

The background of the page features the coat of arms of the Eastern Cape province. It consists of two antelope figures (resembling reedbuck) standing on either side of a shield. The shield is divided into four quadrants: top-left is red, top-right is white, bottom-left is blue, and bottom-right is green. In the center of the shield is a green tree. Above the shield is a yellow sun with rays. A banner at the bottom of the shield contains the motto "DEVELOPMENT THROUGH UNITY".

Province of the
EASTERN CAPE

DEPARTMENT OF SOCIAL DEVELOPMENT

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

FINANCIAL YEARS

2025/26 - 2026/27 - 2027/28

(A) IDENTIFYING DETAILS

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.

Name of the organization implementing the service:	
Postal address:	
Physical address:	

Province where Head Offices are located:(where applicable)	
District where Head Offices are located: (where applicable)	
Contact person:	
Job title / position:	
Telephone: Cell: Fax:	
Email:	
Date when the organization was established:	
Did your organization receive any government /Donor funding in the past? If so, Which department/ Donor: When: How much:	
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?	
Are you affiliated to any Association of NPO's? e.g. SANGOCO, NGO Coalition etc. If so, please respond to the following information.	
Name of the organization affiliated to:	
Contact person:	
Telephone:	

Email address:	
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(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). AUTHORISED SIGNATORY OF NPO

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

(i) Is any of the Board Members working or once worked for government

(ii) If Yes, provide Persal number in the space below

Name and Surname	Position	ID Numbers	Race	Persal Number	Gender	Telephone and email	Disabilities	Training/Qualification

(H). Management Committee in your organization:

(i) Is any member of the Management Committee working or once worked for government:.....

(ii) If Yes, provide Persal number in the space provided below:

Name and Surname	Position	ID Numbers	Race	Persal No.	Gender	Telephone and contact details	Disabilities	Training/Qualification

(I). Organization’s Management Qualifications:

Name and Surname	Position	Number of years in the organization	Number of years in the Non Profit sector	Qualifications obtained (Submit certified copies of qualifications)	Race. Gender & contact details	ID Numbers

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Please submit Organogram (Structure of your organization)

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

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

(K). Existing formal networks, affiliations and / partnerships (Submit proof e.g. memorandum of understanding)

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

(L) Project background

Indicate the intended focus of the service for which funding is required inline with the service specifications: -

Funded Service/ Programme	Make a cross (X)
Care and support services to Older Persons	
Services to persons with Disabilities	
HIV & AIDS: (i) HCBC (ii) Social Behavior Change	
Care and support to families	
Childcare and protection	
Partial Care	
Child and Youth Care Centres	
Community Based Care Services for Children	
Crime prevention and support	
Victim empowerment	
Substance Abuse prevention and rehabilitation	

(M). Describe the purpose of the service and provide details of the process followed to determine the needs to be addressed by this service (e.g. conducted research and community profiling)



(N) Financial year – 2025/26

(REFER TO SERVICE SPECIFICATIONS ATTACHED SEPARATELY)

Project Objective No. 1 (As per service specifications)					
Place-Target Area(s) <i>(for Activity 1.1 below)</i>		No. of Beneficiaries / Community(ties) <i>(for Activity 1.1 below)</i>			
Activity Description No. 1.1 <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 per pamphlet = R50.00.</u></i>
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>	
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Activity Description	Performance indicator	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 – x10 pamphlets @R5.00 per pamphlet = R50.00.</i>
No. 1.2 <i>What does the service provider need to do to achieve the objectives?</i>	<i>How are you going to see that you are achieving your objectives?</i>				

a)					
b)					
c)					

Sub-total for Activity 1.2 R

TOTAL OBJECTIVE 1

R

Add more rows if required.

Project Objective

No. 2 (As per service specifications)

Place-Target Area(s)

(for Activity 2.1)

No. of Beneficiaries / Community(ties)

(for Activity 2.1)

Activity Description

No. 2.1

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 – x10 pamphlets @R5.00 per pamphlet = R50.00.

a)

b)

c)					
Sub-total for Activity 2.1					R
Place/Target Area(s) <i>(for Activity 2.2 below)</i>		No. of beneficiaries / Community(ties) <i>(for Activity 2.2 below)</i>			
Activity Description No. 2.2 <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 – x10 pamphlets @R5.00 per pamphlet = R50.00.</i>
a)					
b)					
c)					
Sub-Total for Activity 2.2					R

Add more rows if required.



