



Provincial Administration: Western Cape
Department of Social Services and Poverty Alleviation
DIRECTORATE DEVELOPMENTAL SOCIAL SERVICES



APPLICATION FOR FUNDING

NAME OF ORGANIZATION

District Office in whose area

- your office/facility is located (list attached)
- of operation you will be rendering services

Financial year that funding is required for

Date handed in / posted to district office

➔ Please indicate the purpose of this service plan (✓ in block):

To re-apply for service(s) currently **funded**

To apply for additional funding to **extend** service(s)

To inform the Department that the currently funded service(s) will be **scaled down**

To inform the Department that currently funded service(s) will be **closed down** in order to implement different programs for next financial year

To apply as a **new** organization that is not on the Department's recurrent funding list

✓

:IMPORTANT:

ALL ORGANIZATIONS NEED TO

- **study** the “Guidelines to apply for financing from the Department of Social Services and Poverty Alleviation” (attached) carefully before completing the Service Plan.
- **complete pages 1 – 22, and take note of the following:**
 - an organization that applies for the **first time** (that is not on the Department's recurrent funding list) will need to complete pages 23, 24 and 27 as well
 - all organizations that want to **re-apply** for funding will need to complete pages 23, 26 and 27 as well
 - all organizations that indicate **changes** to their current services will need to complete pages 23, 25, 26 and 27 as well

SECTION ONE: IDENTIFYING PARTICULARS

Refer to Section One: Identifying Particulars of the Guidelines

1. **Name** of organization

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2. **Street** address of organization

.....

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.....

Postal address

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Telephone no.

Fax no.

e-mail

3. **Person** at the organization that can be contacted to clarify issues in the service plan

Name of person

Position in organisation.....

Telephone

Fax

Cellular phone

E-mail

SECTION TWO: ORGANIZATIONAL STRUCTURE

Refer to Paragraph 9, Section Two: Organizational Structure, page (iii) of the Guidelines

A. REGISTRATION IN TERMS OF LEGISLATION AND/OR DEPARTMENTAL POLICY4.1 Are you registered as any of the following types of **organizations in terms of legislation**

	√	registration number	date of registration
Nonprofit Organization			
Section 21 Company			
Trust			

4.1.1 **ORGANIZATIONS APPLYING FOR THE FIRST TIME: Please attach a copy of your Registration Certificate** (Refer to paragraph 9 of the Guidelines)4.1.2 Were any changes made to your registration in terms of legislation? **YES/NO** If yes, why?

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4.2 Are you registered for **service delivery in terms of legislation** (e.g. early childhood development centre, shelter for children, children's home, home for older persons)

type of service	date of registration	number of persons according to registration certificate

4.2.1 **ORGANIZATIONS APPLYING FOR THE FIRST TIME or REQUESTING EXTENSION OF SERVICES (ADDITIONAL FUNDING): Attach a copy of your registration or re-registration certificate AS WELL AS a copy of the Health Clearance Certificate issued by the Local Authority.** (Refer to Guidelines)4.3 Did you obtain approval for **service delivery** in terms of **departmental financial policy** (e.g. shelter for adults/ victims of violence, home for persons with disabilities, service centre, etc.)

type of service	date of registration	number of persons according to registration certificate

4.3.1 **ORGANIZATIONS APPLYING FOR THE FIRST TIME OR REQUESTING EXTENSION OF SERVICES (ADDITIONAL FUNDING): Attach a copy of the Health Clearance Certificate issued by the Local Authority.**

4.4 Have you made **changes** to your **constitution/founding document**? **YES/NO**
If yes, attach a copy of your document and **indicate whether the changes were made** in respect of any of the following: ([in last column) [Refer to Guidelines]

Geographic areas of service delivery	
Changes in type of service being rendered	
Changes to the management structure, election, etc	

4.5 Is your **constitution and/or founding document** in line with the Constitution of South Africa, national, provincial and/or the Department's policy requirements?

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B. MANAGEMENT STRUCTURE [Refer to Paragraph 9, Section 2.B in the Guidelines]

5.1 Complete the following:

position	Name	I.D number	contact number	signature
Chairperson				
Deputy Chairperson				
Treasurer				
Secretary				
Additional members				

5.2 Complete in respect of the management committee/board members:

Representivity											
Coloured		African		White		Asian		Indian		Other	
<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>	<i>male</i>	<i>female</i>

5.3 When was your previous **Annual General Meeting**

5.4 How does the management committee/board ensure that the **AGM is accessible** to other role-players, beneficiaries and the broader community?

.....

