

**“Company Name”**

**“Company  
LOGO”**

*“Slogan”*

**“Year”**

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# **Executive Summary**

## Executive summary

The history of \_\_\_\_\_ started in 19\_\_ when people started collecting money to set up a home for the aged.

The first resident was admitted to our \_\_\_\_\_ Centre in \_\_\_\_ "date" \_\_\_\_\_.

Explain how the organization grew from start to current status.....

Ageing is an important biological phase in an individual's lifetime. It impacts on the demographic, socio-economic and social welfare of the country in diverse ways, generating policy interest, as governments seek to set national priorities that cater for elderly persons as a vulnerable group.

The number and proportion of elderly persons aged 60 years and older relative to those aged 59 and younger has increased over the period 1996–2011.

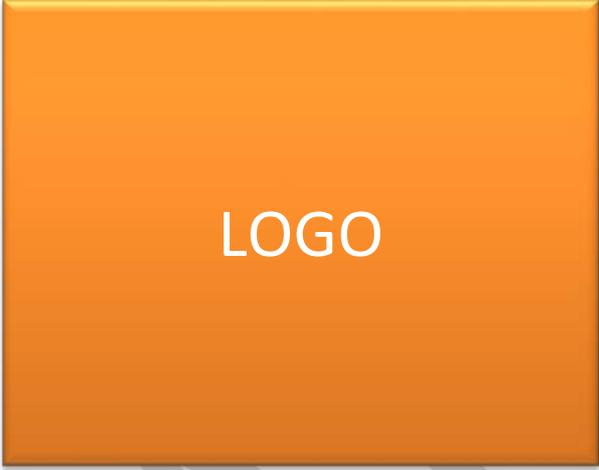
Projections show that the older population will continue to increase and by 2030 there will be approximately seven million elderly persons in South Africa.

Old age is often characterised by poor health due to frailty, morbidities and disabilities. This culminates into an inability to perform certain functions such as walking, hearing, seeing, remembering and concentrating as well as self-care. The results on extent of difficulty in a number of functional domains showed that for most elderly persons, ability to hear, walk or climb, remember or concentrate and self-care became increasingly difficult with age

The distribution of elderly persons by province has a number of implications on resources and funds available within each province to meet the needs of the elderly. Provincial variations show that in 2011, the highest proportion of elderly persons relative to adults and children was recorded in Eastern Cape (9,7%), followed by Western Cape (8,9%) and Limpopo (8,7%). KwaZulu-Natal, Mpumalanga and Gauteng provinces recorded proportions of elderly persons lower than the national figure of 8,0.

Due to old age, many elderly persons rely on assistive devices and chronic medication. The results show that a substantial proportion of elderly persons were using chronic medication (38%) by age 60–64.

\_\_\_\_ has the ability and the facilities to render a quality service currently but in the changing economic environment it is the norm to change and adapt to new challenges and equal the market needs.



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# Organisation Overview

## \_\_\_\_\_ overview

### \_\_\_\_\_ profile

\_\_\_\_\_ consist of (e.g.)

- 44-bed accredited Care Centre
- 45 units in Rotary and Golden Years Retirement Village
- 38 units in our Ihlali Retirement Village
- 3 Residential houses for assisted living
- And this completes our service delivery to our elderly community.

