education
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

ADVERTISMENT

THE MPUMALANGA DEPARTMENT OF EDUCATION HEREWITH CALLS FOR THE SUBMISSION OF PROPOSALS FROM NON-PROFIT ORGANISATIONS (NPO's) TO DELIVER EARLY CHILDHOOD DEVELOPMENT SERVICES IN MPUMALANGA PROVINCE FROM 2024 AND THEREAFTER

Interested organisations wishing to apply for funding should ensure that they are registered (and compliant) in terms of the Non-Profit Organisations Act, relevant Tax legislation and programmatic legislation. For ECD programmes to be eligible for funding they should be registered as ECD Programmes. New applications will only be considered for ECD services in the areas listed below:

CATEGORY OF SERVICE:	AREAS WHERE ECD SERVICES ARE REQUIRED, NEW APPLICATIONS			
	Gert Sibande	**Ehlanzeni**	**Nkangala**	**Bohlabela**
Early Childhood Development	Ms Sibongile Gwebu – 076 078 0161	Ms Portia Mtshali – 082 214 3208	Ms Alice Mashabela – 013 947 1591/079 299 1598	Ms Anthea Ngomane - 076 3222 789 Ribbon Sibuyi – 082 213 5634
	AREAS WHERE ECD SERVICES ARE REQUIRED, RE-APPLICATIONS (Contracts Expiring 31st of March 2025)			
Early Childhood Development	**Gert Sibande**	**Ehlanzeni**	**Nkangala**	**Bohlabela**
	Gert Sibande District Office Degar Street , Ermelo, 2350	Ehlanzeni District Office Old Mgwenya College, Legogode Street ,Kanyamazane, 1214	Nkangala District Office EX- Technikon Building , 282 Section A , Kwamhlanga, 1035	Bohlabela District office Mapulaneng College ,R533 Graskop Road, Buchbuckridge 1280

The process for application / re-application for funding for 2025/26 is as follows:

Registered, Funded and Unfunded community based ECD centers	
Submit two (2) copies of the completed Application form and supporting documentation by **15 November 2024** to the nearest Department of Education district office	
Application forms and detailed service specifications can be obtained from the nearest Department of Education district office OR from the Department of Education facebook page or website	

Should you require additional information / clarification, please do not hesitate to contact the above contacts.

30 South Africa 1994 - 2024 YEARS OF FREEDOM

MPUMALANGA
THE PLACE OF THE RISING SUN

LEAVE NO ONE BEHIND

RE A: FORMS

Form 1: Application for ECD subsidy

Completing this form:

PARTS A, B, D, E and F: All applicants must complete these parts.

PART C: Only applicants submitting individual child income information because

a. **the ECD programme is NOT located in a ward designated for universal targeting of the ECD subsidy, or**
b. **the ECD programme is located in a designated ward, but has been given a written instruction by the provincial department to fill in this section, or**
c. **the ECD programme is located in a designated ward, but has volunteered to fill in this section because fewer than 80% of the children attending the programme come from poor households.**

If the applicant has completed Part C, it must submit a file with the relevant supporting documents for each child.

PART A

All applicants must complete this part.

Contact details				
Name of ECD Programme				
Physical address				
		Code		
Postal address				
		Code		
Business tel		Cell		
Fax				
Email				
Contact Person 1	Name		Cell	
Contact Person 2	Name		Cell	

ECD programme eligibility			
EMIS number	number		
Partial Care Facility registration number	number		year
ECD Programme registration number	number		year
Does the applicant have conditional registration for either the partial care facility or ECD programme?		Yes	No
If yes, when was the conditional registration given?	day	month	year

PART B

All applicants must complete this part.

Children currently attending programme				
How many children are currently enrolled at the ECD programme?				
Age profile of children on the current register	1-18 months	18-36 months	37-59 months	60 months and older
Give the number of children in each age category				
How many children attending the ECD programme have disabilities?				

Number of places in the ECD programme to be subsidised				
For how many children is the ECD programme applying for ECD subsidies?				
Is a completed **Form 2 List of Children eligible for an ECD subsidy** attached to this application			Yes	No
Note: this application will not be considered unless a completed Form 2 is attached.				
Age profile of children on Form 2	1-18 months	18-36 months	37-59 months	60 months and older
Give the number of children in each age category				
How many children listed on Form 2 have disabilities?				

ECD Programme operating times	
For how many days in the year is the ECD programme open?	
For how many hours in a normal day does the ECD programme run an ECD programme?	

PART C

This part must be completed only by applicants submitting individual child income information because:

a. **the ECD programme is NOT located in a ward designated for universal targeting of the ECD subsidy, or**
b. **the ECD programme is located in a designated ward, but has been given a written instruction by the provincial department to fill in this section, or**
c. **the ECD programme is located in a designated ward, but has volunteered to fill in this section because fewer than 80% of the children attending the programme come from poor households.**

Information on individual child applications		
Is the required income information for each of the children listed on Form 2 attached to this application?	Yes	No
Note: ECD subsidies can only be allocated to children for whom the required income information has been submitted and who qualify for an ECD subsidy according to the prescribed income-based means test		
For how many children have caregivers given proof that they are recipients of a Child Support Grant?		
For how many children have caregivers given proof that they are recipients of a Foster Care Grant?		
For how many children have caregivers provided an affidavit declaring their status of income?		
For how many children have caregivers provided documentary proof of income information?		
Total		

Does the above total equal the number of children listed on Form 2	Yes	No

If 'No' then the applicant must review the list of children and the supporting income information to make sure it is complete and correct.

