

Application

2019



NEEDS ASSESSMENT

CONTACT INFORMATION

Name of organisation:

Telephone:

Cell phone:

Email:

Current address:

Postal address:

PREMISES OF THE ORGANISATION

(Please circle)

Property owned by organisation

Or Rented

If owned please indicate the following:

Value of the Property:

Is there any mortgages registered on this property:

If so, what is the amount:

If rented, please indicate the following:

Monthly lease amount:

How long is the lease period:

(If rented, please provide us with a copy of the rent / lease contract)

NEEDS ASSESSMENT

REGISTRATION

**(If you are registered as a NPO, please attach a copy of the
NPO certificate and BEE certificate)**

NPO number:

PBO number:

BEE Level:

(Please attached your latest year report)

CONTACT PERSON

Name and Surname:

Position held:

Email:

Phone:

PURPOSE OF ORGANISATION

(Please attach your constitution)

NEEDS ASSESSMENT

NUMBER OF PEOPLE EMPLOYED

Number of people in management position	M:	F:
Number of other staff:	M:	F:
Number of children:		
Ages 0-1:	M:	F:
Ages 1-2:	M:	F:
Ages 2-3:	M:	F:
Ages 3-4:	M:	F:
Ages 4-5:	M:	F:
Ages 5-6:	M:	F:
Total	M:	F:

How many children are from the following ethnic group:

Black:	White:	Coloured:	Asian:
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ORGANISATIONS INVOLVED

Do you receive financial or other support from organisations or individuals? (Amount of funding must also be stated)

Name of organisation	Contribution	Amount
•		
•		
•		
•		
•		
•		

NEEDS ASSESSMENT

Do you receive financial or other support from the Government? (Including Lotto)

If so, please specify.

Do you receive financial or other support from any other Corporate Social Investments?

If so, please specify.

(Please provide us with the organisation's financial statements for the last year)

NEEDS ASSESSMENT

GENERAL

INFORMATION OF ORGANISATION INCOME AND EXPENDITURE

INCOME

What is the school fee per child per month:

How many children are exempted from paying school fees:

What is management salaries per month:

What are the other staff salaries per month:

NEEDS ASSESSMENT

INCOME AND EXPENDITURE SHEET

		<u>Amount</u>
Total Income (net)		
	Donations received	[]
		[]
		[]

Total Income R 0.00

Total Expenses:			
Transportation			R 0.00
	Petrol	[]	
	Installments	[]	
	Maintenance	[]	
	Mini Bus	[]	
		[]	
		[]	
Project/ Portfolio			R 0.00
	Electricity & water	[]	
	Groceries	[]	
	Cleaning products	[]	
		[]	
		[]	
Office expenses			R 0.00
	Bank charges	[]	
	Salaries & wages	[]	
	Rent	[]	
		[]	
		[]	
Entertainment			R 0.00
	Staff refreshments	[]	
		[]	
		[]	
Miscellaneous			R 0.00
		[]	
		[]	
Total expenses		<u>R 0.00</u>	
Total funding needed		<u>R 0.00</u>	

NEEDS ASSESSMENT

YOUR ORGANISATION

SKILLS

What is the highest qualification of your employees:

If the organisation is receiving training, please let us know by whom:

(Please provide us with a timetable)

FAMILIES

Names of MOST neediest families in the school:

NEEDS ASSESSMENT

NEEDS OF YOUR ORGANISATION

SKILLS

MOVEABLE/IMMOVABLE PROPERTY

CASH

NEEDS ASSESSMENT

DAILY MENU

Day	Breakfast	Snack	Lunch	Snack
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

NEED FOR ASSISTANCE

Description	Yes / No (please circle)
• Food from Heaven	Yes / No
• Grade 7 Potato Kidz Program	Yes / No
• Y-Sport program	Yes / No
• Second hand shoes and clothes	Yes / No
• Toiletries for families and learners	Yes / No
• Stationary	Yes / No
• Food	Yes / No
• Bibles	Yes / No

NEEDS ASSESSMENT

CONDITIONS:

- Kindly note that we don't give monetary assistance.
- If we choose you as a project it will only be for one year. Every year your institution must re-apply.
- If you are selected as a project you must choose a **"Pay-it-Forward"** project where you must teach your learners to reach out to their community. This must be done every quarter and you must provide us with detailed report and pictures in the last week of every quarter.
- **If you receive equipment from us, PLEASE take care of the equipment. If the equipment is damaged or not accounted for you will be liable for the replacement value.**
- We are entirely depended on donors that providing us the platform to assist you. We cannot guarantee that we can assist in all your needs.

SIGNATURES

The information herein contained are within my own personal knowledge and are both true and correct.

Sign at:

Date:

In the capacity of

(name)

Signature of applicant:

Name in Bold:

Duly authorised representative of The Potato Foundation

Name and Surname: _____

Position: _____

For office use only:

Application is successful / not successful

Needs assessment has been done by a representative of The Potato Foundation

Date: _____

Time: _____

Representative's Name: _____

Position held: _____