



# GAUTENG PROVINCE

SOCIAL DEVELOPMENT  
REPUBLIC OF SOUTH AFRICA

## DEPARTMENT OF SOCIAL DEVELOPMENT

**FINANCIAL YEAR:**

### **BUSINESS PLAN**

### **APPLICATION FOR FUNDING:**

### **POVERTY PROJECTS**

**NAME OF SERVICE PROVIDER** : .....

**DATE SUBMITTED** : .....

**FUNDING PERIOD** : .....

#### **DECLARATION BY PERSON SUBMITTING THIS BUSINESS PLAN**

**NAME** : .....

**POSITION** : .....

**SIGNATURE:**

- \* *Please provide the information required in this format. Respond to all questions accordingly and use additional paper if necessary.*
- \* *The format applies to all categories of services and can be adapted accordingly, where necessary.*
- \* *Organisations may request assistance or support from the department to complete their business plans.*
- \* *Programme herein refers to project or service provided.*
- \* *The service provider refers to the organisation or applicant requesting financial assistance.*

## TABLE OF CONTENTS

### SECTION 1

1.	Administrative details .....	3
1.1.	Registration .....	3
1.2.	Service Provider details .....	4
1.3.	Type of Application .....	5

### SECTION 2

2.	Programme details .....	6
2.1.	Name/Title of the Programme .....	6
2.2.	History of the Programme .....	6
2.3.	Target Groups .....	7
2.4.	Purpose of the Programme .....	8
2.5.	Activity Plan .....	9
2.6.	Summary of Cost Implications .....	15

### SECTION 3

3.	Governance and Management .....	16
3.1.	Structure and Management .....	16
3.2.	Profile of staff members .....	17
3.3.	Volunteers .....	18
3.4.	Capacity.....	19
3.5.	Affiliation with other service providers/entities .....	20
3.5.1.	Which networking or coordinating structure is the organisation affiliated to? .....	20
3.5.2.	Networking with other service providers .....	20

### SECTION 4

4.	Sustainability Plan .....	22
----	---------------------------	----

### SECTION 5

5.	Transformation Plan .....	24
----	---------------------------	----

### SECTION 6

6.	Financial Matters .....	25
6.3.1.	Assets and Liabilities .....	26
6.4.	Summary of Projected Income and Expenditure .....	27

### SECTION 7

7.	Monitoring and Evaluation .....	34
7.1.	Balanced Score Card .....	34

Annexure

Schedule

## SECTION 1

### 1. ADMINISTRATIVE DETAILS

*(Specify the identification details of the service provider. If registered, please provide a certified copy of the registration certificate or if not proof that the service provider is in the process of registering)*

#### 1.1. Category and Registration

CATEGORY	REGISTRATION						DATE OF REGISTRATION
	<b>Type of Registration</b> <i>(Tick ✓ applicable box or choose one)</i>						
	1	2	3	4	5	6	
NPO							
NGO							
CBO							
FBO							
National Organisations							
Other (specify)							
-							
-							
-							

\* Attach proof of registration

#### Legend

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>1. Non-Profit Organisation (NPO)</li> <li>2. Trusts</li> <li>3. Section 21</li> </ul> | <ul style="list-style-type: none"> <li>4. Affiliation with registered network</li> <li>5. In process applying for registration</li> <li>6. Other (specify)</li> </ul> |
|--|---|

**1.2 Service Provider Contact Details**

1.2.1 Physical Address

.....  
..... Code .....

1.2.2. Postal Address

.....  
..... Code .....

Tel Number : .....

Cell Number : .....

Fax Number : .....

Email address : .....

1.2.3. Contact person's  
details

<b>NAME</b> <i>(Please print)</i>	<b>POSITION/CAPACITY</b>	<b>TEL / CELL NO</b>	<b>ADDRESS</b>
1.			
2.			
3.			

**1.3. Type of application**

*(Please note that the service provider may tick more than one box. Provide reasons for the extension of service)*

**Tick ✓ applicable box**

New Application	
Existing Application	
Geographic extension	
Service extension	

**Motivation**

.....

