|  |
| --- |
| **ECD/AFTERSCHOOL CENTRES BUSINESS PLAN APPLICATION CHECKLIST** **(2015/16 AND THEREAFTER)** |
| **Name of Crèche/Afterschool Care Centre**  |  |

**Comment:**

All Early Childhood/Afterschool Centres applying for funding for the 2015/16 financial year and thereafter must verify and check all pages are completed and adhered to in terms of the Department’s administrative compliance requirements**.**

|  |  |  |  |
| --- | --- | --- | --- |
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| Proof of registration, affiliation or application in terms of the NPO, Trust Property Control and Companies Act(s) |  |  |  |
| Proof of constitution of organisation  |  |  |  |
| Certified copy of financial statements or past 3 months bank statements if organisation is applying for less than R200 000.00 funding |  |  |  |

|  |
| --- |
| **Office Use (Only)** |
| **C Code**  |  |
| **Comments** |
|  |
| **Name of Verifier** |  | **Signature**  |  | **Date of Verification**  |  |

Please provide the information required in this application. Complete all questions and use additional paper if necessary. For information on the application process, please read Schedule 6, the last page of this form. Where you are required to provide an attachment, it will be indicated in this form in *italics.*

WESTERN CAPE GOVERNMENT

DEPARTMENT OF SOCIAL DEVELOPMENT

APPLICATION FOR NON-PROFIT ORGANISATION FUNDING FOR 2015/16 AND THEREAFTER

|  |  |
| --- | --- |
| NAME OF YOUR ORGANISATION |  |
| STREET ADDRESS |  |
| POSTAL ADDRESS |  |
| CONTACT DETAILS | Name |  |
| Position |  |
| Telephone No.  |  | Fax No. |  |
| E-mail Address |  |
| Preferred language (Please tick) | English | Afrikaans  | isiXhosa |
| Is you facility affiliated to any network or co-ordinating structure |

|  |
| --- |
|  |

|  |
| --- |
|   |

 YES ----------------NO  |
| Network/co-ordinating structure | Name of Network/co-ordinating structure | Date of Affiliation |
| * Forum
 |  |  |
| * NGO
 |  |  |
| * Training institution
 |  |  |
| Any Other:  |  |  |
| Please indicate with an X your organisation type | NPO | Non Profit Company (previously referred as Section 21 Company) | Trust | Affiliation to NPO | In process of NPO registration |
|  |  |  |  |  |
| REGION and/or LOCAL OFFICE and/or MAGISTERIAL DISTRICT and/or area/s of operation where you will be rendering services | Region  |  |
| Local Office  |  |
| Magisterial District  |  |
| TOTAL AMOUNT of funding you are applying for |  |
| OFFICIAL USE  |
| NAME AND SIGNATURE OF DSD OFFICIAL receiving the proposal (include job title) | DSD Official  |  |
| Signature  |  |
| Job Title  |  |
| DATE RECEIVED (dd/mm/yyyy) |  |

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# ORGANISATIONAL BACKGROUND

*Please attach proof of the following documentations:*

* *Registration or application in terms of the NPO, Trust Property Control or Companies Act(s).*
* *Copy of organisation’s constitution (latest version)*

|  |
| --- |
| **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:** |
|  |
|  |
|  |
|  |
|  |
|  |

# BOARD/MANAGEMENT/FUNCTIONS & COMPOSITION

|  |
| --- |
| 2.1 Please set out the functions of your Board / Trustees / Volunteer Management Committee: |
|  |
|  |
|  |
|  |
| 2.2 How often do you meet?  |  |
| 2.3. Do you report in writing on a monthly basis to management on your financial position? | YES |  | NO |  |
| 2.4 When was the date of your last Annual General Meeting? |  |

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 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

# 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 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*  |
| Principal |  |  |  |  |  |  |  |  |  |
| Admin support |  |  |  |  |  |  |  |  |  |
| Practitioners |  |  |  |  |  |  |  |  |  |
| Assistants/Caregivers |  |  |  |  |  |  |  |  |  |
| Cook |  |  |  |  |  |  |  |  |  |
| Gardener |  |  |  |  |  |  |  |  |  |
| Cleaner |  |  |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |  |  |

**4. BANK DETAILS**

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

Business Plan for Non-Profit Organisation Funding

# 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 |  Designation | Telephone number, email address and physical address |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

# 6. FINANCIAL MATTERS

Please complete Schedule 3: Financial Matters for the financial years (**2015/16, 2016/17 & 2017/18)** that you are applying for funding.

