

EXPECTED BENEFICIARY & IMPACT DATA FORM FOR NEW GRANTS

Please complete one form for each project for which you have been allocated funding from the Trust. Please complete a form for every project for which you have been allocated funding from the Trust. Only give data for beneficiaries whom you expect will be directly supported with funding from the Trust, and not beneficiaries in the project whom you might support through funding from other sources. Please submit all completed forms to the person in the Trust from whom you received this form, within 14 days of receipt of the grant allocation letter from the Trust

Please insert the grant reference number in the relevant section of the form. That will enable us to record the data in the correct project in our grantmaking system.

Amounts of money must be recorded in South African Rands (ZAR). The numbers of beneficiaries that you indicate in this form should be the 'target' number of beneficiaries that you intend, at the start of the project, to reach.

'Demographic' spread means the different beneficiaries by population group that the project reached, in terms of their general identities (e.g. racialisation, gender, age, sexual orientation, differential physical attributes, etc).

Sections B and C of this form, refer to 'intermediary' and 'ultimate' beneficiaries. 'Intermediary' and 'ultimate' beneficiaries may refer to slightly different groups depending on the type of project. In general, though, in this form 'intermediary' beneficiaries refers to any staff, interns, volunteers, or members of your organisation who will benefit in any way from the Trust's funding, and the people who directly receive support from the project (by receiving a food voucher or capacity development training, for example). 'Ultimate' beneficiaries refers to the broader group of people whose lives you expect will be positively impacted as a result of the direct support to 'intermediary' beneficiaries (e.g. the numbers of people in family households who will be fed through food bought with vouchers or the total number of people in organisations whose capacity will be increased as a result of one person from the organisation participating in a capacity development training programme). Alternatively, the 'intermediary' beneficiary might be a person who will be employed as a result of the project and the 'ultimate' beneficiaries might be the estimated total number of people in the person's family who will be supported as a result of their employment. Or the 'intermediary' beneficiaries might be the number of people in an organisation that will be set up through funding from the Trust to provide a service, and the 'ultimate' beneficiaries might be the number of people who will access the service. You can decide what makes sense for you in terms of who the 'intermediary' and 'ultimate' beneficiaries will be, as long as you are able to explain and justify your decision.

In section D of this form 'existing jobs supported' refers to the number of people who work in your organisation before the start of the project and who were previously paid from other sources of funding but who will now get paid with funding from the Trust (whether in part or in full), as a result of the Trust's funding of your project. 'New jobs created' refers to any new jobs that will be created as a result of the Trust's funding of the project, whether in your organisation to implement the project or through the success of the project creating more income or profit in your organisation or more economic opportunities in general, beyond your organisation.

Please talk to the Trust's programme officer that you relate to if there is anything else that you want to ask about how to complete the form.

SECTION A: ORGANISATIONAL INFORMATION

NAME OF ORGANISATION								GRANT REFERENCE NO.							
PROJECT TITLE															
PERIOD OF PROJECT		FROM	DD	MM	DD	TO	MM	DD	YYYY	STATUS		OPEN	X	COMPLETED	X
TOTAL AMOUNT OF FUNDS TO BE RECEIVED FROM THE TRUST FOR THE PROJECT (ZAR):															
CONTACT PERSON:		FIRST NAME								LAST NAME					
CONTACT DETAILS:		MOBILE NO.								EMAIL ADDRESS					

SECTION B: GEOGRAPHIC REACH

BENEFICIARY GEOGRAPHIC REACH – EXPECTED NUMBER OF BENEFICIARIES & UNIT COST							
WHAT?	HOW DEEP?	WHERE?*				HOW MANY?	HOW MUCH EACH?
WHAT IS THE PROJECT ABOUT?	TYPE OF BENEFICIARY	BRITSTOWN	DE AAR	HANOVER	PHILIPSTOWN	TOTAL	UNIT COST (AVERAGE COST PER BENEFICIARY IN RANDBS)**
Write a very brief description of your project here	INTERMEDIARY						
	ULTIMATE						

* For beneficiaries that are located in areas between these towns, list them under the town that is closest to the area in which the beneficiary is located.

** The average unit cost must be calculated taking the whole, total project amount received from the Trust for the project (including all administrative costs, fees, travel, accommodation, venue hire, meal, facilitation, stipend, or any other costs) and dividing it by the unit of measurement given in the specific indicator (except for the indicator for the unit cost of tools, devices, or facilities purchased).