PART D

All applicants must complete this part.

ECD programme fees

Does the ECD programme charge parents / caregivers fees for children to attend the programme?	Yes	No

If yes, provide following details of the fees charged:

How are the fees charged? *Mark the relevant boxes with an X*	Per day	Per week	Per month	Per term	Per year
State the fees per child for the time periods noted	R	R	R	R	R
Are additional fees charged for afternoon care				Yes	No
If yes, what is the fee per child for afternoon care	R	R	R	R	R

What year are the above fees applicable for?	year
What is the estimated annual income from fees for the coming year?	R

Other sources of income and in-kind donations

Does the ECD programme currently receive an ECD subsidy from the department?	Yes	*No*
If yes, what is the programme's current ECD subsidy amount for the year?	*R*	

Does the ECD programme receive income from other sources?	Yes	*No*
If yes, provide details of other sources of expected income for the coming year	*R*	
	R	
	R	
	R	
Total estimated income for the year:	*R*	

Does the ECD programme receive any regular in-kind donations.	Yes	*No*

If yes, please provide details:

Does the ECD programme have a vegetable garden?	Yes	*No*
Do parents volunteer their time to do maintenance / gardening for the ECD programme	Yes	*No*

If there are other strategies to promote sustainability, please provide details:

High level annual budget of the ECD Programme		
Budgeted Annual Income	Next Year	Current Year
ECD subsidy from the department	*R*	*R*
Parent fees	*R*	*R*
Other sources of income	*R*	*R*
	R	*R*
	R	*R*
	R	*R*
	R	*R*
Total Income	*R*	*R*
Budgeted Annual Expenditure	Next Year	Current Year
Salaries	*R*	*R*
Unemployment Insurance Fund (UIF)	*R*	*R*
Food	*R*	*R*
Food preparation (gas, paraffin, wood)	*R*	*R*
Educational materials	*R*	*R*
Other consumables e.g. paper, pens	*R*	*R*
In-service training	*R*	*R*
Municipal rates	*R*	*R*
Water	*R*	*R*
Electricity	*R*	*R*
Telephone	*R*	*R*
Rent	*R*	*R*
Maintenance	*R*	*R*
Transport / petrol	*R*	*R*
Accountant / book-keeper	*R*	*R*
Other (please list)	*R*	*R*
	R	*R*
	R	*R*
	R	*R*
Total Expenditure	*R*	*R*
Balance for the year (Total Income minus Total Expenditure)	*R*	*R*

Application to use the subsidy for a different purpose		
The ECD subsidy should be used in line with the ratios as follows: 40% for nutrition, 40% salaries and 20% on learning materials and other operating costs such as rent, utilities, office supplies, maintenance, and repairs, etc.		
Does the ECD programme wish to request to use a portion of the subsidy funds for a different purpose?	Yes	No
If yes, please specify the purpose for which it wishes to use the funds, and the amount of funds it wishes to divert to this purpose:		
For office use:		
Is the above deviation request supported by the Chief Financial Officer?	*Yes*	*No*
If no, reason for rejection:		
Name of CFO:	*Signature of CFO:*	
Date:		
Is the above deviation request approved by the Head of Department?	*Yes*	*No*
If no, reason for rejection:		
Name of HOD:	*Signature of HOD:*	
Date:		

PART E

All applicants must complete this part.

New application or currently funded?			
Is this the first time the ECD programme is applying for an ECD subsidy?		Yes	No
If the answer to the above question is "no" please provide the following information			
Does the ECD programme currently receive an ECD subsidy from the department?		Yes	No
If the ECD programme is not currently receiving a subsidy, has it received one in the past? If so, in which year?	Yes	No	Year

ECD programme financial management arrangements		
What is the financial year-end of the ECD programme?	day	month
What is the ECD programme's expected annual turnover (total expenditure) for the current year?	amount in Rands	
Does the ECD programme employ / have a bookkeeper to manage the ECD programme's accounts?	Yes	No

Name .....

Address .....

.....

.....

Tel. .....

Cell .....

Has the ECD programme appointed an accounting officer or registered auditor to compile / review its annual financial statements?	Yes	No

If "yes" please provide the following details for the accounting officer or registered auditor:

Name .....

Address .....

.....

Tel. .....

Cell .....

Do the ECD programme's annual financial statements get audited by a registered auditor?	Yes	No

If "yes" please provide the following details for the registered auditors:

Name .....

Address .....

Tel. .....

Cell .....