.....

.....

.....

**SECTION 2**

**2. PROGRAMME DETAILS**

**2.1. Name / title of the programme**

*(Specify the name/title of the programme for which funds are sought) e.g. Home for orphaned children*

NATURE AND SCOPE OF THE SERVICE	AREA OF OPERATION			
	Province	Village	City/Municipal District	Township/Informal Settlement
<i>eg Orphaned children between 0 – 18 years</i>	<i>Limpopo</i>	<i>Nqwenani wa Themeni</i>	<i>Thohoyandou</i>	<i>Makhado Township</i>
1.				
2.				
3.				

**2.2. History of the programme**

*(Explain the background of the programme, how the service provider determined that there is a need for a service of this nature and when was the need identified e.g. three months, or a year etc)*

.....

.....

.....

.....

**2.3. Target Groups**

*(Provide the number of people who will benefit or be part of the programme)*

TARGET GROUPS	Beneficiaries	Total Number								Total No.
	Age group, e.g. 10 - 14 years or all	African		Coloured		Asian		White		
		M	F	M	F	M	F	M	F	
1. Children										
2. Youth										
3. Women										
4. Older Persons										
5. Persons with disabilities										
6. Persons with HIV / AIDS										
7. Other (specify)										
-										
-										
-										
<b>Grand Total</b>										

2.3.1. Describe how beneficiaries (target group) of the programme participate in the planning, implementation, monitoring and evaluation of the programme:

.....

.....

.....

.....

2.3.2. Are the poor and vulnerable involved ? *(tick applicable box)*

 Yes No

2.3.3. Describe how you will reach out to poor and vulnerable.

.....  
.....

2.4. **Purpose of the programme**  
*(Describe what the programme wants to achieve in broad terms).*

.....  
.....  
.....



## OBJECTIVES

(List the objectives in column 1 and indicate in column 2 the various areas/communities where the objectives will be achieved. Also specify the number of beneficiaries within each community/target area)

OBJECTIVES	NUMBER OF BENEFICIARIES PER COMMUNITY	
	Target area/community	No. of Beneficiaries
1. ADVICE AND REFFERAL		
2. SOCIAL PROGRAM		
3. SKILLS DEVELOPMENT		
4. ENTREPBURSHIP		
5. SUSTAINABLE LIVELIHOODS		

2.5. **Activity Plan**

(For each objective listed above, give details of how they will be achieved)

Activities	Performance indicators	Outcome	Number to be reached (as per schedule 1)	Location	Costs
What does the service provider need to do to achieve the objectives? e.g. <i>Establish a substance abuse project.</i>	How are you going to see that you are achieving your objectives? e.g. <i>One project established in 3 communities.</i>	Report on the results of the activities or objectives stated e.g. <i>Community aware of substance abuse.</i>	Provide details of who will benefit and number	Indicate for each activity the area where it will be implemented	What are the financial costs & type of personnel to carry out such activities? e.g. <i>If activity is awareness program – indicate inter alia Venue –R1000, Promotion Material – <u>x10 pamphlets@R5.00</u> per pamphlet = R50.00.</i>

**Objective 1 : ADVICE AND REFFERAL**

.....  
.....  
.....

ACTIVITIES	PERFORMANCE INDICATORS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	Annual Target	Cost
1.							
2.							
3.							
4.							
5.							
6.							

**Objective 2 : SOCIAL PROGRAM ( awareness program, material assistance etc.)**

.....  
 .....  
 .....

ACTIVITIES	PERFORMANCE INDICATORS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	Annual Target	Cost
1.							
2.							
3.							
4.							
5.							
6.							

**Objective 3 : SKILLS DEVELOPMENT (Technical, Life Skills and Business Skills)**

.....  
 .....  
 .....

ACTIVITIES	PERFORMANCE INDICATORS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	Annual Target	Cost
1.							
2.							
3.							
4.							
5.							
6.							

