



Province of the
EASTERN CAPE
DEPARTMENT OF EDUCATION

**BUSINESS PLAN FOR
NON - PROFIT ORGANISATION (NPO)

FINANCIAL YEAR
2023/24**

Name of the organization:	
No of organization's beneficiaries:	
District where services are implemented:	
Local municipality and Ward where services are implemented	
Location/Township/Village where services are implemented	
Does the organization have offices where services will be implemented? (Specify physical address)	
Total number of months required to implement the service:	
Financial Year Applying for:	
Total amount requested:	
Name and surname of the representative submitting the business plan/ proposal	
Job Title /position of the representative submitting the business plan proposal	
Date of submission	

(B) ORGANISATIONAL BACKGROUND

Provide information about your organization.

Postal address:	
District where Head Offices are located: (where applicable)	
Contact person:	
Job title / position:	
Telephone: Cell: Fax:	

Email:	
Date when the organization was established:	
<p>Did your organization receive any government /Donor funding in the past? If so,</p> <p>Which department/ Donor:</p> <p>When:</p> <p>How much:</p>	
For what purpose was donation used:	
Was any funding received in the past by your organization discontinued? (if so, provide the reason why):	
What was the organization's total annual expenditure in the last financial year?	
<p>Are you affiliated to any Association of NPO's? e.g. SANGOCO, NGO Coalition etc.</p> <p>If so, please respond to the following information.</p>	
<p>Name of the organization affiliated to:</p> <p>Contact person:</p> <p>Telephone:</p> <p>Email address:</p>	

(C) List all services implemented in the past three years

Which year	Service	Target group	Location (Town and Village)	Donor's name and contact details	Amount allocated	Total Expenditure	Number of people / beneficiaries reached

(D). Organization's banking details

Account Name	
Account number	
Account Type (cheque, current, savings)	
Full name of the bank	
Branch Code	
Branch Name	

(E). Signatories of the organization

Name	Position	Address	Contact details (telephone and email)	ID Numbers

(F). Indicate your organization's type of registration by making an (X) below. Please submit proof of registration, affiliation.

	Tick where applicable	Registration Number	Affiliation to NPO
NPO			
Section 21 Company			
Trust			

(G). Complete the table below regarding your organization's members of the governing Board/Trustees

* Does any of the Board Members/Management Committee Member works or has worked for government, if yes please fill in the following table

Name and Surname	ID Numbers	Position in Organisation	Persal Number	Gender	Telephone and email	Disability

(H). Organization's Management Qualifications:

Name and Surname	ID Number	Gender	Position in Organisation	Number of years in the organization	Number of years in the Non Profit sector	Qualifications obtained (Submit certified copies of qualifications)

(I). Staff members involved in the implementation of the service (applied for funding)

Name and Surname	ID Number	Gender	Indicate if Full Time / Part Time / Volunteer	Highest Qualification, Issuing Institution, year obtained	Contact Details (Telephone and email address)

(J). Existing formal networks, affiliations and / partnerships

Partner organization	Organization type	Years of involvement	Reason or motive for the networking

(K) Describe the purpose of the service

(L) Financial year – 2023/24

(REFER TO SERVICE SPECIFICATIONS ATTACHED SEPARATELY)

Project Objective					
Place-Target Area (for Activity 1.1 below)		No. of Children in the Centre (for Activity 1.1 below)			
Activity Description No. 1.1 What does the service provider need to do to achieve the objectives?	Performance indicator How are you going to see that you are achieving your objectives?	Outcome / Results (What you want to achieve) how you will know your service/project is achieving its goals/ outcomes and impact	Timeframe	Personnel and Resources Provide physical and material resources needed e.g. name or position of the responsible person or mode of transport to be used.	Budget Costs What are the financial costs & type of personnel to carry out such OBJECTIVE? E.g. If activity is awareness program – indicate inter alia Venue –R1000, Promotion Material – <u>x10 pamphlets @R5.00</u> per pamphlet = R50.00.
a)					
b)					
c)					
Sub-total for Activity 1.1					R

Place/Target Area(s) <i>(for Activity 1.2 below)</i>		No. of beneficiaries / Community(ties) <i>(for Activity 1.2 below)</i>			
Activity Description No. 1.2 <i>What does the service provider need to do to achieve the objectives?</i>	Performance indicator <i>How are you going to see that you are achieving your objectives?</i>	Outcome / Results (What you want to achieve) <i>how you will know your service/project is achieving its goals/ outcomes and impact</i>	Timeframe	Personnel and Resources <i>Provide physical and material resources needed e.g. name or position of the responsible person or mode of transport to be used.</i>	Budget Costs <i>What are the financial costs & type of personnel to carry out such OBJECTIVE? E.g. If activity is awareness program – indicate inter alia Venue –R1000, Promotion Material – <u>x10 pamphlets @R5.00 per pamphlet = R50.00.</u></i>
a)					
b)					
c)					
Sub-total for Activity 1.2					R
TOTAL OBJECTIVE 1					R

Add more rows if required.