What is the most recent year for which the ECD programme has audited financial statements available?	Year

ECD programme Financial Management Declaration		
I/We hereby commit to keep an ongoing record of income and expenditure that reflects the receipt of transfers and how they were expended.	Yes	No

ECD programme Bank Account Details	
Please note that this account MUST be in the name of the ECD programme. No 3rd party payment allowed.	
Account Name	
Name of Bank	
Account Number	
Branch Name	

Branch Number			
Account Type		Cheque Account	
		Savings Account	
		Transmission Account	
		Bond Account	
		Other (please specify)	
Name of signatory to the account			
ID Number			
Company Registration Number	*if applicable*		
NPO registration Number	*if applicable*		

BANK STAMP		***Confirm***
		ABSA - CIF screen **FNB** - Hogans system on the CIS4 **STANDARD BANK** - Look-up-screen **NEDBANK** - Banking platform under the Client Details Tab

PART F

Declaration that all information submitted is correct

I/We hereby confirm that all the information provided in this form is true and correct, and should this be shown not to be the case the department may terminate the funding agreement with the ECD programme and the persons signing below may be prosecuted for committing fraud.

	Applicant
Signature of the applicant	
Print Name	
Position	
Date	

Witness 1

Signature	
Print Name	
Position	
Date	

Witness 2

Signature	
Print Name	
Position	
Date	

If you have any questions regarding the filing out of this from please contact the district or provincial department of education for assistance.

education
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Ikhamanga Building, Government Boulevard, Riverside Park, Mpumalanga Province
Private Bag X11341, Mbombela, 1200.
Tel: 013 766 5552/5115, Toll Free Line: 0800 203 116

Litiko le Temfundvo, Umnyango we Fundo | Departement van Onderwys | Ndzawulo ya Dyondzo

Form 2: List of children eligible for the ECD subsidy

Instructions for completing Form 2

1. **Complete the Summary table after completing the entire form.**
2. **Information provided in this Form 2 must correspond with information provided in Form 1 Part Bin respect of ALL children attending the ECD programme**
3. **The ECD programme must keep on record a copy of the birth certificate of each child for whom an ID number is provided.**
4. **If a child does not have a birth certificate, and therefore no ID number, provide the child's date of birth according to the child's caregiver.**
5. **Part C must be completed by an ECD programme that:**
   a. **is NOT located in a ward designated for universal targeting of the ECD subsidy, or**
   b. **is located in a designated ward, but has been given a written instruction by the provincial department to provide means-test information for all children, or**
   c. **is located in a designated ward, but which has volunteered to fill in this section because fewer than 80% of the children attending the programme come from poor households.**
6. **If the ECD programme is required or has chosen to complete Part C, it must submit a file with the relevant supporting documents for each child.**

Name of ECD programme				
Name of ECD Programme				
EMIS number				
Summary	**A: Child information**			**B: Means-test information**
	Total number of children listed on Form 2	**Total number of children for whom ID**	**Total number of children that do not have birth certificates and**	**Number of children qualifying for ECD subsidy based on the following income means test information**

		numbers are provided	**therefore no ID number.**	**Child Support Grant**	**Foster Care Grant**	**Affidavit**	**Proof of**
Total							

A: Child information					**B: Means-test information**			
					Mark the relevant square with a cross			
No.	**Last name**	**First name**	**ID number** (leave blank if child has no birth certificate)	**Date of birth** (provide date of birth if child has no birth certificate or ID number) (dd mm yy)	**Child Support Grant**	**Foster Care Grant**	**Affidavit regarding income**	**Proof of income**
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4								
5								
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7								
8								
9								
10								
11								
12								

A: Child information					B: Means-test information			
					Mark the relevant square with a cross			
No.	Last name	First name	ID number (leave blank if child has no birth certificate)	Date of birth (provide date of birth if child has no birth certificate or ID number) (dd mm yy)	Child Support Grant	Foster Care Grant	Affidavit regarding income	Proof of income
13								
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31								

A: Child information					B: Means-test information			
					Mark the relevant square with a cross			
No.	**Last name**	**First name**	**ID number** (leave blank if child has no birth certificate)	**Date of birth** (provide date of birth if child has no birth certificate or ID number) (dd mm yy)	**Child Support Grant**	**Foster Care Grant**	**Affidavit regarding income**	**Proof of income**
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A: Child information					B: Means-test information			
					Mark the relevant square with a cross			
No.	**Last name**	**First name**	**ID number** (leave blank if child has no birth certificate)	**Date of birth** (provide date of birth if child has no birth certificate or ID number) (dd mm yy)	**Child Support Grant**	**Foster Care Grant**	**Affidavit regarding income**	**Proof of income**
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A: Child information					B: Means-test information			
					Mark the relevant square with a cross			
No.	**Last name**	**First name**	**ID number** (leave blank if child has no birth certificate)	**Date of birth** (provide date of birth if child has no birth certificate or ID number) (dd mm yy)	**Child Support Grant**	**Foster Care Grant**	**Affidavit regarding income**	**Proof of income**
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A: Child information					B: Means-test information			
					Mark the relevant square with a cross			
No.	**Last name**	**First name**	**ID number** (leave blank if child has no birth certificate)	**Date of birth** (provide date of birth if child has no birth certificate or ID number) (dd mm yy)	**Child Support Grant**	**Foster Care Grant**	**Affidavit regarding income**	**Proof of income**
89								
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