

**2020/21 CALL FOR APPLICATIONS**  
**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>Sport &amp; Recreation</b>	
<b>Miscellaneous Purposes</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:
Mobile:	Mobile:
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

Capacity building plan

#### 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.

<b>Competence</b>	<b>Nature of intervention</b>	<b>Timeframe</b>	<b>Estimated cost of intervention</b>
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 organisations 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: \_\_\_\_\_