



social development

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REPUBLIC OF SOUTH AFRICA



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NORTH WEST PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT ADMINISTRATIVE TOOLS FOR FUNDING NON PROFIT ORGANISATIONS (NPOs)

2025/2026

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Foreword

The mandate of the Provincial Department of Social Development is to develop policies, guidelines and legislation that will ensure the protection of the poor, most vulnerable individuals, families, groups and communities through the provision of the social protection services. The protection of vulnerable groups through partnerships with the Non Profit Organisations (NPOs) is critical as it seeks to promote access of services to communities and enhance the capacity of communities to contribute to the improvement of their living conditions.

The National Department of Social Development has through a consultative processes with the Provinces and the NPO sector respectively, finalised the redrafting of the Department of Social Development Sector Funding Policy (DSD SFP) and same approved during 2020. The Provincial Department have adopted the implementation of the National Department of Social Development Sector Funding Policy (DSD SFP) going forward. The Department of Social Development play a critical role in the partnership through leading and planning for the delivery of services, and providing NPOs with funding support they require to deliver developmental social services. The policy and related guidelines serves to facilitate transformation and redistribution of social service resources to the poor, disadvantages and vulnerable sectors of our communities

In responding to the recurring challenges faced by the Department year by year, the Department deemed it fit to develop the administrative tools and procedure guidelines that will ensure efficiency in the processing of funding support that will ultimately strengthen service delivery. The development of these administrative tools seeks to provide a clear understanding to the NPOs on the requirements set by the Department, and further strengthen the partnership between the Department and Civil Society Organisations/ Non Profit Organisations.

In order for the organs of the Department to strengthen its partnership with the aim to enhance service delivery, it is also imperative for the NPOs to understand the norms and standards with regard to services required to ensure achievement of mandate of the Department. The Department will further share other administrative frameworks and tools with regard to standard operating procedures that will enable the NPOs support the Department to comply with the requirements of the Auditor General and Provincial Internal Auditors mandatory requirements. These administrative tools, procedure guidelines and frameworks will ensure common understanding in the interpretation of the relevant NPOs funding legislations and the uniformity in the provision of information for the benefit of effective and efficient services delivery.

GENERIC BUSINESS PLAN TEMPLATE

LETTERHEAD OF THE ORGANISATION

FINANCIAL YEAR: 2025/2026

BUSINESS PLAN APPLICATION FOR FUNDING

NAME OF THE NPO:

DATE SUBMITTED:

FUNDING PERIOD:

DECLARATION BY PERSON SUBMITTING THIS BUSINESS PLAN

NAME :

POSITION :

SIGNATURE:

- Please provide the information required in this format. Respond to all questions accordingly and use additional paper if necessary.
- The format applies to all categories of services and can be adapted accordingly where necessary.
- Organisations may require assistance /support from the Department to complete their business plan
- Programme herein refers to project/ service provided
- The service provider refers to the organisation/NPO or applicant requesting financial assistance.

SECTION: 1

1. ADMINSTRATIVE DETAILS

1.1 Category and Registration

CATEGORY	REGISTRATION						DATE OF REGISTRATION
	Type of registration (Tick applicable box or choose one)						
Non-Profit Organisation							
Non-Governmental Organisation							
Faith Based Organisation							
National Organisation							
Other (Specify) ○ ○ ○							

(Attach proof of registration & NPO status – System print-out report)

1.2 Contact Details

1.2.1 Physical Address *(Must be the same like that in ownership letter/ Lease Agreement)*

.....
.....**Code:**.....

1.2.2 Postal Address

.....
.....**Code:**

1.2.3 Contact Person's Details

NAME (Please Print)	POSITION/CAPACITY	TEL/CELL NUMBER	EMAIL ADDRESS
1.			
2.			
3.			

1.3Types of Application

(Please note that the service provider may tick more than one box. Provide the reasons for the extension of service)

Tick Applicable Box

New Application	
Existing Application	
Geographic Extension	
Service Extension	

Motivation:

.....

.....

.....

