

Discovery Fund Application Pack 2015 **Human Resource Strengthening Programme Deadline:** 18 December 2015

This Application pack contains the following:

- Funding principles
- Activities or sectors NOT considered for support
- Description of the Discovery Fund's primary sectors of interest
- Application form

Please use the application form provided, and supply information relevant to the grant being requested.

Using another application form and / or template is not acceptable and will negatively impact on the efficient and effective review of your application throughout the grant making process. All sections of the application form need to be completed in order for your application to be considered.

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Funding proposals are considered by the trustees of the Discovery Fund regularly during the year. Please refer to **http://www.tshikululu.org.za** for updates on the submission deadlines. Note that late submissions will not be considered for that specific funding cycle



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These guidelines provide the general principles and criteria the Discovery Fund (hereafter known as "the Fund") uses to determine your organisation's eligibility for funding.

Please continue on to the next page for information regarding the Fund's main sectors of interest.

Funding criteria and principles

- To be considered for funding, your organisation must be registered as a Public Benefit Organisation with SARS and must have audited financial statements.
- Submission of a complete application with all the necessary documentation does not guarantee that funding will be approved.
- One of the Fund's priorities is providing funding for small, community-based organisations that demonstrate strong potential to make a substantial impact in their community.
- The Fund rarely finances the full cost of a project; it prefers to make a contribution towards a shortfall in the budget. If you continue with your application, please bear this in mind when making your funding request.
- The Fund does provide multi-year funding, if necessary and appropriate.
- The Fund does provide funding for core/operational costs, as well as for implementation of monitoring and evaluation systems.
- Sustainability of projects is crucial, as are sound financial practices and systems.
- Projects need to demonstrate a strong developmental focus.
- Community buy-in is key to ensuring long-term stakeholder commitment and ownership. Engagement with other role players, including the Department of Health, is also considered to be a key driver.
- The organisation needs to be properly constituted, representative of the broader community and demonstrate good governance in all its activities
- Need alone is not sufficient to respond to a request for funding. The organisation needs to be able to present a clear plan, indicating objectives, timelines and key indicators of impact and measurement that will assist in addressing a particular need.
- Day-to-day management of the project and appropriate human resources are critical to ensure on the ground delivery.
- Regular written feedback on project implementation, including refl ection on lessons learnt and diffi culties encountered, is a condition on each grant.



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The following activities and / or sectors are not considered for support by the Fund.

Ineligible activities and / or sectors

- · Individuals and/or individual bursaries/bursary funds;
- Overseas tours and exchanges;
- Sporting activities, sports and recreation clubs;
- Arts, culture and heritage;
- Environmental, wildlife and/or animal welfare projects;
- · Company promotions and membership subscriptions;
- Musical festivals/choirs and/or video and fi Im productions;
- · Political or quasi-political bodies;
- Religious organisations (except community outreach projects);
- Trade unions;
- General fundraising requests (only specifi c requests will be considered);
- Leveraged giving (meeting the costs of collecting donations from others);
- Endowment trusts;
- Commercial ventures (closed corporations and other for profit activities);
- · Loans and investments;
- · Conferences;
- Grand projects which are beyond the capacity of the Fund to contribute to meaningfully;
- Large infrastructural projects (e.g., dams, roads, water and housing); and
- Advertising in educational or other supplements.

If your organisation does not fulfil the funding criteria and / or does not implement projects within the Fund's primary sectors of interest, please do not apply for funding at this time.

Areas of funding

In line with Discovery's core purpose, which is to make people healthier and to enhance and protect their lives, the vision of the Discovery Fund is to improve the quality of lives of individuals through the provision of primary health care services in indigent communities. The following areas will be considered for support by the Fund:

- Primary health care
- community health
- maternal and child health
- school health
- Education and training
 - Pre-service training on health disciplines
 - In-service training of health care professionals

The Fund also provides grants in support of practical research in the above areas of interest in order contribute to improved decisionmaking in the development sector. A portion of the Fund's total budget is allocated towards projects of this nature.



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Please use the application form provided on the following pages. Using another application form and / or template is not acceptable and will negatively impact on the efficient and effective review of your application throughout the grantmaking process.