5.5 Does the management committee/board have a **succession plan** for new members? (a plan to elect new members) **YES/NO**

5.5.1 How long may a member serve on the management committee/board before the member must be replaced to enable new members of the community to join the organisation?

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5.6 How often does the management committee/board meet?

5.7 Did the management committee/board receive **training** during the previous financial year? **YES/NO** If yes, specify the type of training

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5.8 How does the management address **complaints**, whether from staff members, other role-players or beneficiaries?

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6. To which **national, provincial, or local co-ordinating structure** is your organization affiliated?

name of structure	date of affiliation	name and tel no of contact person

C. HUMAN RESOURCE MANAGEMENT

7.1 Does your Human Resource Management Policy reflect **equality** as defined by the Constitution of South Africa? **YES/NO**

7.2 Please complete the attached page numbered **PAGE 23**.

7.3 Are you planning to train staff mentioned on **PAGE23** and what type of **training** is planned (use a separate page if needed for this)

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7.5 Supervision

7.5.1 Name(s) of Supervisor(s)

Name of supervisor	Contact number	Name of supervisor	Contact number

7.5.2 How often does supervision take place?

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7.5.3 If a supervisor is not on your staff structure, how does management make provision for supervision?

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D. FINANCIAL AND ADMINISTRATIVE PROCEDURES

8. Bank details

8.1 Please complete the **BAS (BASIC ACCOUNTING SYSTEM) ENTITY MAINTENANCE FORM (attached)**

8.2 Give the names of persons who are **authorised** by the management committee/board to **access electronic banking system or sign cheques**

name	identity number	signature

9. Name and contact details of **auditor** or person who checks your financial records/ bookkeeping

9.1 Name of person or company

9.2 Street address

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.....

9.3 Telephone Fax

10. **Audited Financial Statements**

10.1 Did you submit **Audited Financial Statements** for the previous financial year to the Department? **YES/NO**

10.2 **New applicants:** Please attach a copy of your audited financial statements, or a projected Income and Expenditure Statement for the next financial year.

11. How do you make your Audited Financial Statements **accessible** to other role-players?

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12. How do you ensure that your **budget** makes provision for all your expenditure? (Refer to the Guidelines)

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13. At what intervals does the administrative management **report** to the management committee/ board regarding **organizational expenditure**?

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14. What measures do you use for **financial control**?

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15. How will you ensure that your organization will be financially sustainable over the medium and long term?

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16. Do you have on record a **Human Rights Charter**? **YES/NO**

17. How do you make your Human Rights Charter known to beneficiaries?

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18. **LEGAL ASSURANCE AND DECLARATION OF INTEREST** (refer D. Question 19 of the Guidelines)

Your organization must comply with **Section 38 (1)(j) of the Public Finance Management Act, No 29 of 1999** by completing page 8 OR page 9 (NOT BOTH).

→ Complete **page 8** if your organization declares that it implements effective, efficient and transparent financial management and internal control systems. (This means that you confirm that a proper financial system is in place.)

OR

→ Complete **page 9** if your organization cannot declare that it implements effective, efficient and transparent financial management and internal control systems. (This means that you still have to set up a proper financial system and needs assistance or training to do so.)

18.1 **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 Department of Social Services and Poverty Alleviation requires written assurance that your organization implements effective, efficient and transparent financial management and internal control systems.

I, the undersigned (print name)
in my capacity as (position)
of (organization)
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

18.2 **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 not use any funds allocated by the Department and paid into their bank account until the Department gives written permission to do so.
- 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 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

SECTION THREE: PLANNING OF SERVICES/ACTIVITIES: GENERAL

A PLANNING

20.1 How does your organization involve **staff and community in long-term/strategic planning**?

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20.2 To what extent does your strategic planning take into account the Department's service delivery **priorities**?

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20.3 Write in full the **Vision and the Mission** of your organization (use separate sheet of paper if necessary)

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21. How does management involve the staff, community and beneficiaries in **planning activities**, the **budget** and compilation of the **Service Plan**?

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22. How do you **adapt** your programs/projects and service delivery to the **changing needs** of the beneficiaries and/or environment?

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23. Are **policies, procedures, manuals** with regard to service delivery reviewed periodically?
YES/NO

24. **Day and Fulltime Care**: Does your service adhere to prescribed **Minimum Standards** applicable to your facility? **YES/NO**

25. **Accessibility of organization**: Indicate whether your organization or program or project or facility is accessible to the focus group in terms of:

25.1 physical accessibility (e.g. older persons, persons with disabilities)

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25.2 public transport (can focus group reach office or facility by using public transport)

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25.3 language (ability to accommodate focus groups from different communities)

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25.4 admission policy (racial integration)

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25.5 How do you make the community, other role-players and potential beneficiaries **aware of your organization** and the **services** that will be rendered?

