



## NATIONAL LOTTERY DISTRIBUTION TRUST FUND (NLDTF)

### CHARITIES SECTOR

#### PROJECT BUSINESS PLAN FOR GRANTS NOT EXCEEDING R500,000.00

#### 1. IDENTIFYING PARTICULARS

- a) Name of organisation: \_\_\_\_\_
- b) Physical Address of Organisation: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- c) Province : \_\_\_\_\_
- d) Municipal Area: \_\_\_\_\_

#### 2. AREA OF IMPLEMENTATION OF PROJECT/PROGRAMME/SERVICES

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

Rural area  Township  Urban   
 Semi-urban  Semi-rural  Informal settlement

#### 3. WHAT WILL BE THE IMPACT OF THIS PROJECT/PROGRAMME/SERVICE ON THE COMMUNITY?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **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		

**5. PERSONNEL/STAFF DEVELOPMENTAL NEEDS**

a) 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*

**6. 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	

**7. 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:

---

---

---

---

**8. ORGANISATIONAL SUSTAINABILITY:**

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

---

---

---

**Form completed by:**

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

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

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