(O). Do you target previously disadvantaged/poor /the vulnerable / marginalized group? List the target (s) groups that will benefit from the service e.g. Youth living with HIV/AIDS- how many will benefit)

Target group	Number in the group	Race	Disabilities	Gender
TOTAL				

(P). Describe previous achievements in the delivery of this service or similar service

(Q). List other agencies/ Organizations which are already conducting similar activities to the proposed service in response to the problem in your area:

(R) Project budget

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

FINANCIAL YEAR 2025/26

ITEM	OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	TOTAL BUDGET
1. Personnel Costs				
2. Project costs				
4. Administrative costs				
5. Other (specify)				
SUB-TOTAL				

FINANCIAL YEAR 2026/27

ITEM	OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	TOTAL BUDGET
1. Personnel Costs				
2. Project costs				
4. Administrative costs				

5. Other (specify)				
SUB-TOTAL				

FINANCIAL YEAR 2027/28

ITEM	OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	TOTAL BUDGET
1. Personnel Costs				
2. Project costs				
4. Administrative costs				
5. Other (specify)				
SUB-TOTAL				

(S) 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.		
There must be an asset register with all fixed assets recorded equipment, furniture updated on a monthly basis		
Managerial approval is required in advance for the acquisition, disposal, and write-off of assets.		
Procedures and systems approved for the storage, use and maintenance of all its assets and equipment		
Procedures and mechanisms exist to prevent abuse, theft and loss of assets and equipment.		
Password protected accounting software system exists and access to information and editable fields are limited to appropriate personnel		

FINANCIAL MANAGEMENT ARRANGEMENTS

Please give us information on how you have arranged your organisation's financial management. Please mark the applicable box below with an X

<input type="checkbox"/> The organisation has outsourced its bookkeeping and/or financial reporting to an accounting company or an accounting professional	<input type="checkbox"/> The organisation has an in-house staff member or resource that does its bookkeeping and financial reporting	<input type="checkbox"/> The organization does not maintain a complete record of its accounting activities
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If you have indicated that your organisation does not maintain its accounting records above, please explain why your organisation does not maintain its accounting records in the space provided below

FINANCIAL MATTERS OF NPO OR OTHER ENTITY

SIZE OF NPO OR OTHER ENTITY

Please give us an indication on how much revenue, on average, your organisation received or earned in its most recent three (3) full financial years (including all and any funding received from government or non-government sources). Please mark the applicable box below with an X

EMERGING NPO OR OTHER ENTITY	SMALL NPO OR OTHER ENTITY	MEDIUM NPO OR OTHER ENTITY	LARGE NPO OR OTHER ENTITY
<input type="checkbox"/> Less than R 500 000	<input type="checkbox"/> Greater than or equal to R 500 000 but less than R 2 million	<input type="checkbox"/> Greater than or equal to R 2 million but less than R 10 million	<input type="checkbox"/> Greater than or equal to R 10 million

SUPPORTING DOCUMENTATION REQUIRED

Depending on the box you selected above for the size of your organisation. please submit the following:

SIZE OF NPO OR OTHER ENTITY	TYPE OF FINANCIAL STATEMENTS TO SUBMIT

EMERGING NPO OR OTHER ENTITY	AT LEAST an NPO or Other Entity Statement of Income and Expenditure Please use the template provided in FORM 1: NPO OR OTHER ENTITY STATEMENT OF INCOME AND EXPENDITURE
SMALL NPO OR OTHER ENTITY	AT LEAST the organisation's Annual Financial Statements (prepared in terms of International Financial Reporting Standards (IFRS) or IFRS for Small and Medium-Sized Entities (IFRS for SMEs)) for the most recent full financial year – compiled by an independent, registered compiler
MEDIUM NPO OR OTHER ENTITY	AT LEAST the organisation's Annual Financial Statements (prepared in terms of IFRS or IFRS for SMEs) for the most recent full financial year – reviewed by an independent registered reviewer
LARGE NPO OR OTHER ENTITY	The organisation's Annual Financial Statements (prepared in terms of IFRS or IFRS for SMEs) for the most recent full financial year – audited by a Registered Auditor (i.e. Audited Annual Financial Statements)

**(T). 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 Transfer Payment 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>

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

Well-Established NPO	Mark	Established NPO/NGO	Mark	Emerging NPO	Mark
	X		X		X
Constitution/founding documents		Constitution/founding documents		Founding documents	
Organisation structure		Organisation structure		Organisation structure	
NPO certified registration certificate		NPO certified registration certificate		NPO certified registration certificate	
Sector specific registration certificate		Sector specific registration certificate		Proof of registration/Sector specific registration certificate	
Confirmation of banking details (e.g. Bank certified statement)		Confirmation of banking details		Confirmation of banking details	
Annual report		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 applicable.		Proof of affiliation / Memorandum of Understanding, where applicable.		Proof of affiliation / Memorandum of Understanding, where applicable.	
Donor letters		Donor Letters		Donor Letters	
CVs and certified certificates of		CVs and certified certificates of qualifications of		CVs and certified certificates of	

qualifications of management		management		qualifications of management	
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(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 (NB: to be signed by board members, delegation letter required if not a board member).