SECTION: 2

2. PROGRAMME DETAILS

2.1 Name/ Title of the Programme

(Specify the name/title of the programme for which funds are sought e.g. Home Based Care Services)

NATURE & SCOPE OF THE SERVICE	AREA OF OPERATION			
	DISTRICT	AREA & WARD WHERE NPO IS LOCATED	LOCAL MUNICIPALITY	WARD & AREAS SERVICED BY THE NPO
<i>e.g. Orphans & children between 0- 18years</i>	<i>Ngaka Modiri Molema</i>	<i>Mahikeng; Ward 10</i>	<i>Mahikeng Local Municipality</i>	<i>Ward 30, 28 Dibate, Lomanyaneng, Magoegoe, Setlopo, Majemantsho etc.</i>
1.				
2.				
3.				
4.				

2.2 History of the Programme

(Explain the background of the programme, how the organisation determined that there is a need for the service of this nature and when was the need identified three months, 2 years?)

.....

.....

Describe how beneficiaries (target groups) of the programme participate in the planning, implementation, monitoring and evaluation of the programme)

.....
.....
.....
.....

2.2.2 Are the vulnerable groups involved in the programme? Yes/ No

2.2.3 Describe how you reach vulnerable groups or target/beneficiaries

.....
.....
.....

2.4. Purpose of the Programme *(Describe what the programme wants to achieve in the broader terms)*

.....
.....
.....

2.5. OBJECTIVES

OBJECTIVES	NUMBER OF BENEFICIARIES PER COMMUNITY	
	Target Area/ Community	Number of Beneficiaries
1.		
2.		
3.		
4.		

2.6 ACTIVITY PLAN/ IMPLEMENTATION PLAN

Activities	Performance Indicator	Outcome	No to be reached	Location	Resources required	Costs
<i>What does the service provider/NPO need to do to achieve the objectives e.g. establish the support group for beneficiaries/conduct home visits</i>	<i>How are you going to see that you are achieving your objectives e.g. Number of support for beneficiaries established</i>	<i>Report on the results of the activities or objectives stated e.g. Improved well-being of OVC</i>	<i>Provide who will benefit and the number</i>	<i>Indicate for each activity the areas where the beneficiaries were identified & reached</i>	<i>What are the type of resources that your NPO will need to achieve every activity</i>	<i>What are the financial costs type of</i>

Objective: 1

.....

Activities	Performance Indicator	Outcome	No to be reached	Location	Resources required	Costs
1.						
2.						

Objective: 2

.....
.....

Activities	Performance Indicator	Outcome	No to be reached	Location	Resources required	Costs
1.						
2.						
3.						
4.						

Objective: 3

.....
.....

Activities	Performance Indicator	Outcome	No to be reached	Location	Resources required	Costs
1.						
2.						
3.						
4.						

SUMMARY OF COST IMPLICATIONS

(Referring to the provider activity table, cluster the items and cost implications using the following specified items as a guide. Refer to attached Schedule 2 & use explanatory notes where necessary)

STANDARD ITEM	TOTAL NUMBER REQUIRED & CATEGORIES INCLUDING SOCIAL SERVICE PROFESSIONALS (Social Worker, Social Auxiliary Worker, Assistant \Community Development Practitioners Auxiliary Child & Youth Care Workers	TOTAL COST
1. Personnel - Payment of stipends		
2. Administration - Airtime - Rent - Electricity - Transport - Stationery		
3. Programme implementation - Food parcels - Cooked meals - Psychosocial Support Tools - Groceries		
4. Training & Development - Payment of training facility - Catering - Stationery (Cocky pens, flip charts		
5. Other - Compliance issues(Fire extinguishers) -		

Grand Total		
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3. GOVERNANCE AND MANAGEMENT

3.1 MANAGEMENT BOARD

*(Provide details of each management committee of the NPO including the race, gender and disability and also attach organogram or schematic representation of the organisational structure as **Annexure E**)*

NAME	POSITION & QUALIFICATION	CONTACT DETAILS	ID NO	GENDER		RACE	DISABILITY		EXPERIENCE & SPECIFIC EXPERTISE IN AREA OF SERVICE
				M	F		Yes	No	
1.		Business: Cell No: Email:		M	F				
2.		Business: Cell No:							

