



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

CHIEF DIRECTORATE:.....

PROJECT FUNDING APPLICATION FORM: FINANCIAL YEAR: _____

1. PARTICULARS OF THE ORGANISATION

1.1. Project details

Name of Organisation:			
Contact Person's name:			
Physical Address:			
Postal Address:			
Telephone:			
Fax:			
E-mail:			
NPO Registration No:			
Names of Board members (minimum of 3) i.e Chairperson, Secretary, Treasurer	Name	Designation	ID number
	1.		
	2.		
	3.		

1.2. Project amount requested: _____

2. PROGRAMME INFORMATION.

2.1. STATE THE ORGANIZATION'S CORE PROGRAMME, E.G. ADHERENCE, HTS(HST), MMC MOBILISATION: 			
2.2. PLEASE STATE YOUR ORGANIZATION'S AREAS OF OPERATION (PROVINCE, DISTRICT AND PHC FACILITIES) e.g. Mpumalanga – Gert Sibande, Ehlanzeni;			
Provinces	Districts	PHC Facilities	Intended project reach
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

3. SOURCES OF FUNDING

Indicate your sources of funding in the past 2 years	Government:	Source	Programme areas	Operational areas/districts
		1.		
	2.			
	Other:	1.		
		2.		

4. AUDIT INFORMATION:

TICK

	YES	NO	If yes, provide details.
Has your organization been audited before?			
Name of Auditing Firm			_____
Contact Details of Auditors			_____
Date of latest audit report			

5. YOUR PROPOSAL (BUSINESS PLAN) MUST INCLUDE THE FOLLOWING:

- i. Executive summary: 2 pages (Include organization's expertise and staff complement)
- ii. Statement of Need : 1 page
- iii. Project description : 3 pages (Goal, Objectives, Project activities, time frames, targets & costs)
- iv. Budget : 1 page