Board/Management Committee	
Chairperson's name:	
Signature:	
Date:	

Board/Management Committee	
Treasurer's name:	
Signature:	
Date:	

APPENDIX A:

NB: IT IS NOT NECESSARY TO INCLUDE APPENDIX "A" TO THE BUSINESS PLAN DURING SUBMISSION.

EMPLOYEE LINE ITEMS (NON-EXHAUSTIVE)



STAFF CATEGORY
Managers
Administrative Managers
Professional Managers
Professional Personnel
Social Workers
Youth Workers
Probation Officers
Community Development Worker
Child & Youth Care worker
Other
Assistant Personnel
Social Auxiliary worker
Assistant probation workers
ECD care givers
Home & Community Based care givers
Sign language interpreters
House Mothers
Professional Support
Medical practitioners
Physiotherapists
Speech therapist
Occupational therapists
Nursing Personnel
Psychologists
Psychiatrists
Researchers
Information System Specialists
Other (specify)
Admin Support Personnel
Information Technology Specialists
Admin officers
Typists
Drivers
Data capturers
Cleaners
Admission Personnel
Security personnel
Receptionist
Temporary personnel

Student social workers
interns
contract workers
Student CYC workers
Other

SCOA LINE ITEMS WITH SCOA CODE

SCOA CODE	1	2	3
2	COMPENSATION OF EMPLOYEES		
3	<i>Salaries and wages</i>		
4		S&W: Bonus (Res)	
5		S&W: Overtime (Res)	
6		S&W: Allowance	
7	<i>Social contributions</i>		
8		Empl Contr: Pension	
9		Empl Contr: Medical	
10		Empl Contr: UIF	
11	GOODS & SERVICES		
12	<i>Advertising</i>		
13	<i>Attendance fees</i>		
14	<i>Bank charges and card fees</i>		
15	<i>Bursaries</i>		
16	<i>Communication</i>		
17		Com: Cell contrac (rent&call)	
18		Com: Licences (radio&TV)	
19		Com: Post/stamp/frank mach	
20		Com: Rent priv bag &post box	
21		Com: Telephone installation	
22		Com: Tel/fax/telegrap &telex	
23	<i>Computer services</i>		
24		External Comp ser providers	
25		Ext Comp Ser: Data lines	
26		Ext Comp Ser: Internet chrg	
27		Ext Comp Ser: Mainframe time	
28		Ext Comp Ser: infor Serices	
29		Ext Comp Ser: Software licen	
30		Ext Comp Ser: Spec comp ser	
31		Ext Comp Ser: System adviser	
32		Ext Comp Ser: System develop	
33	<i>Consultants&special serv</i>		
34		Acctant&auditors	
35		Advisory	
36		Management	
37		Fin Managem	
38		Other	
39	<i>Courier &delivery</i>		

	<i>services</i>		
40	<i>Drivers licences & Permits</i>		
41	<i>Entertainment</i>		
42	<i>Equipment <R5000</i>		
43		Equip<R5000:Audio visual equipm	
44		Equip<R5000:Cellular phones	
45		Equip<R5000:Computer hardware&sys	
46		Equip<R5000:Crockery and cutlery	
47		Equip<R5000:furniture	
48		Equip<R5000:Painting/sculp/ornaments	
49		Equip<R5000:Photographic equipment	
50		Equip<R5000:Radio equipment	
51		Equip<R5000:Computer software	
52		Equip<R5000:Other	
		Equip over R5000 irrigation equipment	
		Infrastructural Development	
53	<i>Freight service</i>		
54	<i>Honoraria (Voluntarily workers)</i>		
55	<i>Consumable materials</i>		
56		Domestic consumable	
57			<i>Dom Cons:Brooms and brushes</i>
58			<i>Dom Cons:Cleansing agents</i>
59			<i>Dom Cons:Crockery</i>
60			<i>Dom Cons:Disposable paper items</i>
61			<i>Dom Cons:Gardening supplies</i>
62			<i>Dom Cons:Gas, general</i>
63			<i>Dom Cons:Laundry</i>
64			<i>Dom Cons:Toiletries</i>
65			<i>Dom Cons:Tubelights</i>
66			<i>Dom Cons:Wash/Clean Detergnt</i>
67			<i>Dom Cons:Wood and coal</i>
68		Education material	
69			<i>Educ Mat:Cons school requirem</i>
70			<i>Educ Mat:Exam. Copies and envel</i>
71			<i>Educ Mat:Films and audio visual</i>
72			<i>Educ Mat:School stationery</i>
73			<i>Educ Mat:Teaching Aids</i>
74			<i>Educ Mat:Text & Prescribed books</i>
75			<i>Educ Mat:Text Books</i>
76			<i>Educ Mat:Text Books/ Publications</i>
		Marketing	<i>Burners fliers adverts</i>

