



NATIONAL LOTTERY DISTRIBUTION TRUST FUND (NLDTF)

ARTS 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

a) _____

b) _____

c) _____

d) _____

e) _____

3. IDENTIFY YOUR PRIORITY ACTIVITIES, TIME FRAMES AND OUTCOMES FOR THIS PROJECT

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 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 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

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 someone 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?

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	

Pls ensure that the skills development needs are covered in the budget

Other: _____

9. JOB CREATION OPPORTUNITY:

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

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 your project meant for a specific group?

If YES, give details and explain why?: _____

b) 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:

Do you have a sustainability plan? Tick the appropriate block?

YES NO

Can you tell us how your organisation plans to ensure that your project continues beyond funding from the NLDTF.

Form completed by:

Full Name: _____

Signature: _____

Date: _____