

# Provincial Administration: Western Cape

## Department of Social Development

### DSD

#### APPLICATION FOR NON-PROFIT ORGANISATION FUNDING 2011

R 200 000 OR LESS



Please provide the information required in this application. Respond to all questions and use additional paper if necessary. For information on the application process, please read Schedule 5, the last page of this form. Where you are required to provide an attachment, it will be indicated in this form in *italics*.

NAME OF YOUR ORGANISATION					
STREET ADDRESS					
POSTAL ADDRESS					
CONTACT DETAILS	Name				
	Position				
	Telephone No.				
	Fax No.				
	E-mail Address				
Is this APPLICATION being submitted AS AN AFFILIATION? (Y/N) If yes, please provide the name of the affiliated organisation, the contact person's name, telephone and email address.					
Please indicate with an X your organisation type	NPO	Section 21 Company	Trust	Affiliation to NPO	In process of NPO registration
Please indicate with an X in the appropriate box/es under which of the DSD PROGRAMME/S the services that you are applying for funding, fall under. You may indicate more than one box.	Children and Families				
	HIV / AIDS				
	Older Persons				
	Persons with Disability				
	Substance Abuse				
	Youth				
Sustainable Livelihoods					
REGION and/or LOCAL OFFICE and/or MAGISTERIAL DISTRICT and/or area/s of operation where you will be rendering services					
TOTAL AMOUNT of funding you are applying for					
NAME AND SIGNATURE OF DSD OFFICIAL receiving the proposal (include job title)					
DATE RECEIVED (ddmmyyyy)					

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# 1 Organisational Background

Please attach proof of NPO Registration, Affiliation or NPO Registration Application for your organisation.

Did your organisation receive any government funding in the past? If so, when, how much and for what purpose:


If your organisation is not currently funded by the DSD, please describe the services you provided in the past year


# 2 Board/Management Functions and Composition

Please set out the functions of your Board / Trustees / Volunteer Management Committee:


Please complete the table below for your Board / Trustees/ Volunteer Management Committee:

Name and surname	ID No	Disabled / Not Disabled	Race	Telephone no, email address and physical address
Chairperson				
Deputy / Vice chairperson				
Secretary				
Treasurer				
Additional members				

### 3 Profile of staff members

Provide position of key staff members involved in the programme for the past quarter and whom you plan to involve in the year you are applying for funding for.

Categories of staff members)	No of Vacant Posts	No of Filled Posts	No of Consultants appointed	No of Staff with disabilities	REPRESENTIVITY							
					AFRICAN		ASIAN		COLOURED		WHITE	
					No of Male	No of Female	No of Male	No of Female	No of Male	No of Female	No of Male	No of Female
Managers												
Professional staff												
Admin support												
Temporary staff												
Volunteers												
Total												

### 4 Bank Details

Account Name	
Account Number	
Account Type	
Full Name of the Bank	
Branch Code	
Branch Address	

## 5 Signatories

Please indicate the names of persons that will be entitled to enter into written agreements on behalf of your organisation.

Name and Surname	ID No	Position Portfolio	Telephone number, email address and physical address

Only if you are not currently funded by the DSD or if your bank details have changed from your previous application, please complete Schedule 5: Bas Form.

Provide the name of the firm or person responsible for the compilation of your organisation's Financial Statements and their contact details.

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*Please attach:*

- *a copy of your organisation's certified financial statements.* (The appointed accounting officer is responsible for preparing the financial statements of an organization and expressing an opinion on the financial statements.)
- *the past 3 month's Bank Statements of your organisation.*

## 6 Area Profile

Please complete below the table of area/s that your organisation will provide services in.

Magisterial District	City/Town/Community/Village

What are the area characteristics where your organisation will provide services (employment, facilities, taxi services etc)

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## 7 Target Group

Please provide the number of the people who will receive services from/ or be beneficiaries of your organisation

DSD Programmes	Number of people
Youth ( AGE 19-35)	
Children (AGE 0-18) and Families	
Poverty/Sustainable Livelihoods	
Disability	
Older Persons (AGE 60 and older)	
Substance Abuse	
HIV/AIDS	

## 8 Project Background

In this section “project” means the project or services that you are asking the DSD to fund.

Why was the project initiated?

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What is the purpose of the project?

