



a world class African city

CITY OF JOBURG

DEPARTMENT OF SOCIAL DEVELOPMENT

SYSTEMS AND NGO CAPACITATION SUB-UNIT

SUPPORT NEEDS FORM

INTRODUCTION

The purpose of this questionnaire is to assess the support needs of organizations for the City of Johannesburg NGO database.

The information submitted in this form will be referred to whenever your organization requires any form of support from the City. It should be noted that this form is not a funding or training application form, but a supporting document for the NGO unit to familiarise itself with the needs of your organization. It will be required that your organization submits specific proposal whenever funding or any other type of support is requested. This information may be reviewed again after two years.

Note that this form must be submitted together with supporting documents as per the attached list:

1. Full name and address of the organisation

Name of the Organisation:
Address:
Telephone number:
Fax:
E-mail address:
Website:
Acronym of the organization:

2. Address of your organisation's head office

Address	Tel no	Name of Contact Person

3. Address of your outreach/branches where services are rendered.

Address	Ward Number	Name of ward Councillor

4. Which of the following closely reflects the type of organisation?

NPO	TRUST	SECTION 21	NGO	CO-OP	OTHER / (SPECIFY)

5. Please tick your service delivery target group:

ORPHANS / CHILDREN	
WOMEN	
YOUTH	
AGED	
HIV / AIDS	
PEOPLE WITH DISABILITIES	
OTHER / SPECIFY	

6. Describe the short and long-term objectives of your organisation

Short term

Long term

7. Services rendered by the organization

Please provide an outline of the services provided by your Organization:

Name of Project	Target group	Activities	Numbers reached per month

8. Please provide names of staff (Please list names)

Name and Surname	Position

9. How many volunteers do you have in the organization?

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10. Are the volunteers paid a stipend: Please give details?

**11. How many people per project can your organization serve per month?
Please align this information per project you mentioned in point 6**

Project	Number of that can be assisted	Annually

12. Please list the members of your Office Bearers

Name and Surname	Designation in the organization	Occupation

13. Please provide the names signatories

Name and Surname	Designation in the organization	ID Number	Signatures of Signatories	Telephone numbers

**14. Is your organization affiliated to any governing/umbrella body, and
What support does the umbrella body provide to your organization?**

15. Briefly describe the support that your organization requires from the City of Johannesburg (please be specific) e.g. funding to purchase Project equipment, training of the financial manager in financial Management

16. Briefly explain how, if the above needs are met will bring about a Positive change in your organization.

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17. Please provide a list of your long-term funders.

Funder	Amount	Programme funded

18. Other Comments

Name and Surname of the Person completing the form:	
Signature and Date:	