**Objective 4 : ENTREPRENEURSHIP (Income Generating projects)**

.....  
 .....  
 .....

ACTIVITIES	PERFORMANCE INDICATORS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	Annual Target	Cost
1.							
2.							
3.							
4.							
5.							
6.							

**Objective 5 : SUSTAINABLE LIVELIHOODS (projects to be exited receiving starter pack)**

.....  
 .....  
 .....

ACTIVITIES	PERFORMANCE INDICATORS	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4	Annual Target	Cost
1.							
2.							
3.							
4.							
5.							
6.							

**2.6. Summary of cost implications**

*(Referring to the previous activity table, cluster the items and cost implications using the following specified items as a guide. Refer to attached Schedule 2 and use explanatory notes where necessary)*

ITEM	TOTAL NUMBER REQUIRED	TOTAL COST
1. Personnel		
2. Administrative		
3. Operational		
4. Training and Development		
5. Other (specify)		
-		
-		
<b>GRAND TOTAL</b>		



**SECTION 3**

**3. GOVERNANCE AND MANAGEMENT**

**3.1. Structure and management of the programme**

*(Provide details each management committee of the programme including race, gender, and disability, if any. Also attach an organigram or schematic representation of the organisational structure as **Annexure E**).*

NAME	POSITION	CONTACT DETAILS	ID NUMBER	GENDER		RACE	NATURE OF DISABILITY <i>(Where applicable)</i>	EXPERIENCE AND SPECIFIC EXPERTISE IN AREA OF SERVICE
				M	F			
1.		Home No.:						
		Tel No.:						
		Cell No.:						
2.		Home No.:						
		Tel No.:						
		Cell No.:						
3.		Home No.:						
		Tel No.:						
		Cell No.:						
4.		Home No.:						
		Tel No.:						
		Cell No.:						

**3.2. Profile of staff members**

*(Provide position of key staff members involved in the programme)*

Categories of Staff Members <i>(Identify categories of personnel from Schedule 1)</i>	Number of staff with disabilities	REPRESENTIVITY <i>(State number)</i>								Total Number
		AFRICAN		ASIAN		COLOURED		WHITE		
		No. of M	No. of F	No of M	No. of F	No. of M	No. of F	No. of M	No. of F	
1.										
2.										
3.										
4.										
5.										
6.										
<b>TOTAL</b>										

**3.3. Volunteers**

*(Provide number of volunteers involved in the programme)*

Position of Volunteers	RACE AND GENDER								TOTAL
	AFRICAN		ASIAN		COLOURED		WHITE		
	No. of M	No. of F	No. of M	No. of F	No of M	No. of F	No. of M	No. of F	
1. Management									
2. Fundraising									
3. Staff									
4. Other (specify)									
4.1.									
4.2.									
4.3.									
<b>TOTAL</b>									

3.3.1. Does your organisation make use of volunteers?

Yes
  No

3.3.2. If yes, please state the number of volunteers.

3.3.3. Do your volunteers receive stipend?

Yes
  No

If yes, indicate amount R .....

3.3.3. Number of volunteers in receipt of stipend, if any.

3.3.4. What activities do your volunteers undertake?

.....  
.....  
.....

3.3.5. Describe how volunteers participate in the planning, monitoring and evaluation of the service / programme?

.....  
.....

**3.4. Capacity**

*(In terms of knowledge and skill to implement programme)*

3.4.1. Does your organisation have sufficient capacity to implement the programme?

 Yes No

3.4.2. If no, is there anything being done to improve that? If so please specify.

.....  
.....  
.....

3.4.3. **What is being done to improve the situation?**

.....  
.....  
.....

**3.5. Affiliation with other service providers / entities**

3.5.1. Which networking or co-coordinating structure is the organisation/service affiliated to? This is not applicable to government services/projects.

