

Community Health Programme

Deadline: 18 March 2016



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

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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	(mont	h)	(year)
Is this a multi-year grant?	yes	no					
If yes, on which year are you reporting?	year		out of		years		



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Section 1 – Organisation ove	rview
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	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 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: If the project was delayed, provide reasons:	
1. Project outcomes	
Primary project objectives:	
Activities completed using	
this grant:	



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Section 2 - Narrative report o	on your grant continued
If you made any changes to the original project plan, please describe them:	
What were the highlights of the project during the	
reporting period?:	
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 sen impact of	tence, what v this grant?	vas the							
3. Project	impact – ben	eficiaries							
	Total	Female	Male	African	Coloured	Indian / Asian	White	Other/ Unknown	Disability
Direct									
Indirect	•		•	:			• • • • • • • • •		
Numbers	should only	refer to activi	ities comple	ted with Dis	covery Fund	monies.	•		•••••
"Direct be	e neficiary" re	efers to a perso	n, group of p	ersons or orga	anisation that I	has direct cor	ntact with the	e intervention	or project.
	-	refers to a pers			ganisation tha	nt has no direc	ct contact wi	th an interven	tion or pro-
Describe y beneficiari				••••		• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • • • • • • • • • •		
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Describe y beneficiari	our indirect		•••••			•••••	• • • • • • • • • • • • • • • • • • • •		
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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



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		Target Y1	Target Y2	Target Y3
Community Health	Number of health workers (nurses, doctors, allied health-workers, CHWs) supported (operational, stipend, in-house training) through Discovery Fund support		 	
	nurses		 	
	doctors		¦ 	<u> </u>
	allied health-professionals		 	<u> </u>
	Number of people receiving integrated community-based care through Discovery Fund for infectious diseases, including adherence		 	
	3. Number of people receiving integrated community-based care through Discovery Fund for non-communicable/ chronic diseases		 	
	Number of community outreach campaigns or workshops supported by Discovery Fund			
	5. Number of people receiving nutritional support or advice on food security through Discovery Fund		 	
	6. Number of school children receiving health screening tests through Discovery Fund support		; ; ; ;	
	7. Number of children referred to a health facility as a result of health screening		 	

Comments on M&E table and/or indicators selected



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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 yo	ur management as per the table bel	ow :	: :			
Full name	Role	Race	Gender	Disability Y/N	Resigned or Appointed	
		:				
3. Please provide further informatio	n in the event of high management	: turnover or ke	: y resignatio	ons from the	board	
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Section 4 - Your organisation continue	d
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 openngprovincial 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		
Latest set of unabridged, signed audited financial statements		
An ITA 34 or a Certificate of Good Standing from SARS.		
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		
Financial report for the grant, including original planned budget and actual expenditure		
The most up-to-date Management Accounts for the current financial year		
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.)		
Any new internal or external evaluations of the impact of the work of your organisation		
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		
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		
A detailed budget for the project receiving funding for the current and next financial year. Please add explanatory notes as needed		