Give information about other sources of funding for the services/projects that you are requesting the DSD to fund:

|  |  |
| --- | --- |
| Additional Funding Sources | Amount requested  |
|  |   |
|  |   |
|  |   |
| **Total funds**  |   |

All organisations applying for funding please complete Schedule 2: Bas Bank Maintenance Form.

|  |
| --- |
| **Name and Contact Details of auditor or person who checks your financial records/bookkeeping**: |
| **Name of person or company** |  | **Postal Address** |  |
| **Telephone Number** |  | **Fax Number**  |  |

*Please attach:*

* *a copy of your organisation’s certified financial statements.*
* *the past 3 month’s Bank Statements of your organisation* ***(only applicable for organisations applying for less than R200 000 funding).***

**7. PROJECT BACKGROUND**

**7.1** Please indicate your registration details as ECD or After School facility.

|  |  |  |
| --- | --- | --- |
| **Type of Registration** | **Date** | **Number of Children registered for**  |
| Registered on conditions |  |  |
| Full registration |  |  |
| Has the renewal of your registration been done  | Yes  |  |
| When? |  |
| No |  |

**7.2** What is the amount of subsidy that you receive from the Department of Social Development on a monthly basis and for how many children?

|  |  |
| --- | --- |
| **Amount Monthly** | **Number of Children**  |
|  |  |

**7.3** Are you now applying for extension of your services (Yes/No). For how many children do you now apply for funding?

|  |  |
| --- | --- |
| **Extension of Services (Yes/No)**  | **Total Number of children you now applying for**  |
|  |  |

**7.4** Indicate the number of children in each age group.

|  |  |  |
| --- | --- | --- |
| **Service Type** | **Age Group**  | **Indicate Number**  |
| **Creche**  | 0-18 months |  |
| 18th months-3 years |  |
| **ECD** | 3-4 years |  |
| 4-5 years |  |
| **After School Care**  | 5 years and older  |  |
| **Number of children with disabilities**  |  |

**7.5** If you have children in the age group 5-6 years, are you registered with the Department of Education? **(Yes/No)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7.6** Do your organisation receive any subsidy from the Department of Education (**Yes/No)** and for how many children?

|  |  |
| --- | --- |
| **Receive funding from the Dept. of Education (Yes/No)** | **Indicate for how many children** |
|  |  |

# 8. MONITORING AND EVALUATION PLAN

Please describe how you will know your service/project is achieving its goals/ outcomes and impact (i.e. how will you know that your service/project made a difference to the beneficiaries of the project and the community they are in?):

# 9. ANY ADDITIONAL COMMENTS YOU WISH TO MAKE

#

# 10. 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 Transfer Payment Agreement.

|  |  |  |  |
| --- | --- | --- | --- |
|  Designation | Name of person | Signature | Date  |
| Manager/Principal |  |  |  |
| Chairperson |  |  |  |
| Treasurer |  |  |  |

# 11. Appendices

## 11.1 Schedule 1: Project Implementation Plan

|  |  |  |  |
| --- | --- | --- | --- |
| **Programme**  | Children & Families | **Element** | ECD & Partial Care  |
| **Focus Group**  |
| **0-18 months**  |  | **18 months-3 years** |  |
| **3-4 years** |  | **4-5 years**  |  |
| **After School Care**  | **5 years and older Children in After School Care**  |  |

1. **Please give the number of children according to the community where they live e.g. Joe Slovo, Wallecedene, and Louwville etc.**

|  |  |
| --- | --- |
| **Number of Children** | **Communities where children live**  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
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|  |  |
|  |  |
|  |  |