NAME OF NETWORKING / CO-ORDINATING STRUCTURE	TICK ✓ APPLICABLE BOX	DATE OF AFFILIATION
National Coalition of Social Services (NACOSS)		
National Welfare Forum (NWF)		
Community Based Organisation network (CBO network)		
South African NGO Coalition (SANGOCO)		
National Council (Specify)		
NONE		
Other (Specify) -		

3.5.2. Networking with other service providers

*(List all the service providers known to you that are providing similar or other services in your area of operation)*

**(a) similar services**

Name of service	Nature of relationships <i>(if any)</i>
1.	
2.	
3.	
4.	

**(b) other services**

Name of service	Nature of relationships <i>(if any)</i>
1.	
2.	
3.	
4.	

3.5.3. Do you have written agreements with other service providers in relation to this or other organizations. If formalised, please submit proof of agreement(s).

.....

.....

.....

.....

.....

## SECTION 4

### 4. SUSTAINABILITY PLAN

*(Provide ways in which the organisation makes plans to sustain itself after cessation of funding from the department)*

4.1. Describe how the organization will sustain itself in the future to ensure continued service provision

.....  
.....  
.....

4.1.1. After cessation of funds from the department

.....  
.....  
.....

4.1.2. In the event that there are budget cuts

.....  
.....  
.....

4.1.3. In the event that the programme is no longer a priority from the funding perspective

.....  
.....

4.2. Are the beneficiaries / affiliates contributing towards the project / programme through:

(Tick ✓ applicable box)

Membership fees	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Material	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Labour	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Skills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Cash	<input type="checkbox"/> Yes	<input type="checkbox"/> No

4.2.1. If you answered Yes to any of the above, please specify the amount or nature of contribution

.....  
.....

4.2.2 If no, are there any prospects of contributions and how?

.....  
.....



## SECTION 5

### 5. TRANSFORMATION PLAN

*(Indicate the plan of the organisation to transform its structures as well as services and/or attach a transformation plan indicating the objectives, activities, time frames, target dates and targets for change or add a separate page if there is more information to be provided, if necessary)*

<b>Transformation issue</b>	<b>Expected outcome</b>	<b>Target reached</b>	<b>Timeframe</b>	<b>Challenges</b>	<b>Responsible person</b>
<i>Specify the area of transformation e.g. accessibility of the programme ect.</i>	<i>How will you achieve this transformation imperatives e.g. indicate the distance of the organisation from the community or target group.</i>	<i>Who will benefit from this process?</i>	<i>How long will it take to put in place a transformation plan?</i>	<i>What challenges/problems/concerns do you envisage?</i>	<i>Indicate the person who will be responsible for the transformation plan.</i>

<b>Transformation issue</b>	<b>Expected outcome</b>	<b>Target reached</b>	<b>Timeframe</b>	<b>Challenges</b>	<b>Responsible person</b>
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

**SECTION 6**

**6. FINANCIAL MATTERS**

6.1. Name of the person responsible for managing your financial records

.....  
.....  
.....  
.....

6.2. What training has this person undergone?

.....  
.....  
.....  
.....

6.3. Do you currently have any assets (things that you have) and/or liabilities (things you owe) ?

Yes

No

**6.3.1. Assets and liabilities**

TYPE OF ASSETS AND LIABILITIES	A = Assets B = Liability (use A or L where applicable)	NUMBER	AMOUNT/VALUE
Buildings			
Motor Vehicle			
Cash at Hand			
Cash at bank			
Prepaid – accounts			
Accounts receivable <sup>35</sup> / <sub>17</sub> Debtors			
<sup>35</sup> / <sub>17</sub> Interest -			
Accounts payable: <sup>35</sup> / <sub>17</sub> Taxes			
<sup>35</sup> / <sub>17</sub> Creditors			
<sup>35</sup> / <sub>17</sub> Rent			
<sup>35</sup> / <sub>17</sub> Interest			
Accruals			

