

***MPUMALANGA DEPARTMENT OF HEALTH
CHIEF DIRECTORATE: HAST
FUNDING APPLICATION FORM
To be completed by Applicants***

1. ORGANIZATIONAL PARTICULARS

Name of the Organization		
Name of Project		
Contact Person	Full names and Surname	
	Designation / Position	
Physical Address		
Postal Address		
Telephone / Cellphone		
Email Address		

Which of the following registration option does the organization hold? Please attach a copy of the registration certificate

Type of registration	Tick	Registration Number	Date of Registration
Non-Profit organization			
Section 21			
Trust			
Others (Specify)			
NPO's Constitution (Attach copy of constitution)			

2. AREA/S OF OPERATION

District Municipality	Local Municipality	Ward	Villages	Number of beneficiaries

3. PROFILE OF BOARD/COMMITTEE MEMBERS

Names and Surname	Position	Race	Gender	ID Number	Highest Qualifications	Contact Number(s)

4. MISSION / VISION / OBJECTIVES OF THE ORGANIZATION

5. SERVICES PROVIDED BY THE ORGANIZATION

Type of services	No of beneficiaries
A	
B	
C	
D	
E	
F	
G	

[illegible]

7. NPO STAFF

7.1 Management of the NPO: (e.g. Staff working in the NPO)

Names and Surname	Contact Details Cell No./Land line	Position in organisation	Race	Gender	Age	Highest Qualification	Employment Status (e.g. permanent/volunteer/temp)

7.2 Staff employed to render these services (e.g. Care Givers/Peer Educators, Professionals, etc)

Names and Surname	Contact Details Cell No./Land line	Position in organisation	Race	Gender	Age	Highest Qualification	Employment Status (e.g. permanent, /volunteer,/temp)

8. NPO STAFF PROFILE ACCORDING TO GENDER AND AGE *(Refer to 7.1 and 7.2)*

Gender	Age category			Total
	18-25	26-35	36-Above	
Male				
Female				

9. EXECUTIVE SUMMARY:

Describe the historical background of the organization and how it has developed to the current status. (How was the project started, developed and the problems or challenges to be address by the organization).

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10. DESCRIBE THE MANAGEMENT OF THE PROJECT FROM ITS ORIGIN TO DATE.

11. HOW DOES THE ORGANIZATION MAKE ITS SERVICES KNOWN TO THE BENEFICIARIE (*Marketing Plan*)

12. WHICH IS THE NEAREST PRIMARY HEALTHCARE FACILITY THAT THE ORGANIZATION IS LINKED TO?

13.COMMUNITY INVOLVEMENT

Describe how the target group or beneficiaries are involved with the NGO.

[illegible]

14. PROJECT PLAN – Please indicate the activities of the Organization using the Format below

Focus Area	Activities:	Person responsible	Expected Output	Indicators	Frequency

15. MONITORING AND EVALUATION

(Describe how the activities will be monitored and evaluated on monthly, quarterly and annually so that the impact of the service can be measured including cost effectiveness.

16. FINANCIAL MATTERS

16.1 Banking Details *(Attach Bank confirmation of Account)*

Name of the Bank	
Name of the account holder	
Type of Account	
Branch Code	
Name of signatories	1.
	2.
	3.

16.2 Other source of funding *(Indicate the Organization's sources of funding in the past 3 years)*

Name of the Funders		Amount Funded	Year	Project funded	Operational Areas
Departments					
Municipality					
Local business					
Donors					
Agencies					
Others (Specify)					

16.3 Tax and Audit Information

Is your organization tax compliant?	YES	NO	If yes, attach the most recent copy of the tax clearance/certificate of good standing
Has your organization been audited before?	YES	NO	Attach copy of the most recent audited financial statement

16.4 Present expenditure and income (this relates to the present expenditure and incomes not proposed one)

Income	Expenditure

17. SUSTAINABILITY

What plan does the organization have to continue with the service after the government and donor funding has been withdrawn.

18. Declaration

I/We the undersigned hereby declare that the information provided above is to the best of my/our knowledge true and valid:

Position	Names and Surname	Signature	Date
Project Manager/Director/Coordinator			
Chairperson of the board/committee			
Treasurer			

Please submit the Budget as per attached format

BUDGET SUMMARY				
1. Personnel Costs				
Salaries of Personnel			Monthly Cost	Yearly Cost
Category	No of staff	Unit Cost/month		
Project Manager				
Coordinator				
Financial Person				
Professionals (e.g. nurses, doctors, social workers, etc.)				
Project Members / Staff				
Subtotal Human Resources				
2 Direct Programme Costs including professional and special services				
Subtotal Travel Costs				
3. Administration Costs				
Office rent				
Telephone, cell, wifi				
Costs for meetings				
Office equipment and furniture (Maintenance)				
Auditing fees				
Stationery (printing paper, fax paper, pens)				
Consumables (toner, cartridges)				
Local transport				
Maintenance of vehicle(s)				
Cleaning Material				
Subtotal administration costs				
TOTAL OF DIRECT PROJECT COSTS				
TOTAL OF INDIRECT PROJECT COSTS				
TOTAL BUDGET PROPOSAL COST				

Example – Budget Breakdown

Activity	Quantity	Unit Cost	Monthly Cost	Annual Budget
Personnel costs				
Salary of Project Manager	2	R3000	R3000 x 2	Monthly x 12
Direct Project costs				
Administration costs				
Office rent	1	R500	R500 x 1	Monthly x 12
TOTAL OF DIRECT PROJECT COSTS				