



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

NATIONAL DEPARTMENT OF HEALTH

CHIEF DIRECTORATE: HIV AND AIDS & STIS

PROJECT FUNDING APPLICATION FORM:

FUNDING PERIOD: APRIL 2020 – SEPTEMBER 2022

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. HCBC, HCT, IEC, MMC, PMTCT & ACSM.			
2.2. PLEASE STATE YOUR ORGANIZATION'S AREAS OF OPERATION (PROVINCE, DISTRICT AND PHC FACILITIES) e.g. Mpumalanga – Gert Sibande, Ehlanzeni;			
Provinces	Districts	Operational sites	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	Amount funded	Programme areas	Operational areas/districts
		1.			
	2.				
	Other:	1.			
		2.			
		3.			

4. AUDIT INFORMATION:

TICK

Has your organization been audited before? Name of Auditing Firm Contact Details of Auditors Date of latest audit report	YES	NO	If yes, provide details.
			1.
			2.
			3.

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

Executive summary : 2 pages (Include organization's expertise and staff complement)

Statement of Need : 1 page

Project description : 3 pages (Goal, Objectives, Project activities, time frames, targets & costs)

Budget : 1 page

Signature of Applicant

Designation

Date