1. **ACTIVITIES**

Please select the activities that you offer in your facility and complete

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Activity | Please indicate by Yes (Y) or N (N)  | The number of children and/or parents that are involved in this activity  | Mention the staff members, volunteers, parents or other role-players that are involved in this activity  |
| Does your facility provide  |
| 1.Physical Needs: |  |  |  |
| 1.1 | Breakfast  |  |
| 1.2 | Lunch  |  |
| 1.3 | Snacks |  |
| Please attached menu  |
| 2. Activities for: |
| 2.1  | Mental Development  |  |  |  |
| 2.2 | Emotional Development |  |
| 2.3 | Social Development  |  |
| 2.4 | Physical Development |  |
| Please attached daily programme/ECD Programme Certificate  |
| 3. Parental Training/involvement  |
| 3.1 | Parental training |  |  |  |
| 3.2 | Committee training |  |
| Please attached programme |
| 4.Training for personnel  |
| 4.1 | In service training |  |  |  |
| 4.2 | ECD learner ship |  |
| 4.3 | Site learning programme  |  |
| Please attached programme |
| 5. What basic health services do you provide  |
|  |
| 6 Progress of Child. Indicate Yes (Y) or No (N) |
| 6.1 Do you determine the progress of the child? |   |
| 6.2 How do you indicate the progress?  |
| 6.2.1 | Verbal Reports |  |
| 6.2.2 | Written Reports |  |
| 6.2.3 | Parent meeting  |  |
| 7. After School Services  |
| Do you provide the following services. Indicate Yes (Y) or No (N) |
| 7.1  | Nutrition |  |
| 7.2 | Health Care Services |  |
| 7.3 | Study Programme |  |
| 7.4 | Recreation programme |  |
| 7.5 | Therapeutic programmes, if the need exist |  |
| 7.6 | Developmental life skills programme |  |
| Please attached weekly programme .Indicate Yes (Y) or No (N) |
| 8. Holiday Programme |
| 8.1 | Do you have a full day holiday programme for after school care services? |  |
| Please attached the programme |
| 9.Study Programme. Indicate Yes (Y) or No (N) |
| 9.1 | Do you have a study programme for after school services  |  |
| Please attached the programme |
| 10 | Other services/activities provided (Transport). Indicate Yes (Y) or No (N) |
| 10.1  | Do you have a public transport permit? |  |
| 10.2 | Do you have insurance?  |  |
| 10.3 | Is your vehicle roadworthy? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **DEPARTMENT** **PROVINCIAL GOVERNMENT WESTERN CAPE****11.2 Schedule 2 – Bas Entity Maintenance Bank Form Details** |  | **OFFICE** |  |
| **BANK DETAILS**  |
| **1.DETAILS OF FIRM /INSTITUTION** |

|  |  |
| --- | --- |
| **Name of Organisation**  |  |
| **Address**  |  |
|  |
|  | **Postal Code**  |  |
| **Name of Bank**  |  |
| **Name of Branch** |  |
| **Branch Code**  |  |  |  |  |  |  |
| **Account Number for Institution as above**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **2. CONFIRMATION BY BANK** |

We hereby confirm that the bank details under paragraph 1 of this form belong to the institution mentioned under the same paragraph and that the authorizer of the declaration under paragraph 3 is the valid account holder

|  |  |
| --- | --- |
| **Date Stamp of Bank**  | **Bank Official** |
|  | **Print Name**  |  |
| **Signature** |  |

|  |
| --- |
| **Type of Account**  |
|  | Current Account  |  | Savings Account |
|  | Transmission Account  |  | Other (Specify)  |

|  |
| --- |
|  **3.DECLARATION BY AUTHORISED ACCOUNT HOLDER** |

I/We …………………………………………………………………………..hereby request and authorize you to pay any amounts which may accrue to me/us to the credit of my/our account with the mentioned bank in paragraph 1.

I/We understand that the credit transfer hereby authorized will be processed by the 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.

|  |  |
| --- | --- |
| **NPO Number of Organisation**  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  | **/** |  |  | **/** |  |  |  |  |
| **Initials and Surname** |  | **Authorised Signature** |  |  | **Date: dd/mm/ccyy** |

|  |
| --- |
| **4. FOR OFFICE USE ONLY** |
| **System User Only**  | **Approved by Head Office**  |
| **Bas Ref No** |  | **Print Name**  |  |
| **Captured by** |  |
| **Date Captured** |  | **Signature**  |  |
| **Authorised by** |  |
| **Date Authorised** |  | **Date**  |  |