		Email:							
3.		Business: Cell No: Email:							
4.		Business: Cell No: Email:							
5.		Business: Cell No: Email:							

3.2. MANAGEMENT COMMITTEE

(Provide details of management committee including supervisors)

NAME	POSITION & QUALIFICATIONS	CONTACT DETAILS	ID NO	GENDER	RACE	DISABILITY		EXPERIENCE & SPECIFIC EXPERTISE IN AREA OF SERVICE
						Yes	No	
1.		Business: Cell No: Email:						
2.		Business: Cell No: Email:						
3.		Business:						

		Cell No:						
		Email:						

PROFILE OF STAFF MEMBERS (*Please attach the most recent attendance register*)

NAME OF STAFF MEMBER	IDENTITY NO	CONTACT DETAILS	QUALIFICATIONS	EXPERIENCE	DISABILITY		GENDER	
					Yes	No	M	F
1.		Business: Cell No: Email: Professional Registration No:						

2.		Business: Cell No: Email: Professional Registration No:						
3.		Business: Cell No: Email: Professional Registration No:						

4.		Business: Cell No: Email: Professional Registration No:						
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PROFILE OF STAFF /VOLUNTEERS IF THERE ARE ANY?

NAME OF STAFF MEMBER	IDENTITY NO	CONTACT NO	QUALIFICATIONS	EXPERIENCE	DISABILITY		GENDER	
					Yes	No	M	F
1.		Business: Cell No: Email: Professional Registration No:						
2.		Business: Cell No: Email:						

		Professional Registration No:						
3.		Business: Cell No: Email: Professional Registration No:						

Functions of Volunteers

Management	
Fund raising	
Staff	
Other(Specify)	

3.3.1 Does your organisation make use of volunteers? Yes/No

3.3.2 If yes, please state the number of volunteers

3.3.3 Do your volunteers receive stipend/salaries?

3.3.4 If yes indicate the amount R

3.3.5 Number of volunteers in respect of stipend if any.

3.3.6 What activities do your volunteers undertake?

.....
.....

3.3.7 Describe how the volunteers participate in the planning, implementation, monitoring and evaluation of the service/programme.

.....
.....

3.4 Capacity

3.4.1 Does your organisation have enough capacity to implement this service/programme?

.....
.....

3.4.2 Indicate the capacity your organisation has to provide effective and efficient service

.....
.....

3.4.3 If no what plans are put in place to improve this, please specify

.....
.....

Affiliation with other Service Providers/ Entities/Forums/Stakeholders

NAME OF NETWORKING/COORDINATING STRUCTURE	TICK APPLICABLE BOX	DATE OF AFFILIATION
Community Based Organisation Network		
South African NGO Coalition		
National Council		
Provincial Council		
District AIDS Council		
Local AIDS Council		

NETWORK WITH OTHER SERVICE PROVIDERS

(a) Similar Services

Name of Service	Nature of relationships(if any)
1.	
2.	
3.	

(b) Different Services

Name of Service	Nature of relationships(if any)
1.	
2.	
3.	

Do you have written agreement with other service providers in relation to this or other organisations? If formalised please attach proof of agreement(s)

SECTION: 4

4.1. SUSTAINABILITY PLAN

Provide ways in which the organisation makes plans to sustain after cessation of funding from the Department.

- a. Describe how the organisation will sustain itself in the future to ensure continued service provision

.....

.....

- b. After cessation of funds from the Department

.....

.....

- c. In the event there are budget cuts

.....

.....

- d. In the event the programme is no longer a priority from the funding perspective

.....

.....

4.2 Are the beneficiaries / affiliates contributing towards to the project through(Tick appropriate box)

Membership : Yes/ No

Material : Yes/ No

Labour : Yes/ No

Skills : Yes/ No

Cash : Yes/ No

4.3 If your answered Yes to any of the above, please specify the amount or mature of contribution

.....
.....

4.4 If you have answered, No are there any prospects of contributions and how?

.....
.....

