

For the use of ECD facilities only
Applicable ONLY for 2005/2006

Provincial Administration: Western Cape
Department of Social Services and Poverty Alleviation

APPLICATION FOR FUNDING 2005/2006: ECD FACILITIES

INSTRUCTIONS

→ **PLEASE NOTE**: Submission of this Application for Funding DOES NOT guarantee funding from the Department of Social Services and Poverty Alleviation

To Complete the Document:

1. Answer all the questions
2. Please note that there are THREE sections that you must complete:
 - Service Plan (page 1 – 4)
 - Implementation Plan (page 5 - 6)
 - Budget
3. Please make sure that the following are correctly completed and signed:
 - Either page 3 OR page 4 (PFMA instructions)
 - The last page of the budget

To Submit the Document:

Submit

- the ORIGINAL document - completed and signed - on or before 31 October 2004 to the Department's District Office in whose area your facility is situated (a list of district offices, addresses and contact persons is attached).
- ONLY the original document to the Department and keep a copy for monitoring and evaluation by this Department, as well as for your own planning and record keeping.

Service Plan

1.	Name of ECD facility:	
2.	Financial year: 200..... / 200.....	
3.	Date of Submission:	
4.	District Office in whose area the facility is located:	
5.	Postal address of the facility	
6.	Street address of the facility	
7.	Kontakpersoon:	
	Naam van persoon:	
	Telefoon	
	Faks	
	Selfoon	
	e-pos	
8.	Management committee members:	
	Position	name
	Chairperson	
	Deputy Chairperson	
	Treasurer	
	Secretary	
	Additional members	
9.	To which network or co-ordinating structure is your facility affiliated?	
	name of network/co-ordinating structure	date of affiliation

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10.	Bank details		
	Name of bank:		
	Branch:		
	Type of account:		
	Account number:		
	Name of account holder:		
	Names of signatories:		
	name	identity number	
11.	Name and contacting details of auditor or person who checks your financial records/bookkeeping:		
	Name of person or company:		
	Postal address		
	Telephone:		Fax:
12.	Registration		
	Are you registered as a		
		registration no.	date of registration
	Nonprofit Organisation		
	Section 21 company		
	Trust		
13.	Have you been registered as an early childhood development centre?		
	date of registration	number of children registered for	
14.	Do you currently receive funding from this Department?		
	(Please tick where applicable) <input type="checkbox"/> yes <input type="checkbox"/> no		
15.	State the number of children that you need funding for?		
	(Write the number of children in the box) <input style="width: 50px; height: 20px;" type="text"/>		

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1. Your facility must comply with Section 38 (1)(j) of the Public Finance Management Act, No 29 of 1999

➔ Complete paragraph 16.1 (this page) if your facility declares that it implements effective, efficient and transparent financial management and internal control systems. (This means that you must have

OR

➔ Complete paragraph 16.2 (next page) if your facility cannot declare that it implements effective, efficient and transparent financial management and internal control systems. (This means that

<p>16.1</p> <p>WRITTEN ASSURANCE IN TERMS OF SECTION 38(1)(j) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999 AS AMENDED BY ACT 29 OF 1999) In terms of Section 38(1)(j) of the Public Finance Management Act, 1999 the Department of Social Services requires written assurance that your organisation implements effective, efficient and transparent financial management and internal control systems.</p> <p>I, the undersigned (name) in my capacity as(position) of(organisation) hereby declare that(organisation) implements effective, efficient and transparent financial management and internal control systems.</p> <p>Signed at(place) On this day of monthyear</p> <p>..... SIGNATURE</p> <table style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="width: 50%; text-align: center;">NAME OF WITNESS</th> <th style="width: 50%; text-align: center;">SIGNATURE OF WITNESS</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">1.</td> <td style="vertical-align: top;">.....</td> </tr> <tr> <td style="vertical-align: top;">2.</td> <td style="vertical-align: top;">.....</td> </tr> </tbody> </table>	NAME OF WITNESS	SIGNATURE OF WITNESS	1.	2.	<p>Departmental use only</p>
NAME OF WITNESS	SIGNATURE OF WITNESS						
1.						
2.						

Complete and sign the next page if your facility cannot declare that it implements effective, efficient and transparent financial management and internal control systems.

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This paragraph must be completed only if your facility cannot declare that it implements effective, efficient and transparent financial management and internal control systems.

	Departmental use only						
<p>16.2 CONDITIONS AND REMEDIAL MEASURES TO COMPLY WITH SECTION 38(1)(j) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999 AS AMENDED BY ACT 29 OF 1999)</p> <p>In instances where written assurance cannot be obtained that effective, efficient and transparent financial management and internal control systems are implemented, the following conditions and remedial measures will apply:</p> <ul style="list-style-type: none"> • The management committee will not use any funds allocated by the Department and paid into their bank account until the Department gives written permission to do so. • The management committee will arrange to attend and subject itself to training in business management and financial control systems. • The management committee will implement and adhere to the financial control system prescribed by the Department. • The management committee will subject itself to monitoring and inspection of financial records on a regular basis as conducted by officials of the Department or its representatives. • The management committee will submit financial expenditure reports and progress reports on training and implementation of prescribed financial systems when requested by the Department. <p>I, the undersigned (name)</p> <p>in my capacity as(position)</p> <p>of(organisation)</p> <p>hereby declare that(organisation)</p> <p>will adhere to the conditions as stipulated above in order to ensure effective, efficient and transparent financial management and internal control systems.</p> <p>Signed at(place)</p> <p>On this day of month year</p> <p>.....</p> <p>SIGNATURE</p> <table style="width: 100%; margin-top: 20px;"> <thead> <tr> <th style="width: 50%; text-align: center;">NAME OF WITNESS</th> <th style="width: 50%; text-align: center;">SIGNATURE OF WITNESS</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top; padding-top: 10px;">1.</td> <td style="vertical-align: top; padding-top: 10px;">.....</td> </tr> <tr> <td style="vertical-align: top; padding-top: 10px;">2.</td> <td style="vertical-align: top; padding-top: 10px;">.....</td> </tr> </tbody> </table>	NAME OF WITNESS	SIGNATURE OF WITNESS	1.	2.	
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IMPLEMENTATION PLAN: 2005/2006

17. COMMUNITY

- Name of the specific community where the ECD facility is situated.
NB: Not the magisterial district or the district office area, but the specific community.

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18. PRODUCT: Family Preservation

ELEMENT: Partial Care

FOCUS GROUP: Preschool children

- Please give the number of children according to the community where they live.

number of children	communities where children live

19. ACTIVITIES: Please complete the next page for this. (Ask the district office staff to assist you in case you experience problems completing the next page.)

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Implementation Plan

Please select the activities that you offer in your facility and complete:

Type of activity	The number of children and/or parents that are involved in this activity	Mention the staff members, volunteers, parents or other role-players that are involved in this activity
Providing a safe and hygienic environment		
Providing meals		
Providing stimulation for intellectual development		
Providing stimulation for emotional development		
Providing stimulation for social development		
Providing stimulation for physical development		
Providing personal assistance		
Providing basic health care		
Providing assessment of children's needs and strengths		
Providing counseling of children or parents in difficult circumstances		
Providing life skills training		
Providing training in parents skills		
Providing transport		
Providing staff development		

Give the name(s) of organisation(s) that assist you with the abovementioned activities, e.g. faith based groups, schools, donors, business sector, non-governmental sector, etc.:

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