**11.3 Schedule 3- Financial Matters (Budget)**

|  |  |  |
| --- | --- | --- |
| **BUDGET : PLANNING OF ORGANISATIONAL INCOME AND EXPENDITURE**  |  |  |
|  | **Name of Service Provider** |  |  |  |
|  | **Postal Address** |  |  |  |
|  | **NPO, Section 21, Co-operative or Trust Registration No.** |   |  |  |
| **EXPENDITURE** |  |  |
| **Item of Expenditure** | **Budget for financial year 2015/16** | **Budget for financial year 2016/17** | **Budget for financial year 2017/18** | **Motivation/ Remarks** |  |  |
| **1** | **HUMAN RESOURCE EXPENDITURE** |  |  |  |  |  |  |
| i  | **Specify position in organisation**  | **Current number of personnel in each occupational group** | **Salaries and wages for each occupational group** | **Salaries and wages for each occupational group** | **Salaries and wages for each occupational group** |   |  |  |
|   |  Principal |  |  |  |  |   |  |  |
|   |  ECD Practioners |   |  |  |  |   |  |  |
|   |  ASC Practioners |  |  |  |  |   |  |  |
|  | ECD Assistants |  |  |  |  |  |  |  |
|  | Cook |  |  |  |  |  |  |  |
|  | Gardener |  |  |  |  |  |  |  |
|  | Cleaner |  |  |  |  |  |  |  |
|  | Administrative Support  |  |  |  |  |  |  |  |
| ii | **Contributions:** |  |   |   |   |   |
| UIF  |  |   |   |   |   |
| Other (specify)  |   |   |   |   |   |
|  |  |   |   |   |   |
| **SUBTOTAL: ITEM 1** |  |  |  |  |  |
|  | **Item of Expenditure** |  | **Budget for financial year 2015/16** | **Budget for financial year 2016/17** | **Budget for financial year 2017/18** | **Motivation/ Remarks** |
| **2** | **TRANSPORT EXPENDITURE** |   |  |  |  |  |
| i | Petrol for managerial and/or administrative tasks) |   |   |   |   |   |
| ii | Maintenance of vehicles |   |   |   |   |   |
| iii | Insurance of vehicles |   |   |   |   |   |
| iv | Travelling & Accommodation (including conferences, workshops, consultation, events, etc.) |   |   |   |   |
| v | Replacements (specify) |   |   |   |   |   |
| vi | Purchases (specify) |   |   |   |   |   |
|   | **SUBTOTAL: ITEM 2** |   |   |   |   |   |
| **3** | **OFFICE / ADMINISTRATIVE EXPENDITURE** |  |  |  |  |
| i | Rent |   |   |   |   |   |
| ii | Municipal Services |   |   |   |   |   |
| iii | Post & Telecommunication Services |   |   |   |   |   |
| iv | Printed Matter & Stationary |   |   |   |   |   |
| v | Books & Journals |   |   |   |   |   |
| **Item of Expenditure** | **Budget for financial year 2015/16** | **Budget for financial year 2016/17** | **Budget for financial year 2017/18** | **Motivation / Remarks** |
| vi | Fees for Levies, Registration, Affiliation and such |   |   |   |   |
| vii | Insurance |   |   |   |   |   |
| viii | Maintenance |   |   |   |   |   |
| ix | Replacements (specify): |   |   |   |   |   |
| xi | Purchases (specify): |   |   |   |   |   |
|   | **SUBTOTAL: ITEM 3** |   |   |   |   |   |
| **4** | **GROUNDS & BUILDINGS** |  |  |  |  |  |
| i | Capital and Interest Redemption (private) |   |   |   |   |   |
| ii | Capital and Interest Redemption (State) |   |   |   |   |   |
| iii | Maintenance |   |   |   |   |   |
| iv | Insurance |   |   |   |   |   |
| v | Other (specify) |  |   |   |   |   |
|   | **SUBTOTAL: ITEM 4** |   |   |   |   |   |
|   |  |  |  |  |  |  |
| **5** |  **PROGRAMME / PROJECT EXPENDITURE**  |   |  |   |   |
| i | Food & Groceries |   |   |   |   |   |
| ii | Consumable Equipment to implement program / activities |   |   |   |   |
| iii | Domestic fuel/laundry and cleaning services |   |   |   |   |   |
| iv | Linen |   |   |   |   |   |
| **Item of Expenditure** | **Budget for financial year 2015/16** | **Budget for financial year 2016/17** | **Budget for financial year 2017/18** | **Motivation / Remarks** |
| v | Toiletries |   |   |   |   |   |
| vi | Medical |   |   |   |   |   |
| vii | Clothing |   |   |   |   |   |
| viii | Other (refer to activities in Implementation Plan) |   |   |   |   |   |
|  |  **SUBTOTAL: ITEM 5** |  |  |  |  |  |
| **6** | **BANK AND OTHER COSTS** |  |  |  |  |  |
| i | Audit Costs |   |   |   |   |   |
| ii | Bank Costs |   |   |   |   |   |
| iii | Fund-Raising |   |   |   |   |   |
| iv | Research |   |   |   |   |   |
| v | Public Relations and Marketing |   |   |   |   |   |
| vi | VAT |   |   |   |   |   |
| vii | Other (specify) |   |   |   |   |   |
|   |  **SUBTOTAL: ITEM 6** |   |   |   |   |   |
|   | **TOTAL: ITEMS 1 - 6** |   |   |   |   |   |
|   |   |   |   |   |   |   |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Income** | **Budget for financial year 2015/16** | **Budget for financial year 2016/17** | **Budget for financial year 2017/18** | **Motivation/ Remarks** |
| **7** | **FEES for SERVICES** |  |  |  |  |  |
| i | Fees for day care (parents) |   |   |   |   |   |
|  |   |   |   |   |   |   |
|  | **SUBTOTAL: ITEM 7** |   |   |   |   |   |
| **8** | **OTHER FORMS OF INCOME** |  |  |  |  |  |
| i | Bequests (cash) |   |   |  |   |   |
| ii | Donations |   |   |  |   |   |
| iii | Fund-raising |   |   |   |   |   |
| v | Income from investments |   |   |   |   |   |
| vi | Income from fixed property bequeathed to organization |   |   |   |   |
| vii | Products sold |   |   |   |   |   |
| viii | Rent |   |   |   |   |   |
| ix | VAT (reclaimed) |   |   |   |   |   |
| x | Contributions (specify) |   |   |   |   |   |
|   |   |   |   |   |   |
| xi | Other (specify) |  |   |   |   |   |
|   |   |   |   |   |   |
|   | **SUBTOTAL: ITEM 8** |  |  |   |  |   |
| **9** | **STATE AND OTHER ALLOCATIONS** |  |  |  |  |  |
| i | Department of Social Development |   |   |   |   |   |
|  Ii | Department of Education |   |   |   |   |   |
| iii | Local Government (municipality) |   |   |   |   |   |
| iv | Lotto |   |   |   |   |   |
| v | Community Chest |   |   |   |   |   |
| vi | International funding |   |   |   |   |   |
| vii | Other funders/donors (specify) |   |   |   |   |   |
|   |   |   |   |   |   |
|  | **SUBTOTAL: ITEM 9** |   |   |   |   |   |
|   | **TOTAL: ITEMS 7-9** |   |   |   |   |   |
|   |  |   |  |  |  |  |
|  | **TOTAL INCOME** |  |  |  |  |   |
|  | **TOTAL EXPENDITURE** |  |  |  |  |   |
|  | **SURPLUS / (SHORTAGE)** |  |  |  |  |   |
|  | **We as members of the management committee / board and administrative management of this organisation, are responsible for:**  \*The management of the organisation / \*The management of the budget as outlined above/ /\* Agree with the content of this implementation plan / \*Commit ourselves to the implementation and monitoring thereof.  |
|  | **Chairperson**  |  |  | **Treasurer** |  | **Secretary** |
|  | **Date:** |  |  | **Date:** |  | **Date:** |
|  | (print name) |  |  | (print name) |  | (print name) |
|  | **Note:** All signatories to sign the implementation plan |