SECTION: 5

5.1 TRANSFORMATION

(Indicate the plan of the organisation to transformation its structures as well as services and/ or attach a transformation plan the objectives activities time frame, targets dates and targets for change or add a separate page if there is more to be provided, if necessary)

Transformation Issues	Expected outcomes	Target reached	Time Frame	Challenges	Remedial/ Corrective Action	Responsibility
Specify the area of transformation e.g. accountability of the programme etc.	How will you achieve this transformation imperatives e.g. indicate the distance of the organisation from the community NPO serviced or target group	Who will benefit from the process	How long will it take to put in place a transformation plan	What challenges/ risks problems/concerns do you envisage/ anticipate and remedial		
1.						
2.						
3.						
4.						

SECTION: 6

6.1. FINANCIAL MATTERS

6.1.1. Name of the person responsible for managing your financial records

.....
.....

6.2 What training has the person undergone?

.....
.....

6.3 Do you have any assets (things that you have) and or liabilities/ things you owe? Yes/ No

6.4 Assets and Liabilities

Types of Assets/ Liabilities	A: Assets L: Liability (Use A or L where applicable	Number	Amount/ Value
Building			
Motor Vehicle			
Cash at Hand			

Cash at the Bank			
Prepaid Accounts			
Accounts receivable Debtors:			
Interests:			
Accounts payable Taxes:			
Creditors:			
Rents:			
Interest:			
Accruals			

SUMMARY OF PROJECTED INCOME & EXPENDITURE (Specific to this programme- Schedule 2 and 2.1)

INCOME	Financial Year :2025/26		Financial Year :2026/27		Financial Year: 2027/28	
Expected/ Current Income						
International Donor Agencies						
Corporate Business						
National Development Agency						
National Lottery						
Departmental - Financial Awards/ Subsidy						
Grant (HIV & AIDS)						
Extended Public Works Program						
Poverty Funds						
Other Departments - Department of Social Development - Department of Health - Department of Education						

Membership Fee						
Interest received						
Other(Specify)						
-						
Sub Total						

INCOME	Financial Year 2025/26		Financial Year 2026/27		Financial Year: 2027/28	
EXPENDITURE						
Personal Expenditure						
- Salary & Wages						
- Bonus						
- Honorarium						
Office Expenditure						
- Rent						
- Insurance						

- Books and Journals						
- Post & Telecommunication Services						
- Affiliation Fees						
- Printed Matter						
Other(Specify)						
-						
-						
Sub Total						

INCOME	Financial Year 2025/26		Financial Year 2026/27		Financial Year: 2027/28	
Social Relief						
- Food						
- Clothing						
- Accommodation						
Other(Specify)						
-						
-						
Sub Total						
Special Services						
- Audit Costs						
- Bank Charges						
- Fund Raising						
Other(Specify)						
-						

-						
Sub Total						
Grounds & Buildings						
- Capital & Interest						
- Private						
- Capital & Interest(State)						

INCOME	Financial Year :2025/26		Financial Year :2026/27		Financial Year: 2027/28	
- Maintenance						
- Insurance						
Other(Specify)						
-						
-						
Sub Total						
Domestic Expenditure(Facilities Only)						
- Food & Groceries						
- Linen						
- Toiletries						
- Medical						
- Pocket Money						
- School Fees						
- Purchases						

- Personnel						
- Clothing(School Uniform						
Other(Specify)						
-						
Sub Total						
Sundries						
Research						
Public Relations & Marketing						
Security Equipment						
Other(Specify)						
-						
-						
Sub Total						

INCOME	Financial Year :2025/26		Financial Year :2026/27		Financial Year: 2027/28	
Provision for Special Funds						
Other(Specify)						
-						
Total Income						
Total Expenditure						
Surplus/ Shortage						

Has your organisation had any funders other than this Department in the last three years not specific to this programme? Yes/ No

If your answer to the previous question is, yes complete the following:

Source of income/ Name of Funder	Amount received	Purpose for which funds were awarded	Funding Period
Departmental:			
- Financial Award/ Subsidy			
- Grant(HIV & AIDS)			
- Extended Public Works Programme			
- Poverty Fund			

- International Donors			
- Corporate Business			
- National Development Agency(NDA)			
- National Lottery			
Other Departments			
-			
Other (Specify)			
-			

Has your organisation received any donations in the last three years? Yes/ No

If yes complete the following

Name of the Donor Organisation	Type of donation received	Purpose for which the donation was used	Date received
1.			
2.			
3.			
4.			