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Why do you believe the DSD should consider your organisation’s application positively:

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Summary of the activities of the project.

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Please complete Schedule One: Project Implementation Plan for every objective that your project aims to achieve.

## **9 Financial Matters**

Please complete Schedule Two; Financial Matters for the financial year that you are applying for funding.

## **10 Monitoring and Evaluation Plan**

A description of how your service/project will be measured and monitored in terms of achievement of its goals/ outcomes and impact of the service/project (it answers the question – how will you know that your project/service made a difference to the beneficiaries of the project and the community they are in?):

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## 11 Any Additional Comments You Wish to Make

## 12 Application Declaration

We, the undersigned, hereby declare that the information supplied is true and valid and that, should we be awarded funding by the DSD, we will comply with the DSD reporting requirements as set out in the TPA/contract.

Designated Position	Name of person	Signature	Date
Manager/Principal			
Chairperson			
Treasurer			

## Optional Feedback Section

In seeking to improve service delivery to you, our NGO partners, and ultimately the beneficiaries of social welfare and community development services, we would appreciate it if you could complete this short feedback form:

Please indicate with an X in the appropriate box whether your organisation found this form:	Very easy to complete		Very useful in terms of presenting your organisation's proposal to the DSD	
	Easy to complete		Useful in terms of presenting your organisation's proposal to the DSD	
	Difficult to complete		Less useful in terms of presenting your organisation's proposal to the DSD	
	Very difficult to complete		Not useful in terms of presenting your organisation's proposal to the DSD	
If your organisation has previously applied for government funding, could you please indicate with an X in the appropriate block whether this form is:	Easier to complete		More difficult to complete	
	More useful in terms of presenting your organisation's proposal to the DSD		Less useful in terms of presenting your organisation's proposal to the DSD	
Please provide any suggestions you may have on how we could improve this form:				

Thank you very much for your honest feedback.



# 13 Appendices

## 13.1 Schedule 1: Project Implementation Plan

Project Objective

Activities	Number of Beneficiaries	Time Frame	Results (What you want to achieve)	Resources Needed	Budget

## 13.2 Schedule 2: Financial Matters

Please complete this schedule for the financial year that you are applying for funding.

Financial Year: \_\_\_\_\_

Income	Expenditure
<b>Total</b>	<b>Total</b>

**NB: Income – Expenditure = Balance**

Income	Expenditure	Balance

**13.3 Schedule 3: Written assurance in terms of section 38 of the PFMA**

Written Assurance in terms of Section 38(1) (j) of the Public Finance Management Act, 1999

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

**Part 1:** should be completed by those organisations that implement effective, efficient and transparent financial management and internal control systems.

**Part 2:** should be completed by those organisations that do not implement effective, efficient and transparent financial management and internal control systems.

**Part 1:**

I, the undersigned \_\_\_\_\_ (print name)  
in my capacity as \_\_\_\_\_ (position)  
Of \_\_\_\_\_  
hereby declare that \_\_\_\_\_ (organization)

Implements effective, efficient and transparent financial management and internal control systems.

Signed at \_\_\_\_\_ (place)

On this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

\_\_\_\_\_  
signature

Confirmed by 2 witnesses:

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name of witness

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name of witness

**Part 2**

**Conditions and remedial measures to comply with Section 38(1)(j) of the Public Finance Management Act, 1999 (Act 1 of 1999 as amended by Act 29 of 1999)**

In instances where written assurance cannot be obtained that effective, efficient and transparent financial management and internal control systems are implemented, the following conditions and remedial measures will apply:

- The management committee will arrange to attend and subject itself to training in business management and financial control systems.
- The management committee will implement and adhere to the financial control system prescribed by the Department.
- The management committee will subject itself to monitoring and inspection of financial records on a regular basis as conducted by officials of the Department or its representatives.
- The management committee will submit audited as well as financial expenditure reports and progress reports on training and implementation of prescribed financial systems when requested by the Department.

I, the undersigned \_\_\_\_\_ (print name)  
in my capacity as \_\_\_\_\_ (position)  
of \_\_\_\_\_ (organization)  
hereby declare that \_\_\_\_\_ (organization)

will adhere to the conditions as stipulated above in order to ensure effective, efficient and transparent financial management and internal control systems.

