



Discovery Fund | Reporting Form 2015
Maternal and Child Health Programme
Deadline: 18 September 2015

Discovery Fund Reporting Form 2015

This form is an editable pdf form. Please complete all fields, then save your file.

Submission is by email only, but ensure that the total size of the email including attachments is no more than 5 MB.

Please note: the 'save' functionality is only enabled in later versions of Adobe Acrobat Reader. If you cannot save your form, visit <http://get.adobe.com/reader> to upgrade to the latest version.

Please use the form provided. Using another application form and / or template is not acceptable and will negatively impact your opportunity to receive further funding.

All sections of the reporting 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.

Send your application form together with the attachments to the email address below. Do not forget to keep a copy of your report. Should you have any queries, please contact Tshikululu Social Investments, administrators of the Discovery Fund, on 011 544 0300.

By email: discoveryfund@tshikululu.org.za

Date of submission:	.....
Name of organisation:	.....
Name of funded project:	.....
Grant amount in Rands:	.....
Project reference number:	.....
Reporting period:	..... (month) (year) to (month) (year)
Is this a multi-year grant?	yes <input type="checkbox"/> no <input type="checkbox"/>
If yes, on which year are you reporting? year out of years

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Section 1 – Organisation overview	
Name of organisation:
Date established: 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 for 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 received funding as per your original application and signed grant letter.

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

Section 2 - Narrative report on your grant

Name of project:

.....

Actual project start date:

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If the project was delayed,
provide reasons:

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1. Project outcomes

Primary project objectives:

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Activities completed using
this grant:

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Section 2 - Narrative report on your grant continued

If you made any changes to the original project plan, please describe them:

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What were the highlights of the project during the reporting period?:

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What challenges did the project face during the reporting period?:

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Section 2 - Narrative report on your grant continued

2. Project impact

In one sentence, what was the impact of this grant?

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3. Project impact – beneficiaries

	Total	Female	Male	African	Coloured	Indian / Asian	White	Other/ Unknown	Disability
Direct									
Indirect									

Numbers should only refer to activities completed with 1st for women trust monies.

“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.

Describe your direct beneficiaries:

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Describe your indirect beneficiaries:

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Section 2 - Narrative report on your grant continued

4. Case study and / or success story from the reporting period describing how an individual, organisation or community has changed as a result of this project

A large rectangular area with a light blue background and a thin blue border. The area is filled with horizontal dotted lines, providing a template for writing a narrative report.

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Section 3 - Monitoring and Evaluation													
NHI Themes	Indicator	Definition	Data source	Baseline as reported in the grant contract	Target as reported in the grant contract	Actual	Male	Female	African	Coloured	Indian/Asian	White	Disability
2. Maternal and child health	2.1 Number of pregnant women receiving antenatal care through Discovery Fund	Pregnant women receiving antenatal care starting at 20 weeks until delivery											
	2.2 Number of women receiving PMTCT through Discovery Fund	Please only report on the beneficiaries reached through Discovery Fund support of costs related to the programme e.g. salaries of nurses, lay counsellors, infrastructure etc.											
	2.3 Number of infants receiving postnatal care through Discovery Fund support	Postnatal care to include both mother and infant											
	2.4 Number of infants tested for HIV at six weeks												
	2.5 Number of infants who tested HIV positive												
	2.6 Number of children on paediatric ART												
	2.7 Number of mothers who have exclusively breastfed for the first six months												

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Section 3 - Monitoring and Evaluation									
NHI Themes	Indicator	Definition	Data source	Baseline as reported in the grant contract	Target as reported in the grant contract	Actual	Male	Female	African Coloured Indian/Asian White Disability
2. Maternal and child health	2.8	Number of children under 5 years receiving health care services excluding children on ART (eg. growth monitoring screening, weighing)							
	2.9	Number of children under 5 years fully immunised							
	2.10	Number of children receiving nutritional support and or micro-nutrients supplements through Discovery Fund							
	2.11	Number of children referred to secondary or tertiary level of care							

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Section 4 - Your organisation					
1. Please indicate any changes to your board as per the table below					
Full name	Role	Race	Gender	Disability Y/N	Resigned or Appointed
2. Please indicate any changes to your management as per the table below					
Full name	Role	Race	Gender	Disability Y/N	Resigned or Appointed
3. Please provide further information in the event of high management turnover or key resignations from the board					

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Section 4 - Your organisation continued

4. More about you organisation

Have there been any changes to your organisation in the reporting period?
For example:

- new funders or fewer funders
- new strategy/business plan
- projects closing or new ones opening
- provincial spread changing

What have been the organisation's key achievements during the reporting period?

Excluding fundraising, what have been your organisation's key challenges during the reporting period?

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Section 5 - Attachments		
Document	Check if attached	Provide reason if not attached
Latest annual report	<input type="checkbox"/>	
Latest set of unabridged, signed audited financial statements	<input type="checkbox"/>	
An ITA 34 or a Certificate of Good Standing from SARS.	<input type="checkbox"/>	
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	<input type="checkbox"/>	
Financial report for the grant, including original planned budget and actual expenditure	<input type="checkbox"/>	
The most up-to-date Management Accounts for the current financial year	<input type="checkbox"/>	
Photographs of your work (NB: the Fund assumes that we have permission to use any photographs submitted for the purpose of our own reporting and publicity unless the photograph is clearly marked to the contrary.)	<input type="checkbox"/>	
Any new internal or external evaluations of the impact of the work of your organisation	<input type="checkbox"/>	

Additional attachments ONLY for projects receiving multi-year grants:

Section 6 - Additional attachments		
Document	Check if attached	Provide reason if not attached
Organisation budget for the year current and next financial year	<input type="checkbox"/>	
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: <ul style="list-style-type: none"> - 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) 	<input type="checkbox"/>	
A detailed budget for the project receiving funding for the current and next financial year. Please add explanatory notes as needed	<input type="checkbox"/>	