**11.4 Schedule 4- Claim for Creches/Eis vir Kleuterskole(Schedule A/Skedule A)**

**FUNDING OF CRÉCHES · FINANSIERING VAN DAGSORGSENTRUMS**

**Annual registration/enrolment of children qualifying for funding/Jaarlikse registrasie/inskrwying van**

**kinders wie vir finansiering kwalifiseer**

|  |  |
| --- | --- |
| **Name of Creche/Day Care Centre /Naam van Creche/Dagsorgsentrum** |  |
| **Address/Adres** |  |
| **Contact No/Kontaknommer** |  |
| **Registered Total /Geregistreerde Getal** |  | **Registered Age/Geregistreerde Ouderdom**  |  |
| **Reference number (used in correspondence by the Department):Verwysingsnommer gebruik in korrespondensie deur die Departement)** | **15/5/13/2/3/C** |

Particulars of the management committee/Besonderhede van die bestuurskomittee

|  |  |  |
| --- | --- | --- |
| **CAPACITY/KAPASITEIT** | **NAME/NAAM** | **IDENTITY NUMBER** |
| Chairperson/Voorsitter |  |  |
| Treasurer/Tesourier |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Particulars of the personnel/Besonderhede van die personeel

|  |  |  |
| --- | --- | --- |
| **CAPACITY/KAPASITEIT** | **NAME/NAAM** | **ID NUMBER/NOMMER** |
| Principal/Prinsipaal |  |  |
| Teacher(s)/Onderwyser(s) |  |  |
|  |  |  |
|  |  |  |

**Certification/Sertifisering:**

I/we declare hereby the following/Ek/ons verklaar hiermee die volgende:

