



BETTER TOGETHER.

Attention: Primrose Mlunguza
Private Bag X5346
Cape Town
8000

Enquiries:
Primrose Mlunguza
Tel: (021) 483-8450

(01/9 – Final)

2017/18 YOUTH, SAFETY AND RELIGION PARTNERSHIP PROGRAMME - DECEMBER SCHOOL HOLIDAYS SAFETY PROMOTION ACTIVITIES PROJECT APPLICATION FORM FOR FINANCIAL ASSISTANCE

INSTRUCTIONS

1. The applicant must complete **ALL SECTIONS** in **PRINT** (use black ink only) including the **BAS Supplier Bank Form**, which must be certified by the Bank. **The two (2) original bank forms must be submitted** with the application form.
2. Project activities must be outlined in the application form supplemented daily activity schedule, your involvement in safety of community, the objectives of programmes, and the budget
3. Applications will **ONLY** be considered from NPO **registered** Faith Based Organisations (FBO).
4. Any ineligible or incomplete information will result in further enquiries that will delay the consideration of your application for financial assistance.
5. The approval for financial assistance lies within the **SOLE DISCRETION** of the **Department of Community Safety**.
6. No organisation will be funded if they have outstanding evaluation reports of previous projects funded by the Department of Community Safety.
7. **PLEASE NOTE:** This Project Application Form is applicable for the implementation of the 2017/18 Youth, Safety and Religion Partnership –December School Holiday Period starting 06 December 2017 – 16 January 2018. The application form **MUST** be submitted not later than Wednesday, 20 October 2017
8. **NO LATE APPLICATIONS WILL BE CONSIDERED**
9. A signed copy of your organization's (a) NPO certificate, (b) charter or constitution, the (c) governance model & accountability structure of the organisation as well as (d) certified ID copies of the religious leader /chairperson, secretary and treasurer **MUST** be attached to this Application Form.
10. 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)
11. Project activities may include activities such as the screening of movies, excursions, discussions groups, open MIC sessions, sport & recreation.
12. The Department may also request institutions to partake in additional safety promotion activities.
13. 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.
14. a) 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.
15. The Organisation must make use of an indemnity form; each child must have a signed indemnity form from his or her parent.
16. The organisation will be required to complete a Memorandum of Agreement once the application is successful.
17. 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.
18. 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.
19. **The completed application form can be hand delivered to Ntombolwandle Casa or Primrose Mlunguza at Department of Community Safety, 35 Wale Street, 2nd Floor, room 2.67. Contact numbers 021 483 8450 / 6547. Please Note: faxed/e-mailed copies will also be accepted at e-mail addresses: Primrose.Mlunguza@westerncape.gov.za or Ntombolwandle.Casa@westerncape.gov.za . Fax numbers are as follows: 086 248 1649 / (021) 483-7706**

FOR OFFICE USE

DATE OF RECEIPT AT DOCS		RECEIVED BY	
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1. Details of Applying Organisation

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

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

Bank Name		Branch Name	
Account Name		Branch Code	
Account Number			

3. Project Team

Name and Surname	Organisation	Telephone Number	Role/ Responsibility

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

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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?

6. DECEMBER ACTIVITY SCHEDULE & BUDGET

6.1 December Project Activity Objectives

Please list the project objectives aimed at addressing your safety concerns.

Nr	Project Objective(s)
1.	
2.	
3.	

6.2 Schedule of Activities (all Activities must amount to 8 Hours a day e.g 8:00-16:00)

How are you going to implement this project?(Please attach detailed programme)

Time	Activities /Discussion/Topics	Presenter? (e.g. SAPS, DSD, Department of Sport Etc.)

DECEMBER 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			
Total Cost			

7. 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.	

8. Project Target Group / Beneficiaries

Please indicate the MAIN TARGET GROUP of the project:

Target Group			
Number to be reached		Age Group	

9. Project Budget

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

Holiday Period	Total Cost
DECEMBER	
Grand Total	

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

10. 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).

11. 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

12. 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**

13. 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**

Contact Person (who keeps record of the attendance register)		Contact Number	

14. 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 ORGANISATION

Chairperson:.....

Signature:.....

15. INVOLVEMENT IN THE AREA OF COMMUNITY SAFETY**Is your organisation a member of the Community Police Forum?
(Please Tick box)**

Yes

No

If Yes, Provide the name of the CPF _____

If Not, Why Not _____

**Have your organisation participated in any of the programmes of the
Department of Community Safety?
(Please Tick box)**

Yes

No

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

Any other involvement (e.g.) Community/Safety projects in the community**Religious Leader / Chairperson****Date****16. 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.

**I hereby endorse this project on behalf of the applicant (Please Tick
box)**

Yes

No

Comment:**Religious Leader / Chairperson****Date**