All sections of the application form need to be completed in order for your application to be considered.

Please note that Tshikululu Social Investments holds the Directors or Trustees or Members of the organisation responsible for the preparation of this application and the integrity of the documents submitted with it.

The Discovery Fund is required by the BEE Codes of Good Practice No. 29617 of 2007, statement 700, section 3 (3.2) (3.2.2) and (3.2.3) to provide the ethnic and gender breakdown of all the beneficiaries of its corporate social investment. Please note that information collated through the application process regarding racial and gender demographics are for Tshikululu's reporting purposes only and will not affect the success or otherwise of this application.

Please keep a copy of your application, as your organisation will be required to report on the activities set out in the application should funding be approved.

Send your application form together with the attachments to the email address below. **Should you have any queries, please contact 011 544 0300**.

By email: discoveryfund@tshikululu.org.za

| Date of submission: | | | |
|---|-----------------------|------|--|
| Name of organisation: | | | |
| Date established: | | | |
| Name of project for which funding is being requested: Project reference number | | | |
| (only if you have previous | ly received funding): | | |



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| Section 1 – Organisation ove | rview |
|---|------------------------------|
| Name of organisation: | |
| Date established: | |
| NPO number (from DSD): | PBO number (from SARS): |
| Company registration no.: | Trust registration no.: |
| 1. Contact details | |
| Physical address including province and code: | |
| Postal address including postcode: | |
| Telephone number: | Fax number: |
| Organisation website: | |
| 2. Details of contact person fo | or this application |
| Full name and designation: | (Miss , Mrs, Mr , Dr, Prof.) |
| Direct tel. & cell no.: | Direct email: |
| 3. Details of alternate contact | person |
| Full name and designation: | (Miss , Mrs, Mr , Dr, Prof.) |
| Direct tel. & cell no.: | Direct email: |



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Please provide information below for the specific project for which your organisation is requesting funding. If your organisation is requesting core / operational funding, please write 'core / operational funding' in the first box titled 'name of project' and then provide an explanation of how this funding will be used in the appropriate sections.

This section is vital to the grantmaking process and your opportunity of receiving funding so please ensure that the information you provide is as complete and as detailed as possible within the space provided.

| Section 2 - Funding request | |
|--|--|
| Name of project: Planned project start date: Expected duration of project: | |
| 1. Alignment with Discovery Fund strategy | , |
| In which focus areas of the Fund strategy does your project operate? Please tick only the most appropriate boxes. | Primary health care Community health Maternal and child health School health Nutrition |
| | Human Resource Strenghthening Pre-service training on health disciplines In-service training on health professionals |



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| Section 2 - Funding request continued |
|---|
| 2. Project outcomes: |
| Please describe the project for which you are requesting funding, including but not limited to: background, motivation for starting project, if and how a needs assessment was completed: |
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| Primary objective(s) of the project: |
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| Section 2 - Funding request continued | |
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| Primary project activities: | |
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| Project outcomes: | |
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| Section 2 - Funding request continued |
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| Project impact to date if applicable: |
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| Section 2 - Funding request continued | |
|--|--|
| 3. Budget | |
| | |
| Total budget for the organisation : | |
| Total budget to implement project : | |
| Amount already secured for project: | |
| Funding amount requested: | |
| | |
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| | |
| In detail, what will this grant be used for? | |
| ······ | |

4. What is the current breakdown of beneficiaries of this project?

| | Total | Female | Male | African | Coloured | Indian / Asian | White | Foreign National | Disability |
|----------|-------|--------|------|---------|----------|-------------------|-------|---------------------|------------|
| Direct | | | | | | | | | |
| Indirect | | | | | | | | | |
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Please note: "Direct beneficiary" refers to a person, group of persons or organisation that has direct contact with the intervention or project.

"Indirect beneficiary" refers to a person, group of persons or organisation that has no direct contact with an intervention or project but which is affected by it via a direct beneficiary.