**6.4. Summary of projected income and expenditure**

*(specific to this programme – Schedule 2 and 2.1)*

INCOME	Financial Year (Past year)		Financial Year (Current year)		Financial Year (Next two years)	
	200... / 200...		200... / 200...		200... / 200...	
<b>Expected / Current Income</b>						
International Donor Agencies						
Corporate Business						
National Development Agency						
National Lottery						
Departmental:						
- Financial Award/subsidy						
- Grant (HIV/AIDS)						
- EPWP						
- Poverty Funds						
Other departments						
-						
-						
-						
Membership Fee						
Interest received						
Other (specify)						
-						
<b>Subtotal</b>						

INCOME	Financial Year (Past year)		Financial Year (Current year)		Financial Year (Next two years)	
	200... / 200...		200... / 200...		200... / 200...	
<b>EXPENDITURE</b>						
<b>Personal Expenditure</b>						
- Salary and Wages						
- Bonus						
- Honorarium						
<b>Office Expenditure</b>						
- Rent						
- Insurance						
- Books and Journals						
- Post & Telecommunication Services						
- Affiliation fees						
- Printed matter						
Other (specify)						
-						
-						
<b>Subtotal</b>						

INCOME	Financial Year (Past year)		Financial Year (Current year)		Financial Year (Next two years)	
	200... / 200...		200... / 200...		200... / 200...	
<b>Social Relief</b>						
- Food						
- Clothing						
- Accommodation						
Other (specify)						
-						
-						
<b>Subtotal</b>						
<b>Special Services</b>						
- Audit Costs						
- Bank notes						
- Fund raising						
Other (specify)						
-						
-						
<b>Subtotal</b>						
<b>Grounds and Buildings</b>						
- Capital and interest						
- (Private)						
- Capital and Interest (State)						

INCOME	Financial Year (Past year)		Financial Year (Current year)		Financial Year (Next two years)	
	200... / 200...		200... / 200...		200... / 200...	
- Maintenance						
- Insurance						
Other (specify)						
-						
-						
<b>Subtotal</b>						
<b>Domestic Expenditure (Facilities only)</b>						
- Food & Groceries						
- Linen						
- Toiletries						
- Medical						
- Pocket Money						
Other (specify)						
-						
-						
<b>Subtotal</b>						
INCOME	Financial Year (Past year)		Financial Year (Current year)		Financial Year (Next two years)	
	200... / 200...		200... / 200...		200... / 200...	
<b>Special Programme Expenditure</b>						
- Equipment						
- Transport						

- Refreshments						
- Hiring of						
- Halls/Facilities						
Other (specify)						
-						
-						
<b>Subtotal</b>						
<b>Sundries</b>						
- Research						
- Public Relations & Marketing						
- Security Equipment						
Other (specify)						
-						
-						
<b>Subtotal</b>						
<b>TOTAL INCOME</b>						
<b>TOTAL EXPENDITURE</b>						
<b>SURPLUS / SHORTAGE</b>						

Has your organisation had any funders other than this Department, in the last three years not specific to this programme?

Yes

No



6.4.2. If your answer to the previous question is Yes, complete the following:

Source of Income/Name of Funder	Amount received	Purpose for which funds were awarded	Funding Period
Departmental:			
- Financial Award/subsidy			
- Grant (HIV/AIDS)			
- Extended Public Works Programme (EPWP)			
- Poverty Funds			
International Donors			
Corporate Business			
National Development Agency (NDA)			
Source of Income/Name of Funder	Amount received	Purpose for which funds were awarded	Funding Period
National Lottery			
Other Departments:			
-			
-			
Other (Specify)			
-			
-			

6.4.3. Has your organisation received any other donations (in kind) in the last 3 years?

Yes

No

6.4.4. If Yes complete the following:

Name of Donor organisation	Type of donation received	Purpose for which donation was used	Date received
1.			
2.			
3.			
4.			