SECTION C: DEMOGRAPHIC SPREAD

BENEFICIARY DEMOGRAPHIC SPREAD – EXPECTED NUMBER OF BENEFICIARIES

WHAT?	WHO?									
WHAT IS THE PROJECT ABOUT?	TYPE OF BENEFICIARY	BLACK PEOPLE*			WOMEN	UNDER 6 YEARS OLD	6 TO UNDER 17 YEARS OLD	17 TO 35 YEARS OLD	OVER 70 YEARS OLD	PEOPLE LIVING WITH DISABILITIES
		"AFRICAN"	"COLOURED"	"INDIAN"						
Write a very brief description of your project here	INTERMEDIARY									
	ULTIMATE									
* As prescribed in the Trust's Trust Deed to comply with Broad-Based Black Economic Empowerment codes and regulations										

SECTION D: IMPACT & VALUE FOR MONEY

EXPECTED IMPACT & VALUE FOR MONEY OF PROGRAMME OUTCOMES												
WHAT?	FOR WHAT & SO WHAT?											
PROJECT DESCRIPTION: Write a very brief description of your project here	FOOD		SOCIAL SECURITY	POSITIVE YOUTH LIFE ORIENTATION		EDUCATION		LIVELIHOODS		CAPACITY DEVELOPMENT, INFRASTRUCTURE, & EQUIPMENT		
	NUMBER OF MEALS TO BE GIVEN	EXPECTED AVERAGE NUTRITIONAL VALUE PER MEAL	EXPECTED NUMBER OF LIVES TO BE PROTECTED FROM DESTITUTION, DISASTERS, OR OTHER HARDSHIPS (INCLUDING CASH TRANSFERS)	NUMBER OF YOUNG PEOPLE TO PARTICIPATE IN LIFE SKILLS PROGRAMME OR ACTIVITIES	NUMBER OF YOUNG PEOPLE IN ACTIVITIES WHO ARE EXPECTED TO REPORT POSITIVELY CHANGED LIFE OUTLOOKS	EXPECTED NUMBER OF BURSARIES TO BE GIVEN	EXPECTED NUMBER OF GRADUATES	EXPECTED NUMBER OF EXISTING JOBS* TO BE SUPPORTED	EXPECTED NUMBER OF NEW JOBS TO BE CREATED	EXPECTED NUMBER OF TOOLS, DEVICES, OR PHYSICAL FACILITIES TO BE PURCHASED	EXPECTED NUMBER OF PEOPLE TO BE USING TOOLS, DEVICES, OR FACILITIES	EXPECTED NUMBER OF ORGANISATIONS OR BUSINESSES TO HAVE INCREASED CAPACITY, INCOME OR TURNOVER
AT WHAT COST?	EXPECTED AVERAGE UNIT COST PER MEAL*		EXPECTED AVERAGE UNIT COSTS PER LIFE PROTECTED*	EXPECTED AVERAGE UNIT COST PER PARTICIPANT*	EXPECTED AVERAGE UNIT COST PER PARTICIPANT WHO REPORTS CHANGED OUTLOOK*	EXPECTED AVERAGE UNIT COST PER BURSARY*	EXPECTED AVERAGE UNIT COST PER GRADUATE*	EXPECTED AVERAGE UNIT COST PER JOB (INCLUDING EXISTING JOBS SUPPORTED & NEW JOBS CREATED)*		EXPECTED AVERAGE UNIT COST PER TOOL, DEVICE, OR FACILITY PROVIDED FOR	EXPECTED AVERAGE COST PER USER*	EXPECTED AVERAGE UNIT COST PER ORGANISATION OR BUSINESS WITH INCREASED CAPACITY, INCOME OR TURNOVER*
	* The average unit cost must be calculated taking the whole, total project amount received from the Trust for the project (including all administrative costs, fees, travel, accommodation, venue hire, meal, facilitation, stipend, or any other costs) and dividing it by the unit of measurement given in the specific indicator (except for the indicator for the unit cost of tools, devices, or facilities purchased).											

SECTION E: DECLARATION

I, the undersigned, declare that I am authorised to sign this document on behalf of the organisation named above and that the information contained in it, to the best of my knowledge, provides an accurate and complete record of the anticipated beneficiaries and costs for the project referenced above, as far as is reasonably possible at this time. I affirm that it does not provide deliberately inflated, exaggerated, or false information.

NAME			SIGNATURE	
DESIGNATION				
CONTACT DETAILS	MOBILE NO.		EMAIL ADDRESS	