Signed at \_\_\_\_\_ (place)  
on this \_\_\_\_\_ day of \_\_\_\_\_ month \_\_\_\_\_ year

\_\_\_\_\_  
signature

Confirmed by 2 witnesses:

\_\_\_\_\_  
signature

\_\_\_\_\_  
signature

\_\_\_\_\_  
print name of witness

\_\_\_\_\_  
print name of witness

### 13.4 Schedule 4: Declaration of Interest

This declaration is to be signed by all persons, management or staff involved in

- approving or buying equipment, food, or any other items,
- signing cheques,
- accessing Internet banking,
- drawing cash for daily expenditure (petty cash),
- receiving donations, equipment, food or other items,
- handing out food or other items

The DSD wants to advise organizations 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.

I, the undersigned, hereby make the following declaration:

initials & surname	designation / post / involvement	signature	date

I will not use my discretion, official or non-official powers, or position within or outside the organization, to benefit myself, or any other person known to me or the organization, or any legal person, to obtain an unlawful or unauthorized advantage during the requisitioning, consideration, acceptance, or allocation of tenders, quotations or any other

13.5 Schedule 5: Bas Form



**PROVINCIAL ADMINISTRATION WESTERN CAPE**

**BAS ENTITY MAINTENANCE BANK DETAILS**

System User Only	
BAS Ref No.	
Captured by	
Date Captured	
Authorised By	

Bank Details	
<b>Bank Details</b>	
<b>Name</b>	
<b>Address</b>	
<b>Contact Person (s)</b>	
<b>Contact No.</b>	

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 know 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 provided by my/our bank, but details of each payment will be printed on my/our ban statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish 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

		/		/					
<b>Initials and Surname</b>	<b>Authorised Signature</b>	<b>Date dd/mm/yyyy</b>							

<b>Name of Bank</b>									
<b>Name of Branch</b>									
<b>Branch Code</b>									
<b>Account Number</b>									
<b>Type of Account</b>	<b>Current Account</b>			<b>Savings Account</b>			<b>Transmission Account</b>		
	<b>Other (Specify)</b>								

DATE STAMP  
OF BANK  
BANK  
ACCOUNT  
PARTICULARS  
CERTIFIED AS  
CORRECT

FOR OFFICE USE ONLY	
APPROVED BY HEAD OFFICE	
Print Name	
Signature	
Date	

## 13.6 Schedule 6: DSD Application Process Description

### STEP 1: Complete Application

From the time we call for proposals in the newspapers, you will have **6 weeks** to submit your application. Complete this application form, including Schedules 1 to 4. Please also attach a copy of your NPO certified registration or your NPO Registration Application, your organisation structure and submit your application form to your DSD Regional Office.

### STEP 2: Application Evaluation

We will acknowledge receipt of your application within **10 working days**. Your application will be assessed by the DSD programme/programmes you have applied to from a compliance, a qualitative and a DSD strategic alignment perspective. We might also request that we visit your organisation on site as part of the assessment process.

If your organisation is compliant, meets our minimum norms and standards, is strategically aligned to the DSD objectives and is in terms of other applications received, one of the preferred organisations to deliver the services, subject to budget availability, the programme/programmes will recommend to the Head of the DSD, that you be funded in accordance with the DSD guidelines for funding. This process takes approximately **4 months** to complete.

### STEP 3: Application Contracting and Funding Disbursement

If your application has been successful we will contact you to agree on a Third Party Agreement, which will become the formal contract between your organisation and the DSD for the delivery of the services as specified in the contract. The contract will also specify the amount of funding the DSD is committing to your organisation, how and when that funding will be disbursed and set out the obligations of your organisation and the DSD.

If your application is unsuccessful, we will advise you in writing, providing reasons for why your application has been unsuccessful and informing you of your right to have your application Reviewed and the Review process.

Contracting takes approximately **a month** and no disbursements will be made until the DSD has received a signed copy of the contract from your organisation. The DSD strives to fund approved organisations in terms of the contract signed, from 1 April 2012. Due to volumes variability, this is however not always possible.

### STEP 4: Performance Management of Service Delivery

Post the disbursement of the funds to your organisation as per the signed contract, we require regular feedback on the contracted service/project (STEP 3). During this phase of the process we will call for reports in accordance with the contract and may visit your organisation to observe and discuss progress as well as actions recommended to improve any problems we may find.