## SECTION 7

### 7. MONITORING AND EVALUATION PLAN

*(How will the organization monitor or measure their performance against set goals and objectives)*

#### 7.1. Balanced scorecard

Financial perspective	Customer perspective	Organisational (internal business perspective)	Innovation and learning Perspective
<i>How will you manage your finances to ensure achievement of your objectives in line with the Policy on Financial Awards? e.g. report on progress</i>	<i>How will you ensure that customers are satisfied with the services provided? e.g. conduct a customer satisfaction survey</i>	<i>What will you do to make your organization work or what will you do to ensure there is continuous improvement in the way the organization works? e.g. monthly progress reports</i>	<i>How will you ensure that your organization learns new things that will enable it to work better? e.g. training and capacity building programmes</i>

Financial perspective	Customer perspective	Organisational (internal business perspective)	Innovation and learning perspective
1.			
2.			
3.			
4.			
5.			

7.2. How often will monitoring and evaluation be conducted?

.....  
.....  
.....

8. Who assisted you to compile this business plan ? (If any).

.....  
.....  
.....

**For Official Use**

**Comments on the Business plan**

.....

.....

.....

.....

.....

.....

.....

.....

**Compliance with the Progress Report**

.....

.....

.....

.....

.....

.....

.....

.....

**Issues for discussion within the Department**

.....

.....

.....

.....

.....

.....

.....

.....

**Issues for discussion with the Service Provider**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

**Recommendations**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

I, the undersigned, hereby declare that the information supplied is true and valid.

.....  
**NAME AND SIGNATURE OF PROGRAMME MANAGER / DIRECTOR**  
**DATE:**

.....

**NAME AND SIGNATURE OF CHAIRPERSON**

**DATE:**

.....

**NAME AND SIGNATURE OF TREASURER**

**DATE:**



**ANEXURE A**

**CHECK LIST**

Check if the following documents have been submitted. Please tick applicable box.

<b>NAME OF SERVICE PROVIDER:</b>
----------------------------------

- |  |                          |
|--|--------------------------|
| 1. Business Plan -----   | <input type="checkbox"/> |
| 2. Constitution -----  | <input type="checkbox"/> |
| 3. Organisational Structure (Organigram) -----                             | <input type="checkbox"/> |
| 4. NPO Registration Certificate -----                                      | <input type="checkbox"/> |
| 5. Any other -----   | <input type="checkbox"/> |
| 6. Proof that the service provider is in process of registering -----      | <input type="checkbox"/> |
| 7. Confirmation of Banking Details -----                                   | <input type="checkbox"/> |
| 8. Financial Assurance Declaration -----                                   | <input type="checkbox"/> |
| 9. Certified Bank Statement -----  | <input type="checkbox"/> |
| 10. Audited Financial Statement (if previously funded by department) ----- | <input type="checkbox"/> |
| 11. Six monthly progress report -----                                      | <input type="checkbox"/> |
| 12. Cashflow statement -----   | <input type="checkbox"/> |
| 13. Others (Specify) -----   | <input type="checkbox"/> |

**Any Other Remarks**

.....

.....

.....



**CONFIRMATION OF BANKING DETAILS**



**ENTITY MAINTENANCE**

**DEPARTMENT OF SOCIAL DEVELOPMENT**

**Bank Details**

**The Director General : Department of Social Development**

I/ We hereby request and authorise you to pay any amount, which may 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 FUND 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

<b>Initials and Surname</b>

<b>Authorised Signature</b>

<b>Date dd/mm/yyyy</b>									

**Name of Bank**

**Name of Branch**

Branch Code

Account Number

Type of Account  Current Account  Other (please specify)

Savings Account

Transmission Account

**DATE STAMP OF BANK  
BANK ACCOUNT PARTICULARS  
CERTIFIED AS CORRECT**

**ADDRESS TO SEND THE PAYMENT STUB**

---

---

---

---

---

**ANNEXURE C1**

**ASSURANCE IN TERMS OF SECTION 38(1)(J) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999)**

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

I, the undersigned ..... in my capacity as ..... of ..... hereby declare that ..... (service provider) implements effective, efficient and transparent financial management and internal control systems.

Signed at ..... on this ..... day of ..... 20.....