		Materials	<i>Feeders medicine.livestock</i>
		Networking & experiential learning	
77		Food and Food supplies	
78			<i>Food Sup:Baby and special foods</i>
79			<i>Food Sup:Bread and confectionery</i>
80			<i>Food Sup:Eggs and egg products</i>
81			<i>Food Sup:Food supplies</i>
82			<i>Food Sup:Fruit (fresh, frozen,canned)</i>
83			<i>Food Sup:Groceries</i>
84			<i>Food Sup:Meat, poultry, fish</i>
85			<i>Food Sup:Milk and milk products</i>
86			<i>Food Sup:Non-perishables</i>
87			<i>Food Sup:Perishables</i>
88			<i>Food Sup:Vegetables(fresh,frozen,can)</i>
89		Fuel, oil and gas	
90		Parts and other maint mat	
91		Stationery and Printing	
92			<i>Sta&Print:Art requirements</i>
93			<i>Sta&Print:Audio visual materials</i>
94			<i>Sta&Print:Binding</i>
95			<i>Sta&Print:Books, journals etc</i>
96			<i>Sta&Print:Computer consumables</i>
97			<i>Sta&Print:Drawing material</i>
98			<i>Sta&Print:Expendable material</i>
99			<i>Sta&Print:Magazines</i>
100			<i>Sta&Print:Other publications</i>
101			<i>Sta&Print:Photographic mat</i>
102			<i>Sta&Print:Stationery</i>
103		Medical Supplies	
104		Water & Electricity	
105		Other consumables	
106	<i>Legal fees</i>		
107	<i>Maint, repair& running cost</i>		
108	<i>Medical services</i>		
109		Med Ser: Clinical profession	
110		Med Ser: Clinic psychologist	
111		Med Ser: District surgeons	
112		Med Ser: Hosp cent&priv inst	
113		Med Ser: Inspections& tests	
114		Med Ser: Medical examination	

115		Med Ser: Medical practition	
116		Med Ser: Nursing private	
117		Med Ser: Occupationl therapy	
118		Med Ser: Private ambulance	
119		Med Ser: Other	
120	<i>Operating leases</i>		
121		Leases :Land&subsoil assets	
122		Leases :Dwellings	
123	<i>Personnel agency fees</i>		
124	<i>Printing and publications</i>		
125	<i>Prof bodies&membership fees</i>		
126	<i>Resettlement cost</i>		
127	<i>Road worthy tests</i>		
128	<i>Subscriptions</i>		
129	<i>Owned&leasehold property exp</i>		
130		Clean&garden	
131		Elec comp cer	
132		Fire protect	
133		First aid	
134		Fumigate ser	
135		Gas	
136		Laundry serv	
137		Mun rate&tax	
138		Pest control	
139		Refus&sewerg	
140		Safeguard	
141		security ser	
142		Water&electr	
143	<i>Translations and transcriptions</i>		
144	<i>Travel and subsistence</i>		
145		T&S	
146			T&S: Accommodation
147			T&S: Daily allowance
148			T&S: Food&bever(served)
149			T&S: Incidental cost
150		T&S: Trnsp without op	
151			<i>T&S without op: Car rental</i>
152			<i>T&S Dom op: Km all(own trnsp)</i>
153		T&S: Trns with operator	
154		T&S: Public transport	
155			T&S with op: Air transport
156			T&S with op: Railway transport

157			T&S with op: Road transport
158	<i>Venues and facilities</i>		
159	Interest & Rent		
160	<i>Interest</i>		
161	<i>Rent on land</i>		