### The service

- Experienced management and compassionate Board
- Active resident and participative management
- Nursing support services for all residents
- 24-hour security access control & roaming guards
- Beautifully maintained gardens
- Medical practitioner on call
- Clinic for residents without medical aid
- Podiatrist
- Hairdresser
- Occupational Therapist on request
- Physiotherapist on request
- Prompt maintenance and garden staff
- Individual care plans for frail care residents
- Transport / courier service
- Admin support to residents with faxes, e-mail and photocopies, commissioner of oaths available
- Well managed frail care with 44 beds, 24-hour trained nursing care, with individual care plans for residents
- Tuck shop
- Library
- Take away lunches
- Active outreach programs into the community
- \_\_\_\_\_ acts as mentor for several organizations
- Inter-generational projects
- Residents involved in reading programs at local schools
- Games – chess, cards games, Bingo, and evening functions
- Tearoom bioscope
- Outings to shopping malls and theatre
- Celebration of the International day for Older Persons
- At \_\_\_\_\_ you will always find something happening and all the special events are celebrated. Fun on Valentine's Day, Easter & especially on Mothers and Father's day. See Events Page for dates.
- At \_\_\_\_\_ we have a Hair Dressing Salon on the premises, as well as manicure and pedicure services.
- Occupational Therapy programs run at the \_\_\_\_\_, which are designed to help the Elderly with Alzheimer's and Dementia. Program includes daily reality orientation, movement and exercise, music therapy, handwork and simple games. We strive for individualized care.
- Helpdesk where residents can enquire about, bank, shopping malls etc.
- Transport service available to the doctor, bank, shopping malls etc.
- Meals from our kitchen 7 days a week.
- Laundry deals with washing and ironing and delivers a service to the community.
- Gardening services are offered to residents who need their garden to be maintained as an optional extra.
- Cleaning services for all units is optional.
- \_\_\_\_\_ offer a very active "Activity" program to our residents.
- Residents who require a care giver for less than 3 hours a day, can arrange with management.





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**Organisational Management**

## Organisational management

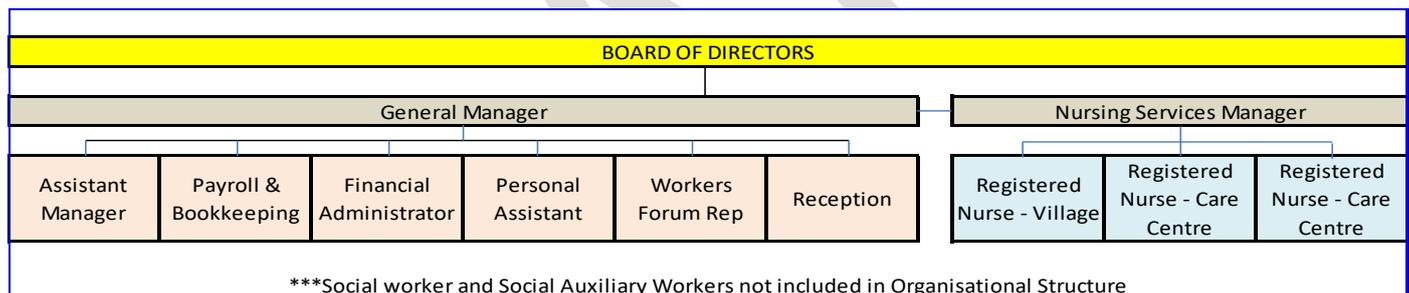
### 3.1. The Board of Trustees

“Insert Photo”

### 3.3. The Ombudsperson

- ❖ Indicate whether an Organisational Ombudsperson has been appointed
- ❖ Elaborate on Ombudsperson for the Homes of the elderly

### 3.2. The management structure of the GAFA



- Remuneration for staff is market related for the industry in which \_\_\_\_\_ is operating
- Great emphasis and focus is applied to;
  - Project management
    - Previous projects implemented with great care
    - Future project ventures planned
  - Industrial Relations & Human Resources
    - Industrial relations implications are considered for all activities of this project, including the clients and other contractor's requirements/policies. The specific areas addressed would include such items as engagement of labour, dispute handling procedures, union membership and union officials site visits, attendance at site, co-ordination meetings, facilities necessary for the construction work force, safety, occupational health and welfare and demarcation disputes and how to minimise them.
  - Occupational Health and Safety
    - In compliance with the relevant legislation and the Risk mitigation policy
- Future employment levels and the structure of the business may change according to growth and expansion
- Systems implemented:

Information Technology – Windows/Internet

Stock Control - Pastel

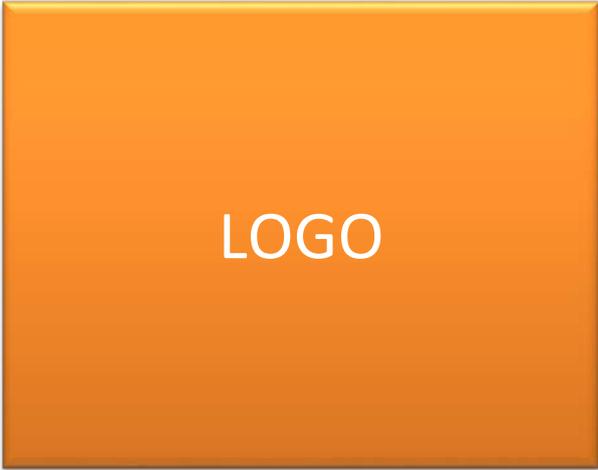
Accounting - Pastel

Administration - Pastel

Management Information - Pastel

- The business has appointed credible and registered auditors, attorneys, bankers and professional advisers.

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**The Market**

## 4. The market

### 4.1. Industry analysis

- Ageing is an important biological phase in an individual's lifetime. It impacts on the demographic, socio-economic and social welfare of the country in diverse ways, where the elderly persons is seen as a vulnerable group.
- The number and proportion of elderly persons aged 60 years and older relative to those aged 59 and younger has increased over the period 1996–2011. The number has increased from 2,8 million in 1996 to 4,1 million in 2011, and the proportions from 7,1% in 1996 to 8,0% in 2011. Projections show that the older population will continue to increase and by 2030 there will be approximately seven million elderly persons in South Africa.
- The composition and distribution of elderly persons reflect noticeable differences between sexes, population groups, ethnic groups and regions.
- Between 1996 and 2011, there has been a difference in the growth proportions of elderly persons across population groups. The proportion of elderly whites increased by 5,7 percentage points (from 14,4% in 1996 to 20,1% in 2011) and 4,8 percentage points among Indians/Asians (from 6,4% in 1996 to 11,2% in 2011). Elderly coloured and black Africans grew by 1,9 percentage points (from 5,8% in 1996 to 7,7% in 2011) and 0,4 percentage points (from 6,2% in 1996 to 6,6% in 2011) respectively.
- Provincial variations show that rural provinces have higher proportions of poor elderly persons compared to those residing in the urban provinces. Limpopo and Eastern Cape provinces had the highest proportion of poor elderly persons (77,1% and 64,4%), while Western Cape and Gauteng provinces had higher proportions of rich elderly persons (57,5% and 50,4%).
- Old age is often characterized by poor health due to frailty, morbidities and disabilities. This culminates into an inability to perform certain functions such as walking, hearing, seeing, remembering and concentrating as well as self-care. The results on extent of difficulty in a number of functional domains showed that for most elderly persons, ability to hear, walk or climb, remember or concentrate and self-care became increasingly difficult with age.
- The findings on the living arrangements of elderly persons in households show that more than half (50,6%) of elderly persons live in extended households. The dominance of elderly persons living in extended households reflects on the fundamental role family support continues to play in ensuring that the needs of the elderly persons are met. Regional variations show that elderly persons living in extended household setups are more prevalent in rural provinces such as Limpopo, Eastern Cape, KwaZulu-Natal and Mpumalanga, while nuclear households among the elderly are predominantly found in Western Cape and Gauteng provinces. However, the results also show that over the 1996–2011 period, there has been an upward trend in the prevalence of single-member households (from 16,3% in 1996 to 26,7% in 2011 as far as all households are concerned and from 14,6% in 1996 to 20,2% in 2011 for those headed by elderly persons).
- The only global event which might impact on this industry would be recession, NHI and competitive service providers.

Census 2011: Profile of older persons in South Africa, Report 03-01-60

### 4.2. Market analysis

- Legislation regulating the industry and which impacts on the industry is regulatory. The only negative impact legislation could have would be on the regulation of minimum wages where it could be very costly to employ sufficient competent/qualified staff in an industry where profits are based on low margins.
- The interaction of three demographic processes, namely fertility, mortality and migration contributes to a change in the population structure which may result in population ageing (Lesthaeghe, 2000).

- According to Figure 3.6 (below), the old-age dependency ratio is higher among women than men for all census years, with an increase among women between 1996 and 2011 to 10 elderly women per 100 working-age women.