* *That the particulars of the facility is still functioning in accordance with the departmental financing conditions./ Dat die fasiliteit steeds in ooreenstemming met die departementele finansieringsvoorwaardes funksioneer.*
* *That, in terms of section 38 (1) (a) (i) of the Public Management Act, 1999, effective, efficient and transparent/ systems of financial and risk management and internal control have been implemented and are maintained/ Dat, in terme van die artikel 38 (1) (a) (i) van die Wet op Openbare Finansiële Bestuur, 1999, effektiewe, doeltreffende en deursigtige stelsels van finansiële- en risikobestuur en interne beheer bestaan en in stand*  ehou word.

|  |  |  |  |
| --- | --- | --- | --- |
| **Chairperson/Voorsitter** |  | **Date/Datum** |  |
| **Principal/Prinsipaal** |  | **Date/Datum** |  |

|  |  |
| --- | --- |
| **Particulars of child/ Besonderhede van kind** | **Particulars of income of relative parents or carers./Besonderhede van inkomste van betroke ouers/versorgers (\*)** |
| **Nr/No** | **Name of child registered/Naam van kind wat geregistreer is** | **Date of Birth/Geboortedatum** | **Identity Number****Identiteitsnommer** | **Combined Income/Gesamentlike inkomste** | **Number of dependants in family younger than 18 yrs/Aantal afhanklikes in gesin jonger as 18 jr** | **Remarks/Comments** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |

**Please make copies if required/Maak asseblief kopiee indien benodig.**

##  11.5 –Schedule 5: 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 controlsystems.

**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 |  | print name of witness |
| signature |  | print name of witness |

## 11.6 Schedule 6: 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 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.

I, the undersigned, hereby make the following declaration:

|  |  |  |  |
| --- | --- | --- | --- |
| **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 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, or an advantage that serves to unlawfully prejudice the interest of the organization or any other person or legal person.

## 11.7 Schedule 7: DSD Application Process Description

### STEP 1: Complete Application

This application form (including Schedules 1 to 5) must be completed and submitted together with proof of registration in terms of the Non-profit Organisations Act 71 of 1997/ Companies Act 71 of 2008/ Trust Property Control Act 57 of 1988 **OR** proof of application for registration in terms of the Non-profit Organisations Act 71 of 1997/Companies Act 71 of 2008/ Trust Property Control Act 57 of 1988 to the Department of Social Development’s (DSD) Head Office, within **6 (six) weeks** from the date the ‘Call for proposals to partner the Department of Social Development in rendering developmental social services in the Western Cape’ is advertised.

|  |  |
| --- | --- |
| **Street Address** | **Postal Address** |
| **Department of Social Development ( Head Office) 14 Queen Victoria Street** **Union House Cape Town 8000**  | **Department of Social Development (Head Office)****Private Bag x9112****Cape Town** **8001** |

### **STEP 2: Application Assessment**

Your organisation will receive a notification ‘acknowledging receipt of application’ shortlyfrom the date the DSD receives your organisation’s application. Your organisation’s application will be assessed by the relevant programme(s) your organisation has applied for funding to. As part of the assessment process, the DSD may conduct an on-site visit to your organisation.

The programme(s) will recommend to the Head of the DSD, that your organisation be funded in accordance with the DSD guidelines for funding, should your organisation be compliant; meet the DSD’s minimum norms and standards; is strategically aligned to the DSD’s objectives and is considered in relation to other applications received to be one of the preferred organisations to deliver the service(s). Please note that the aforementioned is subject to budget availability.

The application assessment process takes approximately **4-6 (four-six) months** to complete.

### **STEP 3: Application Approval and Transfer of Funds**

The DSD will formally notify your organisation in the event that your organisation’s application is approved. Further details regarding funding allocation, outputs to be achieved as well as accountability and compliance requirements will be stipulated in the Transfer Payment of Agreement (‘TPA’) which will be sent to your organisation for signature.

Please note that in terms of the agreement, funds will be transferred to approved organisations in monthly transfer payments OR quarterly transfer payments commencing in the month following signature of the agreement by the last-signing party. However, notwithstanding the aforementioned, no funds will be transferred by the DSD to the approved organisation until such time as the DSD has received a signed copy of the agreement from the organisation.

### **STEP 4: Performance Management of Service Delivery**

After payment of any funds to your organisation, the DSD requires regular feedback on the agreed services/projects as per the signed agreement. Furthermore, the DSD will call for reports in accordance with the agreement and may also visit your organisation to observe and discuss progress as well as actions recommended to improve service delivery.