Official use only

Decision of MoP National Decision Committee:

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*Chairperson, National Decision Committee*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Date

|  |
| --- |
| You must fill in the form using the Verdana font in size 10. |

1. General Information

1.1 Name of Group

1.2 Title of the project *(maximum 8 words)*

1.3 Name and title of person responsible for the project

1.4 Contact address

1.5 Telephone number(s) & Mobile number(s) *(including Dialing Code)*

1.6 Fax Number *(including Dialing Code)*

1.7 Email address of the person responsible for the project

1.8 Bank account information

(PLEASE PROVIDE A GROUP/DISTRICT/PROVINCIAL BANK ACCOUNT)

Account Holder: ………………………………………………………………………………………………………

Bank Name: ………………………………………… Branch Name: …………………………………

Branch Code: ……………………………………… Account Number: …………………………………

2. Project

* 1. Type of project *(Please indicate clearly which type(s) apply.)*

☐ Food For Life

☐ Global Warming & Climate Change

☐ Renewable Energy & Reduce, Reuse, Recycle

☐ Access to clean drinking water

☐ Biodiversity conservation

2.2 Level of intervention

☐ Group/Community Level

☐ District level

☐ Provincial level

2.3 Identified needs

a. Context

Briefly describe the location of the project and the context (historical, political, social and/or economic) which explain the reasons for wanting to implement your project.

b. Specific issues addressed

Which specific problems are you addressing and trying to resolve with your project.

2.4 Objectives of the project

a. Objective

Concisely explain the objective of the project.

b. Results

List the results that your project is intended to achieve. What concrete changes will be perceptible at the end the project. These results should be both quantifiable (for example, number of families helped; numbers of books, equipment distributed) and qualitative (what changes for the communities).

1.
2.
3.

c. Measuring impact

Specify how you will measure the specific results listed above.

2.5 Identification of beneficiaries

a. Youth benefits

Indicate how youth will benefit from the project (separate Scouts and non-Scouts as well as girls and boys if relevant).

b. Community and other beneficiaries' benefits

Indicate how the community and other beneficiaries will benefit from the project.
Please describe their profile including their social and economic situation.

c. Number of beneficiaries

**Beneficiaries:** A person or an organisation directly affected by the project (for example a young leader being trained to work with a community).

**Indirect beneficiaries:** A person, group of persons or organisation which which is affected by it via the direct beneficiaries (for example: members of the community which benefit from a water project installed by the Scouts led by the young leader who was trained).

As the number of direct beneficiaries is easy to identify, it is more difficult to have an exact number of indirect beneficiaries. This can therefore be a assumption based on “how many person, each direct beneficiary affects?”

Indicate the number of direct and indirect beneficiaries.

Direct beneficiaries: .......... Indirect beneficiaries: ..........

Of the total number of beneficiaries (direct and indirect), indicate how many are Scouts and how many are non-Scouts.

Scout beneficiaries: .......... Non-Scout beneficiaries: ..........

3. Implementation

3.1 Duration of the project

Please specify the date when you expect to start and finish the project.

Start of the project: .................

End of the project: .................

3.2 ACTIVITIES AND METHODS USED

Please provide details of the activities you will organise and the methods you will use to implement the project, including how will you address the identified need(s). For example, the type of events for young people or adults that you are planning; or how the materials or resources will be distributed; or how young people will be trained to become the leaders of tomorrow.

**Note:** When planning your activities please remember that project funding is disbursed as follows:50% upon approval of the application and the remainder (50%) after approval of the Final Report. If you already know the dates of your activities please include them here.

Activity 1:

-

-

Activity 2:

-

-

Activity 3:

-

-

3.3 Project coordination

a. Management

Please state the management structure for the project including names and responsibilities. (Indicate the name of the Project Leader and add the key people responsible for the project coordination and **please also indicate the person reponsible for managing project finances**).

Name:

Responsibility within the project:

Affiliated to:

Name:

Responsibility within the project:

Affiliated to:

b. People involved

How many people will work on the project?

Volunteer adult leaders: ..........

Professional adult leaders: ..........

Scouts: ..........

Volunteer non-Scout adults: ..........

Paid non-Scout adults: ..........

**Total: ..........**

3.4 Partner(s) for the project

Please list the partners that you have, as well as any potential partners. These partners will be a resource for your project. You will work together for the success of the project.

List as many as you have. Use brackets to indicate which are the potential partners.

Partner 1:

Contact Person:

Partner 2:

Contact Person:

Partner 3:

Contact Person:

4. Budget

4.1 Total budget for the project

R ....................

4.2 Budget requested The national office

R ....................

Please fill in the table below for the total budget of the project

To help you plan and manage your budget, we recommend that you allocate your estimated expenses carefully. It would be helpful to list the cost of specific items and services you need to implement each activity. (Insert as many additional lines as you need for the activities.) All Expenses reflected in future reports require proof in the form of copies of receipts for monies paid.

|  |
| --- |
| Beneficiary ExpensesExpenses directly related to the activities of the project.To the extent possible, beneficiary expenses should be allocate to specific activities. |
| Activity 1:  | R ........................... |
| Activity 2: | R ........................... |
| Activity 3:  | R ........................... |
| Sub-Total Beneficiary Expenses | **R...........................**  |
| Support ExpensesExpenses related to the operational costs of the project. Support expenses should only reflect those expenses that do not fit in specific activities, or are distributedacross the entire project.  |
| Programme | R ........................... |
| Material | R ........................... |
| Accommodation | R ........................... |
| Catering | R ........................... |
| Transport | R ........................... |
| Sub-Total Support Expenses | **R ...........................**  |
|  ***Total Expenditure*** | **R ...........................**  |

Annexes

Please provide a very brief description of any previously implemented project(s), if applicable.

**Please return this form via email: nosisa.mhlathi@scouts.org.za, fax: 021 685 9050 or post: P.O. Box 374 Newlands 7725 marked for the attention of the MoP National Decision Committee.**