Figure 3.6: Old-age dependency ratios by sex, censuses of 1996, 2001 and 2011

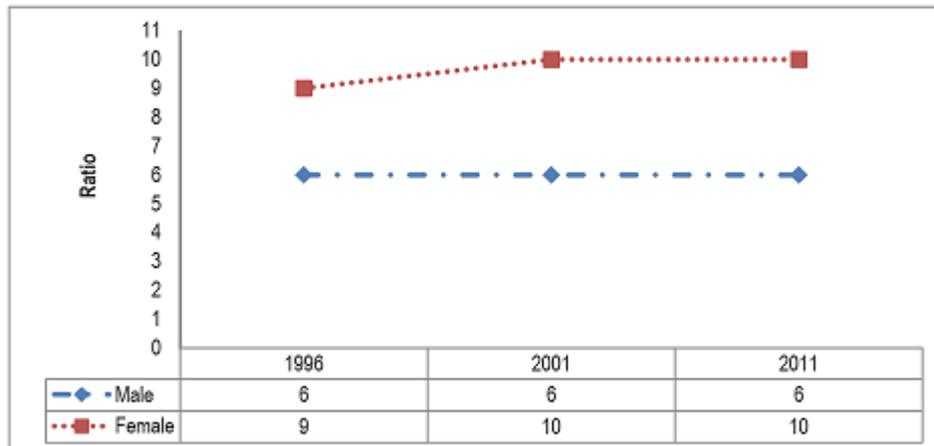
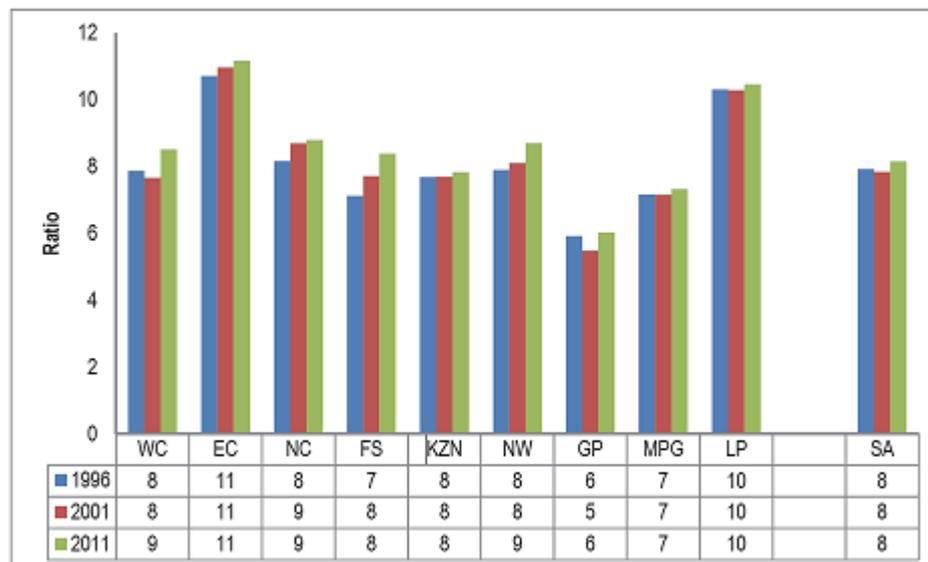
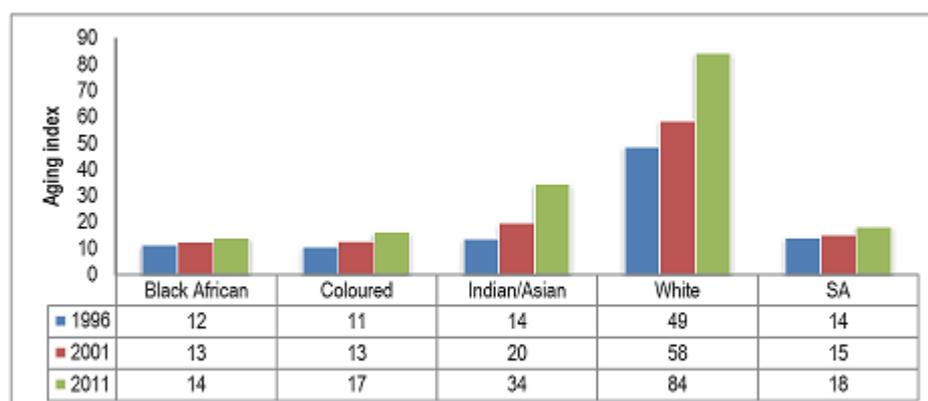


Figure 3.7: Old-age dependency ratio by province, censuses of 1996, 2001 and 2011



The old-age dependency ratio as shown in the above figure does show relatively stable old-age dependency ratios across provinces and South Africa over the 15-year period from Census 1996 to Census 2011.

