



NATIONAL LOTTERY DISTRIBUTION TRUST FUND (NLDTF)

CHARITIES SECTOR

PROJECT BUSINESS PLAN FOR GRANTS MORE THAN R500 000.00

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/PROGRAMME/SERVICE

- 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/PROGRAMME/SERVICES

a) In which province/s will the project/programme/services 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/municipalities will your project/programme/services be implemented?

d) **Community**

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

5. WHAT WILL BE THE IMPACT OF THIS PROJECT/PROGRAMME/SERVICE ON THE COMMUNITY

5.1 Will the project outcome contribute to government priorities?

6. BENEFICIARIES

6.1 Indicate the nature of the service (service area) 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 Person	Total
Chronic Illnesses							
Crime Prevention							
Domestic Violence							
ECD							
Entrepreneurial Development							
Food Security							
Homelessness							
Human Rights							
Human Trafficking							
Mental Health							
OVC							
Poverty Alleviation							
Substance Abuse							
Animal Welfare							
Capacity building (training, mentoring and coaching)							
Other:							
TOTAL							

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

Race	Tick	%
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. **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; W-White; C-Coloured; A-African; I-Indian)

Member Name	Gender		Profile				Position	ID number
	M	F	W	C	A	I		
Non- South Africans								

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

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

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

c) Staff profile:

Provide (on separate sheet) the following breakdown on qualifications, work experience etc.

- Qualifications:
- Work experience:.....

d) 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	

Pls 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	

d) Will there be any jobs retained through this project/programme/service?

YES NO

10. REPRESENTIVITY OF THE ORGANISATION

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

If YES, give details and explain why?: _____

b) Do the founding documents of your organisation require you to provide services only to a particular group? If YES, give details and explain why? _____

c) If your Management Committee is not representative of the race of your beneficiaries, explain why and explain what steps you have taken to rectify this:

11. ORGANISATIONAL SUSTAINABILITY:

Does the Organisation have a sustainability plan in place, if yes, please attach.

12. Does the Organization work with other development partners to deliver a basket of related services?"

Form completed by:

Full Name: _____

Signature: _____

Date: _____