



**Province of the**  
**EASTERN CAPE**  
**DEPARTMENT OF SOCIAL DEVELOPMENT**

**BUSINESS PLAN FOR**  
**COMMUNITY DEVELOPMENT INITIATIVES**  
**2025 – 2026**

**PROJECT NAME :**

**LOCATION :**

**WARD :**

**LOCAL MUNICIPALITY :**

**DISTRICT :**

**PROJECT NAME**

**1.1 EXECUTIVE SUMMARY**

**1.2. ORIGINS AND REASONS FOR EXISTENCE**

**FEATURES OF THE AREA OF OPERATION**

**1.2.1. LEADERSHIP**

**1.2.2. DEMOGRAPHICS**

**1.2.3. EDUCATION**

**1.2.4. HEALTH ISSUES**

**1.2.5. SOCIAL PROBLEMS FACING THE COMMUNITY**

#### **1.2.6. ENVIRONMENTAL ISSUES**

#### **1.2.7. SOURCES OF EMPLOYMENT**

#### **1.2.8. OTHER SOURCES OF INCOME**

#### **1.2.9. FACILITIES AVAILABLE**

#### **1.2.10. SOCIAL SERVICES AVAILABLE**

#### **1.2.11. NGOS AND SOCIAL WELFARE PROGRAMMES**

#### **1.2.12. CULTURAL AND RELIGIOUS ACTIVITIES**

#### **PROBLEM STATEMENT**

#### **PROBLEMS TO BE ADDRESSED**

#### **BENEFICIARIES AND PARTIES INVOLVED**

#### **2.1. OTHER INTERVENTION**

## 2.2. INTERVENTION / PLANNING

### INTERVENTION LOGIC

OVERALL OBJECTIVE
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IMMEDIATE OBJECTIVE	VERIFIABLE INDICATOR (K.P.I.)	MEANS OF VERIFICATION	ASSUMPTIONS
<u>Result 1</u>			
<u>Result 2</u>			
<u>Result 3</u>			
<u>Result 4</u>			

### 2.3 ACTIVITIES

RESULTS	ACTIVITY	BUDGET	RESPONSIBILITY	TIME FRAME
<u>Result 1</u>				
<u>RESULT 2</u>				
<u>RESULT 3</u>				
<u>Result 4</u>				

### 3. TIME TABLE

ACTIVITY	RESPONSIBILITY	PERIOD (MONTHS)											
		A	M	J	J	A	S	O	N	D	J	F	M

### COST PLAN MATRIX: AMAKHOSIKAZI BLOCK MAKING COOPERATIVE LIMITED

#### 4. COST ESTIMATE AND FINANCIAL PLAN

PHYSICAL INVESTMENT TO THE PROGRAMME	UNIT PRICE	COST ITEM



## **INSTITUTIONAL AND MANAGEMENT CAPACITY**

<b>NAME &amp; SURNAME</b>	<b>PORTFOLIO</b>	<b>QUALIFICATION</b>

### **2. ENVIRONMENTAL PROTECTION**

### **3. HUMAN RESOURCE DEVELOPMENT**

#### **3.1 TRAINING NEEDS**

### **4. MONITORING AND EVALUATION**

### **5. CONCLUSION AND PROPOSAL**

Signed by:  
Chairperson .....

Signature.....

Date.....

Secretary.....

Signature.....

Date .....

Treasure .....

Signature.....

Date.....