**Signature** : .....

**Witness**

1. .... **Capacity** : .....

2. .... **Capacity** : .....

**ANNEXURE C2**

**CONDITIONS AND REMEDIAL MEASURES TO COMPLY WITH THE PUBLIC FINANCE MANAGEMENT ACT  
(SECTION 38 (1) (J), ACT 1 of 1999)**

In the case where written assurance cannot be obtained from the entity that effective, efficient and transparent management and internal control systems exist, the following conditions and remedial measures will apply:

- The service provider will not use any funds allocated by the department and paid into their bank account, until the department gives them written permission to do so.
- The service provider will implement and adhere to the financial control system prescribed by the department.
- The service provider will subject itself to monitoring and inspection of financial records on a regular basis as conducted by the officials of the department or it's representatives.
- The service provider will submit quarterly financial expenditure and progress reports as prescribed by the department.
- The service provider will take appropriate measures to ensure that it improves its capacity to implement effective, efficient and transparent management and internal control systems.

I, the undersigned ..... in my capacity as ..... of ..... hereby declare that ..... (service provider) implements effective, efficient and transparent financial management and internal control systems.

Signed at ..... on this ..... day of ..... 20.....

**Signature** : .....

**Witness**

1. .... **Capacity** : .....

2. .... **Capacity** : .....



## ***CERTIFICATE OF REGISTRATION OF NONPROFIT ORGANIZATION***

In terms of the Nonprofit Organisation Act, 1997, I am satisfied that .....

.....  
*(name of the nonprofit organization)*

meets the requirements for registration.

The organisation's name was entered into the register on .....  
*(date)*

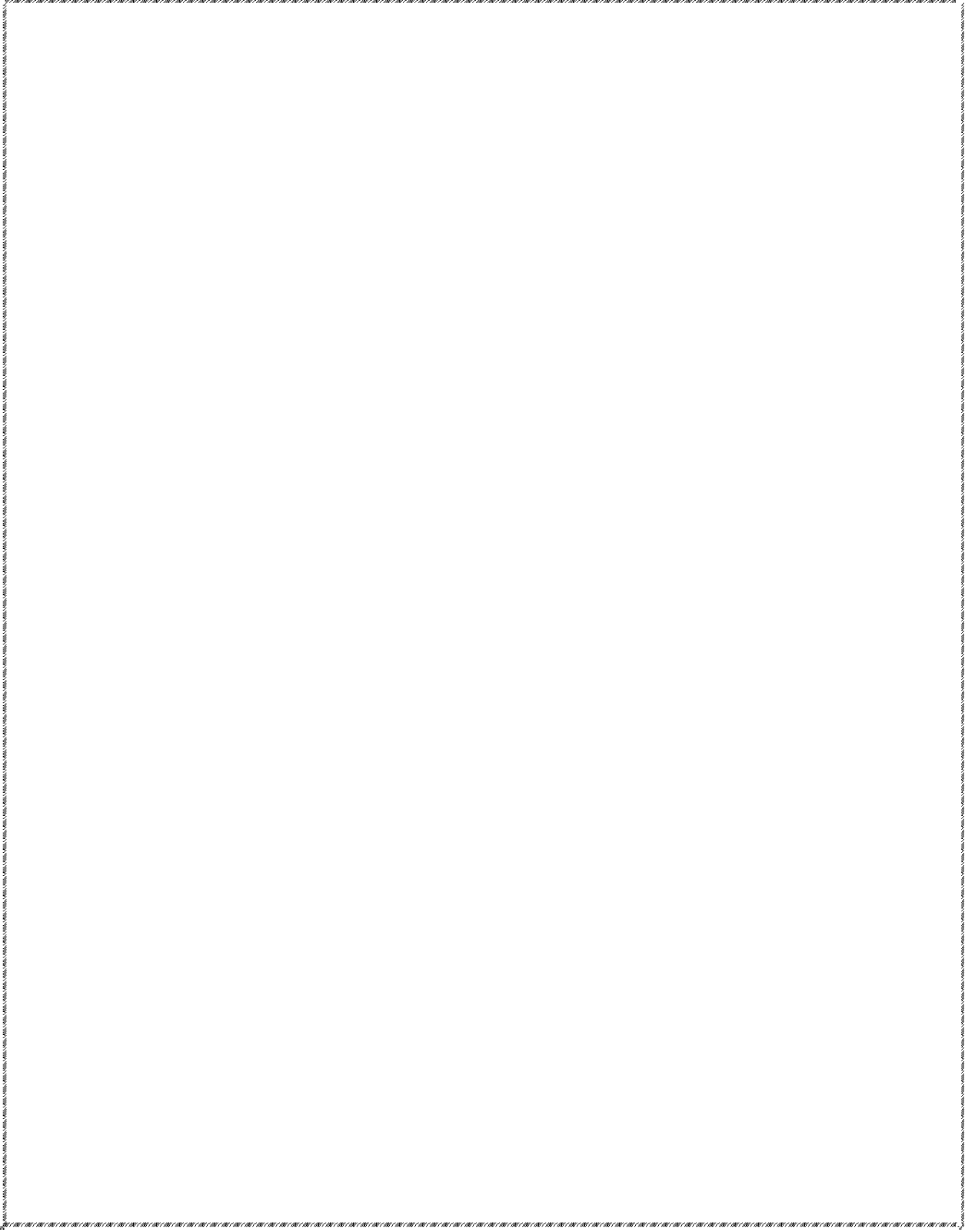
**Registration number** : .....

