

**2018/19 YOUTH, SAFETY AND RELIGION PARTNERSHIP PROGRAMME -  
JUNE/JULY & DECEMBER SCHOOL HOLIDAY'S SAFETY PROMOTION ACTIVITIES  
PROJECT APPLICATION FORM FOR FINANCIAL ASSISTANCE**

**REQUIREMENTS**

1. The applicant must complete **ALL SECTIONS** in **PRINT** (use black ink only) including two (2) **BAS Supplier Bank Forms**, which must be certified by the Bank. The **original bank forms must be submitted** with the application form.
2. Applications must be submitted on the prescribed application form, with the following documents attached: A signed copy of your organization's (a) NPO certificate, (b) charter or constitution, (c) latest 3 months bank statement, (d) the governance model & accountability structure of the organisation (e) certified ID copies of the religious leader /chairperson, secretary and treasurer and (f) daily schedule of activities MUST be attached to this application form.
3. Applications will **ONLY** be considered from NPO **registered** Faith Based Organisations (FBO).
4. The approval for financial assistance lies within the **SOLE DISCRETION** of the **Department of Community Safety**.
5. No organisation will be funded if they have outstanding evaluation report of previous projects funded by the Department of Community Safety.
6. **PLEASE NOTE:** Applications are invited for:
  - **June/ July school holidays, 25 June - 16 July 2018**
  - **December school holidays, 13 December 2018 – 08 January 2019**
7. Applications for funding for the June & December 2018/2019 school holidays should be submitted no later than **Monday, 09<sup>th</sup> April 2018. NO LATE APPLICATIONS AND DOCUMENTATION WILL BE CONSIDERED**
8. Organisations to provide a detailed recruitment plan on how they plan to recruit children for the programme with 70/30 mix of "internal" children (belonging to a particular religion) and "external" children (not from particular religion)
9. Project activities may include activities such as the screening of movies, excursions, discussions groups, open MIC sessions, sport & recreation **with emphasis on safety promotion education and awareness activities.**
10. The Department may also request institutions to partake in additional safety promotion activities.
11. The Department of Community Safety will subsidise activities at a rate of R50 per youth on condition that the activity runs for at least 8 hours or more and include lunch. The project must consist of a minimum of 10 youth and maximum 150 youth.
12. The target age of youth to be involved in these programmes are between 14 years and 20 years old. Other youth are not excluded but preference shall be given to the stated age category.
13. Indemnity form: all participating children/youth should have a signed indemnity form (as prescribed by the Department) completed prior to the commencement of the school holiday programme. The indemnity forms should be available at the venue of the school holiday programme for inspection by the Department.
14. The organisation is responsible to provide a light breakfast sandwich and a minimum of one full meal per day, which should be nutritional, comprising of either a cooked meal/ sandwich, fruit and juice.
15. The operating venue of the school holiday programme should have the following facilities ;
16. (a) A minimum of one (1) male and one (1) female toilet (b) a kitchen facility which is adequate to prepare meals and (c) the venue should be enclosed.
17. Organisations are required to maintain adequate supervision over the participating youth by having 1 facilitator for every 20 youth per day for the duration of school holiday activities.
18. The organisation will be required to submit a project evaluation report (as prescribed) to the Department **not later than 14 days** after the completion of the activity.
19. The organisation will be required to submit attendance registers (as prescribed) indicating the names of the participants, their ages and signatures who attended the activity.
20. **The completed application form can be hand delivered to Ntombolwandle Casa or Primrose Mlunguza at Department of Community Safety, 35 Wale Street, 2<sup>nd</sup> Floor, room 2.67. Contact numbers 021 483 6547. Please Note: faxed/e-mailed copies will also be accepted at e-mail addresses: or [Ntombolwandle.Casa@westerncape.gov.za](mailto:Ntombolwandle.Casa@westerncape.gov.za) . Fax numbers are as follows: 021 483 7417**

**FOR OFFICE USE****DATE OF  
RECEIPT AT  
DOCS****RECEIVED BY****1. Details of Applying Organisation**

<b>Organisation Name</b>			
<b>Contact Person</b>			
<b>NPO / NGO registration number</b>			
<b>Telephone</b>		<b>Facsimile</b>	
<b>Cellular</b>		<b>E-Mail</b>	
<b>Physical Address</b>		<b>Postal Address</b>	
<b>Postal Code</b>		<b>Postal Code</b>	

**2. Bank Details (Please submit with 2 stamped EFT bank forms)**

<b>Bank Name</b>		<b>Branch Name</b>	
<b>Account Name</b>		<b>Branch Code</b>	
<b>Account Number</b>			

**3. Project Team**

<b>Name and Surname</b>	<b>Organisation</b>	<b>Telephone Number</b>	<b>Role/ Responsibility</b>

