



AngloAmerican

Anglo American Chairman's Fund | Reporting Form



The Anglo American Chairman's Fund is administered by Tshikululu Social Investments NPC

Anglo American Chairman's Fund Reporting Form

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 reporting form provided on the following pages. Using another reporting 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.

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 Anglo American Chairman's 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 reporting 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 Anglo American Chairman's Fund, on 011 544 0300.

By email: aacf@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 report	
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:

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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 beneficiaries of activities completed with funding from the Anglo American Chairman's Fund.

"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. Project impact - employment									
	Total	Female	Male	African	Coloured	Indian / Asian	White	Other/ Unknown	Disability
Permanent jobs created									
Permanent jobs supported									
Temporary jobs created / supported									
Partner staff trained									
Community members trained									

Numbers should only refer to activities completed with Anglo American Chairman's Fund monies.

"Jobs created" refer to permanent full-time and part time (not less than 20 hours per week) jobs created as a result of your organisation's activities. For example if an entrepreneur trained by your organisation is able to successfully start a business and employs 3 people then your organisation has created 4 jobs for the reporting period.

"Jobs supported" refer to permanent full time and part-time jobs that may have already existed that were supported (salaries continued to be paid etc) as a result of grant funding.

"Temporary jobs supported or created" by your organisation does not include permanent employees on a part-time basis but rather employees hired for a limited period (less than one year).

"Partner staff trained" and "Community members trained" may be a subset of the number of people reported as "direct beneficiaries".

5. Project impact - infrastructure and job creation	
Number of facilities (or sites) improved/ maintained:	
Number of facilities built:	
Number of businesses created:	
Number of businesses supported:	

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Section 2 - Narrative report on your grant continued

6. 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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5. Describe a specific challenge associated with the implementation of this project and how it was dealt with

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Section 3 - 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 3 - 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 4 - 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"/>	
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	<input type="checkbox"/>	
(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"/>	
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"/>	
M&E information captured on the form provided by Tshikululu, inputting all required data	<input type="checkbox"/>	