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.....

26. Do beneficiaries and their families have access to **relevant information regarding the organization and services**? **YES/NO**

B. **ORGANIZATIONS NOT FUNDED BY THE DEPARTMENT (NEW APPLICATIONS):**

27. Please complete **PAGE 24**

C. **ORGANIZATIONS THAT ARE CURRENTLY FUNDED BY THE DEPARTMENT AND PLAN TO MAKE CHANGES TO THE SERVICES THEY ARE FUNDED FOR:**

28. Please complete **PAGE 25**

D. **ALL ORGANIZATIONS THAT RECEIVED FUNDING DURING THE 2004/2005 FINANCIAL YEAR:**

29. Evaluate the services rendered during the previous financial year by using the guideline on **PAGE 26**

30. **Networking:**

30.1 Give name and address of the organization(s) you are networking with

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30.2 Describe **purpose and content** of networking with other service providers (including the Department's district office):

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30.3 Is there a **working agreement** **YES/NO**

Is the working agreement

formal/written	yes	no
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verbal	yes	no
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If FORMAL/WRI TIEN, attach a copy to this service plan

D. IMPLEMENTATION PLAN: ALL ORGANIZATIONS TO COMPLETE THIS SECTION

➡It is important to read The Draft Policy Framework for Developmental Social Welfare (2nd Draft): Policy Volume Three, Community Programs as well as the national Policy on Financial Awards (contact your local district office for copies).

➡**REMINDER:** *A separate implementation plan must to be completed for each element.*

➡**ELEMENT** **Indicate the Element that you have selected**

Element	Examples of services within element	√
Awareness promotion	For example international and national awareness programs; commemoration of days/weeks/months/years for specific causes; and prevention programs	
Sustainable livelihood	For example protective workshops; income generation projects	
Family support	For example social work services; support groups; child abuse protocol; help lines; children's court services; criminal court services; probation services; and substance dependency services	
Partial care	For example early childhood development centres; after school centres; service centres for older persons and persons with disabilities (occupational groups); day care at residential facilities; drop-in centres for children and adults; and outpatient centres for substance dependency	
Fulltime care	For example places of safety; secure care facilities; respite care services; child and youth care centres (children's homes); treatment centres; shelters for children, shelters for victims of domestic violence, shelters for homeless adults; homes for persons with disabilities, and homes for older persons	

31. Community Profile

31.1 Define the need(s) in the community / communities that you want to address through this service plan (look at the community in a holistic manner e.g. residential facilities should consider the need of the target group they render services to)

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31.2 How did you identify the needs in the community / communities described above

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Column 1		Column 2	Column 3	MOTIVATION/ REMARKS
Item of Expenditure		Actual Expenditure for the period 1/4/2004 - 31/3/2005	Budget for financial year 2006 / 2007	
1	HUMAN RESOURCE EXPENDITURE (...continued)			
(ii)	Bonus			
(iii)	Personnel Training (not Expenditure Item5)			
(iv)	Honorarium (Paid to Volunteers)			
(v)	Contributions:			
	Medical Aid Fund			
	Pension Fund			
	Workmen's Compensation			
	UIF			
	other (specify)			
(vi)	Clothing/Uniform			
SUBTOTAL: ITEM 1				

2	TRANSPORTEXPENDITURE			
(i)	Petrol (for managerial and/or administrative tasks)			
(ii)	Maintenance of vehicles			
(iii)	Insurance of vehicles			
(iv)	Traveling & Accommodation (conferences, workshops, consultation/supervision, events, etc.)			
(v)	Replacements (specify)			
(vi)	Purchases (specify)			
SUBTOTAL: ITEM 2				

3	OFFICEEXPENDITURE			
(i)	Rent			
(ii)	Municipal Services			
(iii)	Post & Telecommunication Services			
(iv)	Printed Matter & Stationery			
(v)	Advertisements			
(vi)	Books & Journals			
(vii)	Levies/Registration & Affiliation fees			
(viii)	Insurance			
(ix)	Maintenance			
(x)	Replacements (specify):			
(xi)	Purchases (specify):			
SUBTOTAL: ITEM 3				

Column 1		Column 2	Column 3	MOTIVATION/ REMARKS
Item of Expenditure		Actual Expenditure for the period 1/4/2004 - 31/3/2005	Budget for financial year 2006 / 2007	
4	GROUNDS & BUILDINGS			
(i)	Capital and Interest Redemption (Private)			
(ii)	Capital and Interest Redemption (State)			
(iii)	Maintenance other (specify)			
(iv)	Insurance other (specify)			
SUBTOTAL: ITEM 4				