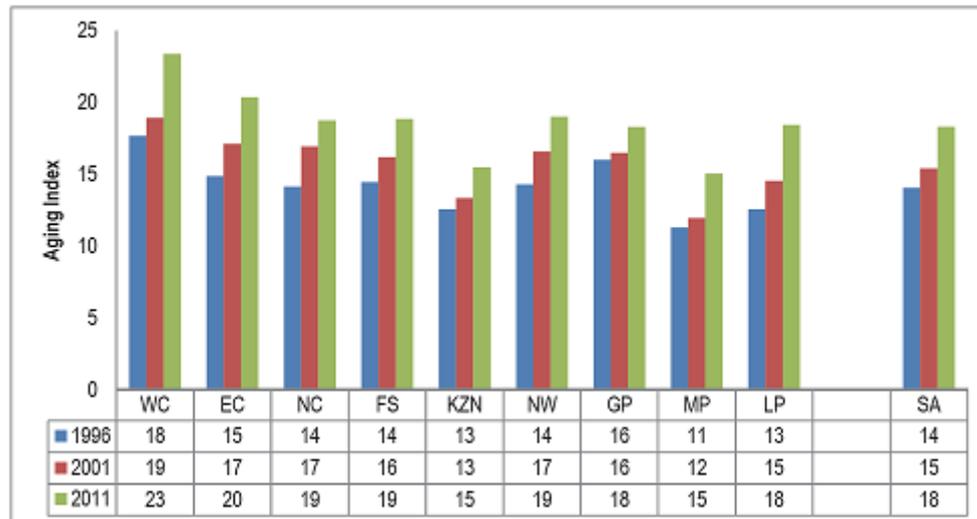
Figure 3.8: Ageing index by population group, censuses of 1996, 2001 and 2011



\*Other\* population group (280 454) category for 2011 has been excluded

Figure 3.8 shows that between 2001 and 2011, there were approximately 18 elderly persons aged 65 and older per 100 children aged 0–14 years

Figure 3.9: Ageing index by province, censuses of 1996, 2001 and 2011



Between 2001 and 2011, there was an increase in the ageing index over all provinces in South Africa.

Table 4.2: Number of elderly persons by five-year age-group and sex, censuses of 1996, 2001 and 2011

Age group	Census 1996			Census 2001			Census 2011		
	Male	Female	Total	Male	Female	Total	Male	Female	Total
60-64	362 063	538 483	899 546	444 519	629 784	1 065 294	612 384	773 484	1 385 868
65-69	304 073	464 874	768 947	364 763	483 164	787 927	461 548	588 258	907 806
70-74	198 116	287 644	485 760	232 547	298 922	531 469	263 488	464 632	748 120
75-79	141 844	235 943	377 787	136 458	231 181	367 639	165 383	315 984	481 367
80-84	62 672	116 631	179 303	60 635	100 111	170 746	100 684	222 222	322 906
85+	43 236	84 664	127 900	46 967	111 425	157 392	75 543	158 136	233 679
Total	1 698 532	1 726 668	2 825 201	1 294 899	2 629 586	3 200 505	1 648 928	2 562 629	4 191 758

Table 4.2 shows that the number of elderly persons aged 60 years and older has increased from 2.8 million in 1996 to 4.1 million in 2011. The number of females has over time remained higher than that of males.