SECTION: 7

MONITORING & EVALUATION PLAN

Financial Perspective	Customer Perspective	Organisational (internal) business perspective	Innovative and learning perspective
How will you monitor compliance with financial requirements as stipulated in the Memorandum of Agreement e.g. Compliance with PFMA	How will you ensure that customers are satisfied with the service provided? E.g conduct customer satisfaction survey	What internal departmental or organisational policies, legislations procedures and guidelines will the service provider/ NPO adhere to this ensuring excellence in provision of services e.g Policy on NPO Funding to service provider	How will you pace with the latest developments and demand for service thus ensuring adaptation to change and improve e.g Training and Capacity Building Programme
Financial Perspective	Customer Perspective	Organisational (internal) business perspective	Innovative and learning perspective
1.			
2.			
3.			
4.			
5.			

For Official Use

Comments on the Business Plan

.....
.....

Compliance with the Progress report

.....
.....

Issues for the discussions with the Department

.....
.....

Issues for discussion with the service provider/NPO

.....
.....

Recommendations

.....

I the undersigned hereby declare that the information supplied is true and valid

.....

NAME OF THE PROGRAMME MANAGER

.....

SIGNATURE OF PROJECT MANAGER

.....

DATE

.....

NAME OF THE ADMINISTRATOR

.....

SIGNATURE OF ADMINISTRATOR

.....

DATE

.....

NAME OF THE FINANCIAL MANAGER

.....

SIGNATURE OF FINANCIAL MANAGER

.....

DATE

Annexure B: Confirmation of Bank Details

Annexure C 1: Section 38 (1) (J)

ASSURANCE IN TERMS OF THE SECTION 38 (1) (J) OF THE PUBLIC FINANCE MANAGEMENT ACT 1999 (ACT 1 OF 1999)

In terms of Section 38(1) (J) of the Public Finance Management Act, 1999(Act 1 of 1999), the Department of Social Development requires a written assurance that your entity implements effective, efficient and transparent financial management and internal control

I, the undersigned.....in my capacity as

.....of.....hereby declare that

.....service provider implements effective, efficient and transparent financial management and internal control systems

Signed at.....on thisday of.....20.....

Signature:

Witness

1. Capacity:
2. Capacity:
3. Capacity.....

CONDITIONS AND REMEDIAL MEASURES TO COMPLY WITH THE PUBLIC FINANCE MANAGEMENT ACT SECTION 38(I)(J) ACT 1 OF 1999

- In the case where written assurance cannot be obtained from the entity that effective, efficient and transparent management and internal control systems exist, the following conditions and remedial measures will apply:
- The service provider will not use any funds allocated by the Department and paid into their bank account, until the Department gives them written permission to do so.
- The service provider will implement and adhere to the financial control system prescribed by the Department conducted by the officials of the Department or its representatives
- The service provider will submit quarterly financial expenditure and progress reports as prescribed by the Department.
- The service provider will take appropriate measures to ensure that it improves its capacity to implement effective, efficient and transparent management and internal control systems.

I, the undersigned.....in my capacity as

.....of.....hereby declare that

.....(service provider) implements effective, efficient and transparent financial

Signed at.....on this.....day of.....20.....

Signature :

Witness

1.....Capacity:
.....

2..... Capacity:
.....

Annexure F: SPECIMEN SIGNATURE

Letterhead of the Organisation (It must be recorded in the letter head of the organisation)

NAME OF THE ORGANISATION :

NAME OF THE OFFICIAL :

POSITION IN THE ORGANISATION :

DELEGATED FUNCTIONS:

START DATE: 1ST APRIL 2025 TO MARCH 2026

SIGNATURES

DELEGATED BY:

DESIGNATION

.....

NAME

.....

SIGNATURE

.....

DATE