**Director's signature** : .....

**Date** : .....

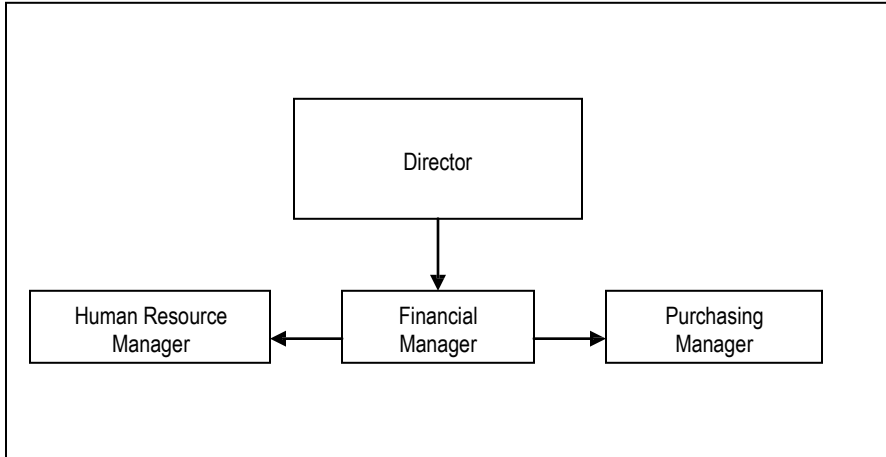
**Department of Social Development**





Organisational Structure or Organogram

Example



## SCHEDULE 1

Category	Required Human Resources
<b>Managers</b>	Administrative Managers Professional Managers
<b>Professional personnel</b>	Social workers Youth workers Probation officers Community Development Worker Child and Youth care workers
<b>Assistant personnel</b>	Social auxiliary workers Assistant probation officers Auxiliary Chile and Youth Care Workers ECD care givers Home and community based care givers Sign language interpreters
<b>Professional support</b>	Medical practitioners Physiotherapists Speech therapists Occupational therapists Nursing Personnel Psychologists Psychiatrists Researchers Information Management Specialists
<b>Administrative support personnel</b>	Information Technology Specialists Administrative officers Typists Drivers Data captures Cleaners General assistants Security Personnel
<b>Other</b>	Volunteers
<b>Temporary personnel</b>	Student social workers Interns Contract workers Escorts Student child and youth care workers

<sup>35</sup><sub>17</sub> It should be noted that this list may not be exhaustive.