5	PROGRAM EXPENDITURE			
(i)	Fees in respect of training			
(ii)	Cost of material/equipment needed for training			
(iii)	Transport (to implement activity)			
(iv)	Hiring of venues, etc			
(v)	Refreshments			
(vi)	Accommodation			
(vii)	Food and groceries			
(viii)	Clothing **			
(ix)	Equipment for activities			
(x)	Domestic fuel/laundry and cleaning services **			
(xi)	Linen **			
(xii)	Toiletries **			
(xiii)	Medical **			
(xiv)	Pocket Money **			
(xv)	Education & Recreation			
(xvi)	Other (refer page 26 for any other)			
(xvi)				
(xvi)				
(xvi)				
(xvi)				
(xvi)				
(xvii)	Purchases (specify)			
(xviii)	Replacements (specify)			
SUBTOTAL: ITEM 5				

^^^Cost activities described on page 26

** Only in cases of DAYCARE and FULLTIME CARE

Column 1	Column 2	Column 3	MOTIVATION/ REMARKS
Item of Expenditure	Actual Expenditure for the period 1/4/2004 - 31/3/2005	Budget for financial year 2006 / 2007	
6	SPECIAL SERVICES		
(i)	Audit Costs		
(ii)	Bank Costs		
(iii)	Fund-Raising		
(iv)	other (specify)		
SUBTOTAL: ITEM 6			

7	SUNDRIES		
(i)	Research		
(ii)	Public Relations and Marketing		
(iii)	VAT		
(iv)	other (specify)		
SUBTOTAL: ITEM 7			

8	EXPENDITURE: PROVISION FOR SPECIAL FUNDS		
(i)			
(ii)			
(iii)			
(iv)			
SUBTOTAL: ITEM 8			

GRAND TOTAL: ITEMS 1 – 8		
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INCOME

Column 1	Column 2	Column 3	MOTIVATION/ REMARKS
Item of Income	Actual Income for the period 1/4/2004 - 31/3/2005	Budget for financial year 2006 / 2007	
9	PROVISION FOR SPECIAL FUNDS		
(i)			
(ii)			
(iii)			
(iv)			
SUBTOTAL: ITEM 9			

Column 1	Column 2	Column 3	MOTIVATION/ REMARKS
Item of Income	Actual Income for the period 1/4/2004 - 31/3/2005	Budget for financial year 2006 /2007	
10 FEES FOR SERVICES			
(i) Board and Lodging			
(ii) Community Services			
(iii) Consultation			
(iv) Counseling/Treatment			
(v) Fees for Day Care			
(vi) Membership			
(vii) Registration Fees			
(viii) Training			
(ix) other (specify)			
SUBTOTAL: ITEM 10			

	OTHER FORMS OF INCOME			
11	Bequests (cash)			
12	Donations			
13	Fund-raising			
14	Grants			
15	Income from investments			
16	Income from fixed property bequeathed to organization			
17	Products sold			
18	Rent			
19	Social Relief			
20	VAT(reclaimed)			
21	Contributions (specify)			
22	Interest gained from investing pensions/grants of residents			
23	Other (specify)			
	SUBTOTAL: ITEMS 11 – 22			

23	STATE AND OTHER ALLOCATIONS			
	Dept of Health			
	Dept of Education			
	Dept of Labour (for training)			
	Global Funding			
	Lotto			
	Mayoral Fund			
	Community Chest			
	Local Government			
	Other (specify)			
	SUBTOTAL: ITEM 23			

Column 1	Column 2	Column 3	MOTIVATION/ REMARKS
Item of Income	Actual Income for the period 1/4/2004 - 31/3/2005	Budget for financial year 2006 /2007	
24	STATE SUBSIDIES		
	Dept Social Service & Poverty Alleviation		
	Poverty Fund		
	HIV/Aids Fund		
SUBTOTAL: ITEM 24			
GRAND TOTAL: ITEMS 9 – 24			
TOTAL EXPENDITURE			
TOTAL INCOME			
SURPLUS / (SHORTAGE)			

We, as members of the management committee/board and administrative management of this organization, are responsible for

- ❖ the management of the organization,
- ❖ the management of the budget as outlined above,
- ❖ and agree with the content of this service plan,
- ❖ and commit ourselves to the implementation and monitoring thereof.

..... Chairperson Print name Date
..... Treasurer Print name Date

..... Director / Manager Print name Date
..... Secretary Print name Date

(These four persons must sign OR the service plan will be returned for signatures.)