Primary Objective					
Place-Target Area(s) <i>(for Activity 2.1)</i>		No. of Beneficiaries / Community(ties) <i>(for Activity 2.1)</i>			
Activity Description No. 2.1 <i>What does the service provider need to do to achieve the objectives?</i>	Performance indicator <i>How are you going to see that you are achieving your objectives?</i>	Outcome / Results (What you want to achieve) <i>how you will know your service/project is achieving its goals/ outcomes and impact</i>	Timeframe	Personnel and Resources <i>Provide physical and material resources needed e.g. name or position of the responsible person or mode of transport to be used.</i>	Budget Costs <i>What are the financial costs & type of personnel to carry out such OBJECTIVE? E.g. If activity is awareness program – indicate inter alia Venue –R1000, Promotion Material – <u>x10 pamphlets @R5.00</u> per pamphlet = R50.00.</i>
a)					
b)					
c)					
Sub-total for Activity 2.1					R

Add more rows if required.

(M). Do you target previously disadvantaged/poor /the vulnerable / marginalized group? List the target (s) groups that will benefit from the service e.g. Children from marginalized communities - how many will benefit)

Target group	Number in the group	Race	Disabilities
TOTAL			

(N). Describe previous achievements in the delivery of ECD services

(O). List other Organizations which are already providing ECD services in your area:

(P) Project budget

Clearly state the input and the cost required in order to deliver target outputs, outcomes and achieve objectives

FINANCIAL YEAR 2023/24

ITEM	OBJECTIVE 1	OBJECTIVE 2	TOTAL BUDGET
1. Personnel Costs			
2. Project costs			
4. Administrative costs			
5. Other (specify)			
SUB-TOTAL			

(Q) Financial controls- to check how finances are handled (Mark with a cross (X))

System of control	Yes	No
All funds received are deposited into the organization's bank account, properly recorded, reconciled and all records kept under adequate security		
A central point of contact is designated for all incoming mail		
Bank statements are reconciled to General Ledger/Cash book on a monthly basis and reviewed by management		
If no do you need training in this regard?		
Segregation of duties within the account reconciliation, journal posting, and management review and approval processes,(Receive funds/ verify)		
Funds are disbursed only upon authorization of management for the purpose for which funds are granted and all disbursements are properly recorded		
There is policy on minimum petty cash to be held on a daily basis and all petty cash is kept in a secure and safe place		
Policies and procedures governing accounts payable and purchasing processes exist		

Wire /electronic transfers are executed through a password-protected internet process		
Expense reimbursements are only issued to employees with clearly defined needs on expenses incurred		
There are policies and procedures governing payroll processes detailing timelines, responsibilities, and actions.		
Is there an asset register with all fixed assets recorded equipment, furniture updated on a monthly basis		
Is managerial approval sought in advance for the acquisition, disposal, and write-off of assets.		
Are there procedures and systems approved for the storage, use and maintenance of all its assets and equipment		
Are there procedures and mechanisms exist to prevent abuse, theft and loss of assets and equipment.		

(R). Monitoring and Evaluation
Balanced scorecard

FINANCIAL PERSPECTIVE	CUSTOMER PERSPECTIVE	ORGANISATIONAL (INTERNAL BUSINESS PERSPECTIVE)	INNOVATION AND LEARNING PERSPECTIVE
<i>Explain how your organization plans to monitor compliance with financial requirements as stipulated in the Service level Agreement</i>	<i>Explain how your organisation plans to get feedback from customers and ensure that they are satisfied with the services provided?</i>	<i>Explain which policies, legislation, procedures and guidelines your organisation will be adhering to in ensuring excellence in provision of services</i>	<i>Explain how your organisation will keep pace with the latest developments and demand for service thus ensuring adaptation to change and improvements?</i>

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(S). Financial sustainability and transformation
Provide ways in which the organization plans to sustain itself financially should the Department of Education not fund the centre

(AA). DOCUMENTS TO BE SUBMITTED WITH THE BUSINESS PLAN

Well-Established NPO	Mark X	Established NPO/NGO	Mark X	Emerging NPO	Mark X
Constitution/founding documents		Constitution/founding documents		Founding documents	
Organisation structure		Organisation structure		Organisation structure	
NPO certified registration certificate		NPO certified registration certificate		Proof that the service provider in the process of registering / Proof that the NPO is affiliated to a registered organisation	
Sector specific registration certificate (e.g. ECD services providers to be registered with the Department of Basic Education)		Sector specific registration certificate (e.g. ECD services providers to be registered with the Department of Basic Education)			
Confirmation of banking details (e.g. Bank certified statement)		Confirmation of banking details		Confirmation of banking details	
Annual report		Annual report			
Most recent audited financial statements		Audited financial statements		Accounting officer report	
Financial declaration in terms of section 38(1) J of the PFMA		Financial declaration in terms of section 38(1) J of the PFMA		Financial declaration in terms of section 38(1) J of the PFMA	
Proof of affiliation / Memorandum of Understanding, where relevant		Proof of affiliation / Memorandum of Understanding, where relevant		Proof of affiliation / Memorandum of Understanding, where relevant	
Donor letters		Donor Letters		Donor Letters	
CVs and certified certificates of qualifications of management		CVs and certified certificates of qualifications of management		CVs and certified certificates of qualifications of management	

(BB). DECLARATION

We, the undersigned, being the persons responsible in the application organization for action, certify that the information given in this application is correct.

Chairperson's name:	
Signature:	
Date:	

Treasurer's name:	
Signature:	
Date:	