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| Section 2 - Fu | nding requ | lest continue | ≥d | | | | | | |
|---|----------------|-----------------|----------------|-----------------|----------|-------------------|-------|---------------------|------------|
| 5. What is the | anticipated | d breakdown | of beneficia | aries of this p | project? | | | | |
| | Total | Female | Male | African | Coloured | Indian / Asian | White | Foreign National | Disability |
| Direct | | | | | | | | | |
| Indirect | | | | | | | | | |
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| Please note: " D project. " Indirect ben a but which is af | eficiary" refe | ers to a persor | n, group of pe | | 5 | | | | |



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| Section 2 - Fu | nding request continued | | |
|-----------------|---------------------------------------|---|--|
| Describe your c | lirect beneficiaries: | | |
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| Describe your i | ndirect beneficiaries: | | |
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| 6 Provincial d | istribution of project | | |
| | | vill you implement this project? If the | project will take place in more than one |
| province, pleas | | requested funding that will go to eac | h province. Underneath each selected province, |
| | Eastern Cape Municipality: | | Mpumalanga Municipality: |
| | Free State Municipality: | | North West Municipality: |
| | Gauteng Municipality: | | Northern Cape Municipality: |
| | KwaZulu-Natal Municipality: | | Western Cape Municipality: |
| | Limpopo Municipality: | | National: |



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| Section 2 - Funding request continued | | | | | | | |
|---|--|-------------------------------------|--|--|--|--|--|
| 7. List any other donors that have been approached and / or have granted funding to your organisation for this project. | | | | | | | |
| Donor | Amount requested | Pending or approved | | | | | |
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| 8. Project sustainability | | | | | | | |
| Please provide a brief overview of the sustainability strateg | y in place to ensure that this project con | tinues after the grant has expired. | | | | | |
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| Section 3 - Monitoring and evaluation | | | | | | | |
|---------------------------------------|---|---|--|------------------|--|--|--|
| | | Target Year 1 | Target Year 2 | Target Year 3 | | | |
| Human Resource Strengthening | 1. Care recipients/beneficiaries report an improvement in the quality of healthcare services received (outcome indicator) | - | - | | | | |
| | 2. Number of household visits per trained CHW | | | | | | |
| | 3. Number of CHWs who receive accredited training through the Discovery Fund | | | | | | |
| | 4. Number of healthcare workers receiving in-service training/workshops related to the focus areas of the Fund | - - - - - - - - - - - - - - - - - - - | | | | | |
| | Allied health professionals | | | | | | |
| | Midwives | | - - - - - - - - - - - - - - - - | | | | |
| | Nurses | | | | | | |
| | Clinical associates | | | | | | |
| | 5. Number of clinical associates benefiting from resources provided by the Discovery Fund | | | | | | |
| | 6. Percentage of bursary recipients who continue to serve in rural hospitals beyond the required time (outcome indicator) | | | | | | |
| | 7. Number of people receiving bursaries through the Discovery Fund | | | | | | |
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| Comments on M&E table and/or indicators selected |
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Section 3 - Organisation in-depth

1. Provincial distribution of organisation

In which province(s) does your organisation operate? Please check the appropriate boxes. If your organisation is a national one, please check the **national** box.

| Eastern Cape | Mpumalanga |
|---------------|---------------|
| Free State | North West |
| Gauteng | Northern Cape |
| KwaZulu-Natal | Western Cape |
| Limpopo | National |