<b>PROJECT NAME</b>			
<b>IMPLEMENTATION AREA</b>			
Indicate the <u>area</u> where the project will be implemented			
<u>Police Station</u> (situated in the area where project will be implemented)		<b>Municipality</b>	
<b>Project start date</b>		<b>Project end date</b>	

#### 4. Infrastructure of the Organisation

Indicate where activities will be held Physical address where the project activities will be held. e.g. Delft Civic Centre, Delft Main Road, Delft


#### 5. Situational Analysis of Crime in the Area

##### 5.1 What are the main top 3 safety concerns in your area?


##### 5.2 Which of these safety concerns are you going to address with this project?




## JUNE ACTIVITY SCHEDULE & BUDGET CONTINUE.

### 6.3 Project Budget

Please indicate the estimated youth that will be occupied during your activity, and cost

	Date	Amount of youth	Cost
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
<b>Total Cost</b>			

### 6.4 Project Outcomes (e.g. 20 youth are more aware of the risks and dangers of drug abuse.)

State your intended outcomes

Nr	Project Outcomes
1.	
2.	
3.	

### 6.5 Project Target Group / Beneficiaries

Please indicate the MAIN TARGET GROUP of the project:

Target Group			
Number to be reached		Age Group	



--	--	--

**DECEMBER ACTIVITY SCHEDULE & BUDGET CONTINUE.**

**7.3 Project Budget**

Please indicate the estimated youth that will be occupied during your activity, and cost

	Date	Amount of youth	Cost
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
<b>Total Cost</b>			

**8. Project Outcomes (e.g. 20 youth are more aware of the risks and dangers of drug abuse.)**

State your intended outcomes

Nr	Project Outcomes
1.	
2.	
3.	

**9. Project Target Group / Beneficiaries**

Please indicate the MAIN TARGET GROUP of the project:

<b>Target Group</b>			
<b>Number to be reached</b>		<b>Age Group</b>	

## 10. Project Budget

**10.1** Please indicate the estimated youth that will be occupied during your activity, and cost

Holiday Period	Total Cost
JUNE	
DECEMBER	
<b>Grand Total</b>	

**10.2** Describe how and from who will the organisation procure / prepare the meals and what food will be provided to the youth participants


## 11. Project Recruitment

How do you plan to recruit children for the programme with 70/30 mix of "internal" children (belonging to a particular religion) and "external" children (not from particular religion).


## 12. Media Involvement (optional)

Please list the name of the organisation(s) (e.g. newspaper, radio, etc.) involved with the project:

Media Name	Contact Person	Telephone Nr	Facsimile Nr	e-mail




**13. Project Evaluation**

Please describe how you will measure the success of the project: What would your success indicator be? **e.g. 50 youth empowered with life skills**


**14. Monitoring & Evaluation**

Who will take responsibility and keep record of attendance totals according to the prescribed attendance register. **NB: the attendance register must have names, ages and signatures of youth**

<b>Contact Person</b> (who keeps record of the attendance register)		<b>Contact Number</b>	
--	--	-----------------------	--

--

## 15. Governance Structure of the Organisation

### EXECUTIVE COMMITTEE

NO	POSITION	NAME & SURNAME	CONTACT DETAILS	E-MAIL
1	Chairperson			
2	Treasurer			
3	Secretary			
4	Additional Member			
5	Additional Members			
6	Project Manager			
7				
8				
9				
10				

**STAMP OF ORGINISATION**

Chairperson:.....

Signature:.....

## 16. INVOLVEMENT IN THE AREA OF COMMUNITY SAFETY

<b>Is your organisation a member of the Community Police Forum? (Please Tick box)</b>			Yes	No
---	--	--	-----	----

If Yes, Provide the name of the CPF \_\_\_\_\_

If Not, Why Not \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Have your organisation participated in any of the programmes of the Department of Community Safety? (Please Tick box)</b>			Yes	No
--	--	--	-----	----

If Yes , please provide details (e.g. YSRP June2015/6 Holiday programme)

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

<b>Any other involvement (e.g.) Community/Safety projects in the community</b>
--

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

<b>Religious Leader / Chairperson</b>		<b>Date</b>			
---------------------------------------	--	-------------	--	--	--

## 17. ENDORSEMENT OF THE PROJECT BY THE ORGANISATION

The signature of the Religious Leader of the Organisation is required below as an indication of their support of the project.

<b>I hereby endorse this project on behalf of the applicant (Please Tick box)</b>			Yes	No
---	--	--	-----	----

**Comment:**  
 \_\_\_\_\_  
 \_\_\_\_\_

<b>Religious Leader / Chairperson</b>		<b>Date</b>			
---------------------------------------	--	-------------	--	--	--