



**2018 OPEN CALL FOR APPLICATIONS**  
**MISCELLANEOUS PURPOSES SECTOR**  
**PROJECT BUSINESS PLAN**

**1. IDENTIFYING PARTICULARS**

a) Name of Organisation: \_\_\_\_\_

b) Physical Address of Organisation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

c) Nature of the Organisation:

National

Provincial

Local

**2. MAIN OBJECTIVES OF PROJECT IN LINE WITH THE OBJECTIVES IN THE FOUNDING DOCUMENT**

- a) \_\_\_\_\_
- b) \_\_\_\_\_
- c) \_\_\_\_\_
- d) \_\_\_\_\_
- e) \_\_\_\_\_

**3. IDENTIFY YOUR PRIORITY ACTIVITIES, TIME FRAMES AND OUTCOMES FOR THIS PROJECT/ PROGRAMME/SERVICES**

Activity	Time Frame	Outcomes for Beneficiaries

**4. AREA OF IMPLEMENTATION OF PROJECT**

a) In which province/s will the project be implemented? (Tick next to the province/s you are applying for)

Eastern Cape	<input type="checkbox"/>	Free State	<input type="checkbox"/>	Gauteng	<input type="checkbox"/>
KwaZulu Natal	<input type="checkbox"/>	Limpopo	<input type="checkbox"/>	Mpumalanga	<input type="checkbox"/>
Northern Cape	<input type="checkbox"/>	North West	<input type="checkbox"/>	Western Cape	<input type="checkbox"/>

b) Where will the project/programme/services you are applying for be implemented?

Rural area	<input type="checkbox"/>	Township	<input type="checkbox"/>	Urban	<input type="checkbox"/>
Semi-urban	<input type="checkbox"/>	Semi-rural	<input type="checkbox"/>	Informal settlement	<input type="checkbox"/>

c) In which municipality/district will your project be implemented?

---



---



---



---

d) **Community**

Give a very brief description of the community/ies in which the project will be implemented.

---



---



---



---



---

**5. WHAT WILL BE THE IMPACT OF THIS PROJECT ON THE COMMUNITY**


---



---



---



---



---



---



---

## 6. BENEFICIARIES

6.1 Indicate the nature of the service and the number of beneficiaries per target group (Please do not count the same beneficiaries more than once, e.g. disabled women must be counted under disability)

Service Area	Target Group						
	Women	Children	Men	Youth	Disability	Older Persons	Total
1.							
2.							
3.							
4.							
5.							
<b>TOTAL</b>							

**6.2. Racial Profile of Beneficiaries:** Give the number of people who will benefit from this project/programme/service in the table below.

Race	Tick	Number
African		
Coloured		
Indian/Asian		
White		

## 7. MANAGEMENT COMMITTEE

Give a complete list of all the persons who serve on the Organisation's Management Committee and/or Board of Management. For good Corporate Governance, the Board of the Organisation cannot also be part of Management.

**If any of the people have the same surname, explain their relationship. If related, replace one with another who is unrelated.** (Legend: M- Male; F - Female; A-African C-Coloured; I-Indian; W-White)

Member Name	Gender		Profile				Position	ID number
	M	F	A	C	I	W		

Non- South Africans								

**8. PERSONNEL/STAFF**

a) How many staff members are currently employed by the Organisation? \_\_\_\_\_

Provide details of staff profile and tick relevant block.

Staff Members	Gender		Race				Position	Full time	Part time
	M	F	W	C	A	I			
Non-South Africans (if any):									

Staff Members	Gender		Race				Position	Full time	Part time
	M	F	W	C	A	I			

b) How many volunteers do you currently have in your project/programme/service?

No. of Part time:  No. of Full time:

c) Do you have any staff development needs? YES  NO

If yes, please indicate the area/s for development:

1. Project Management	
2. Financial Management	
3. Bookkeeping/ Record Keeping	
4. Report Writing	
5. Other	

*Please ensure that the skills development needs are covered in the budget*

#### 9. JOB CREATION OPPORTUNITY:

a) Will there be any new jobs created through this project/programme/service?

YES  NO

b) If yes, how many new jobs will be created: .....

c) If yes, what would be the nature of the employment and number of jobs to be created? Please tick the appropriate box.

Nature of Employment	Number of job opportunities to be created through this application.
Full-time	
Part-time	
Volunteers	

#### 10. REPRESENTIVITY OF THE ORGANISATION

a) Is/are your project meant for a specific racial group or faith community? \_\_\_\_\_

If YES, give details and explain why? \_\_\_\_\_

\_\_\_\_\_



**Form completed by:**

Full Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_