number					For statistical purposes only				Particulars of relative parents/ carers			Comments		
No.	Surname	First name	Date of Birth YYYY/MM/DD	Duplicate child information	DOB YY/MM/DD	Middle 4 digits	Last 3 digits	Age in years	Gender	Race	Foreigner	Disability	Single parent	Gross income of father / guardian		Gross income of mother / guardian	Total joint monthly income
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Position Signature Date

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Name of organisation: _____

No.	Particulars of child registered			Duplicate child information	Identity number						For statistical purposes only				Particulars of relative parents/ carers			Comments
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