2. Tell us about your Trustees, Directors or Members as per the table below:

| Full name | Role or Designation | Race | Gender | Disability Y/N | Area of expertise |
|-----------|---------------------|---------------------------------------|----------|-------------------|-------------------|
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| Section 3 - Organisation in-depth continued | | | | | | | | | | | | |
|---|---|--------------|-------------|--------------|--------------|-------------------|-------|--------------------|------------|------------------|-------------------|--|
| 3. Provide de | 3. Provide details of your organisation's management as per the table below | | | | | | | | | | | |
| Fu | ıll name | | Desig | nation (i.e | . CEO) | Race | | Gender | | Disability Y/N | | |
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| 4. Your organ | isation's s | staff - prov | ide details | s as per the | e table belo | | | : | | | | |
| | Total | Female | Male | African | Coloured | Indian / Asian | White | Other / Unknown | Disability | Youth (16-35) | Adults (36-65) | |
| Full time | | | | | | | | | | | | |
| Part time | | | | | | | | | | | | |
| Volunteers | | | | | | | | | | | | |
| Total staff | | | | | | | | | | | | |
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| Section 3 - Organisation in-depth continued |
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| 5. More about your organisation |
| Brief overview of your organisation, including but not limited to: History / background, Primary objectives, Primary activities, Description of beneficiaries |
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| Total number of beneficiaries reached by your organisation: |
| Brief overview of your organisation's financial sustainability plan, including fundraising targets: |
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| Section 3 - Organisation in-depth continued | | | | | | | |
|---|---|----------------------------------|-------------------------------|--|--|--|--|
| 6. Beneficiary inclusion | | | | | | | |
| How are your beneficiaries repre | sented at board level and how are | they involved in decision-mak | ing? | | | | |
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| 7. Organisation partners | | | | | | | |
| Provide the names of any local, p | provincial, national and/or internation | onal affiliations/forums to whic | ch your organisation belongs: | | | | |
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| lf you are an umbrella body, list t | he organisations that are affiliated | to your organisation: | | | | | |
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| 9 Dartaorchin with governme | nt - provide details as per the tal | | | | | | |
| | | | | | | | |
| Government department | Local, provincial, national | Directorate | Nature of relationship | | | | |
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| Section 3 - Organisation in-depth continued | | | | | | |
|---|---------------------------------------|---------------------------|---|--|--|--|
| 9. Funding from government - provide comprehensive details as per the table below | | | | | | |
| Government department | Local, provincial, national | Grant amount | Activity / project funded and funding period | | | |
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| 10. Partnership with other don current financial year. | oors - provide details of your top fi | ve current donors and the | e amount contributed for the | | | |
| Name of donor | Grant amount | Activity | / project funded | | | |
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Section 4 - Your other projects

| 1. Provide a brief descriptio for which you are requestin | n of one of the three primary projects that your organisation implements other than the project g funding. |
|--|---|
| Name of project: | |
| Description: | |
| | |
| Number of beneficiaries: | |
| Total project budget: | |
| | |
| 2. Provide a brief descriptio for which you are requestin | n of one of the three primary projects that your organisation implements other than the project g funding. |
| Name of project: | |
| Description: | |
| | |
| Number of beneficiaries: | |
| Total project budget: | |
| | |
| 3. Provide a brief descriptio for which you are requestin | n of one of the three primary projects that your organisation implements other than the project g funding. |
| Name of project: | |
| Description: | |
| | |
| Number of beneficiaries: | |
| Total project budget: | |
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All applicants need to attach the documents listed below to their application. While the submission of these documents is unfortunately not a guarantee of funding, please note that incomplete applications will not be accepted.

| Section 5 - Attachments | | | | | |
|---|----------------------|--------------------------------|--|--|--|
| Document | Check if attached | Provide reason if not attached | | | |
| A copy of a letter from SARS confirming your PBO status (e.g. Section 18a or Section 30) | | | | | |
| An ITA 34 or a Certificate of Good Standing from SARS | | | | | |
| Any other relevant registration certificates (e.g. from appropriate Government departments) | | | | | |
| A signed copy of your constitution. If you have received a grant from the Fund before, you do not need to include a copy of your constitution unless it has changed since the original submission | | | | | |
| Latest annual report | | | | | |
| Latest set of unabridged, signed audited financial statements | | | | | |
| The most up-to-date Management Accounts for the current financial year | | | | | |
| If your organisation has an associated Trust or any other body that contributes to the finances of the organisation, please submit the audited financial statements of this body | | | | | |
| Organisational budget for current financial year and next financial year | | | | | |
| A detailed budget for the project for which you are requesting funding. Please ensure that the budget period is included and add any explanatory notes. | | | | | |
| Maximum of five photographs that could be used to better explain or motivate your proposal | | | | | |
| Any internal or external evaluations of the impact of the work of the organisation | | | | | |
| Your organisation's banking details (bank and account name and branch code), typed onto your letterhead and signed by two senior members of the organisation: If you are a Trust, please include your trust number allocated by the Master of the High Court and full Trust name as per Letters of Authority If you are a NPC, please include your company name and reference number from CIPC correspondence If you are not registered as a Trust or NPC, please include the organisation name and NPO registration number (or other number used to open the bank account | | | | | |

