

**2019/20 CALL FOR APPLICATION**

**CAPACITY BUILDING PLAN TEMPLATE**  
**FOR**  
**AGENT/ REPRESENTATIVE/ CONDUIT**

1. **Sector:** Choose only the sector relevant to your organisation.

<b>Arts, Culture &amp; National Heritage:</b>	
<b>Charities:</b>	
<b>Miscellaneous Purposes</b>	
<b>Sport &amp; Recreation:</b>	

2. **Contact persons details:**

<b>Agent/ Representative/ Conduit</b>	<b>Assisted Organisation/ Community</b>
Name of main contact person:	Name of main contact person:
Telephone:	Telephone:
Cellphone:	Cellphone:
Email address:	Email address:

### 3. Organisational Assessment:

Please describe your assessment of the assisted organisation's capacity in the following areas:

Competence	Comments	Rating (1-5)
Leadership/ governance		
Financial Planning		
Project/ programme planning & management		
Monitoring, evaluation and reporting		
Human Resources management		
Organisational learning and growth		

#### Rating scale:

- 1 = no capacity or substantial assistance required
- 2 = basic capacity, some assistance required
- 3 = some capacity, moderate assistance required
- 4 = adequate capacity, minimal assistance required
- 5 = good practices, little or no assistance required

#### 4. Capacity Building Plan:

Please describe how you intend to assist the organisation to improve in the areas where improvement is required (where none, indicate N/A).

Intervention could be training, mentoring, coaching, review etc.

Competence	Nature of intervention	timeframe	Cost of intervention
Leadership/ governance			
Financial planning & management			
Project planning & management			
Monitoring, evaluation & reporting			
Other (specify):			
<b>Total Estimated Budget:</b>	Note: 5% of total budget but not exceeding R150 000.00		

**5. Progress monitoring and evaluation:**

Please describe how **both** the assisted and assisting will monitor progress and evaluate the impact of the capacity building intervention/s.

**For the assisting organisation:**

Compiled by:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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

**For the assisted organisation:**

Plan accepted by:

Name: \_\_\_\_\_ Designation: \_\_\_\_\_

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