## Projected number of the elderly by 2030

The number of elderly persons in South Africa is envisaged to continue to grow. Hence, it is imperative that necessary proactive policies are formulated to cater for the needs of this growing number. Policies and programmes related to health and subsequently mortality and fertility will make a difference to future population trends. For the purpose of understanding ageing trends, a forecast for the age and sex structure of South Africa to 2030 was developed. The trends in the population structure are based on the age and sex distributions by population groups in the censuses of 1996, 2001 and 2011. Population size and structure in-between the censuses were derived using intercensal population growth rates. The assumption is that this average growth rate will remain constant until 2030. Using this simple method of projecting the elderly population, the rate of fertility, mortality and migration have been held constant between 2011 and 2030.

**Table 4.4: Projected number of elderly persons aged 60 years and older between 1996 and 2030 by population group**

Year	Population group									
	Black African		Coloured		Indian/Asian		White		Total	
	N	%	N	%	N	%	N	%	N	%
1996	1 658 166	6,2	208 646	5,8	66 193	6,4	630 328	14,4	2 603 433	7,1
1997	1 665 730	6,2	219 805	5,9	70 786	6,6	652 193	14,7	2 608 494	7,1
1998	2 056 967	6,2	227 655	6,0	74 477	6,9	659 471	15,0	3 018 570	7,2
1999	2 129 062	6,3	236 785	6,1	78 383	7,2	666 829	15,3	3 191 060	7,2
2000	2 185 134	6,3	244 206	6,2	82 494	7,5	674 270	15,6	3 186 104	7,3
2001	2 257 383	6,4	253 716	6,4	87 490	7,8	682 005	15,9	3 280 594	7,3
2002	2 299 680	6,4	262 305	6,5	91 814	8,1	702 999	16,3	3 256 809	7,4
2003	2 342 769	6,4	271 289	6,6	96 451	8,4	724 620	16,7	3 435 129	7,5
2004	2 386 666	6,4	280 526	6,7	101 322	8,7	746 917	17,1	3 515 431	7,5
2005	2 431 385	6,5	290 078	6,8	106 440	9,0	769 899	17,5	3 597 802	7,6
2006	2 476 942	6,5	299 956	7,0	111 815	9,3	793 588	17,9	3 682 301	7,7
2007	2 523 353	6,5	310 189	7,1	117 463	9,7	818 006	18,3	3 768 991	7,7
2008	2 570 693	6,5	320 791	7,2	123 396	10,0	843 176	18,7	3 857 935	7,8
2009	2 618 799	6,6	331 662	7,4	129 627	10,3	869 120	19,2	3 949 198	7,9
2010	2 667 666	6,6	342 945	7,5	136 174	10,7	895 862	19,6	4 042 648	7,9
2011	2 722 572	6,6	354 639	7,7	143 027	11,2	922 721	20,1	4 151 759	8,0
2012	2 789 648	6,6	366 079	7,8	150 282	11,6	947 170	20,5	4 258 179	8,1
2013	2 858 786	6,7	378 363	8,0	158 121	12,0	967 626	21,0	4 367 897	8,2
2014	2 929 426	6,7	390 276	8,1	166 364	12,5	987 299	21,4	4 480 365	8,2
2015	3 001 616	6,7	402 064	8,2	175 000	12,9	1 007 997	21,8	4 595 906	8,2
2016	3 075 991	6,8	423 333	8,4	184 143	13,4	1 029 129	22,3	4 714 596	8,4
2017	3 152 060	6,8	438 099	8,5	193 725	13,9	1 050 703	22,7	4 836 528	8,4
2018	3 229 667	6,8	453 361	8,7	203 890	14,4	1 073 730	23,2	4 961 799	8,5
2019	3 309 699	6,9	469 196	8,8	214 394	14,9	1 098 219	23,6	5 090 508	8,6
2020	3 391 463	6,9	486 562	9,0	225 333	15,4	1 118 179	24,1	5 222 758	8,6
2021	3 475 268	6,9	502 499	9,1	236 346	15,9	1 141 621	24,6	5 358 654	8,7
2022	3 561 164	7,0	520 027	9,3	247 661	16,5	1 165 564	25,0	5 498 396	8,8
2023	3 649 161	7,0	538 167	9,4	259 511	17,0	1 189 989	25,5	5 641 827	8,8
2024	3 739 334	7,0	556 939	9,6	270 127	17,6	1 214 936	26,0	5 789 334	8,9
2025	3 831 734	7,1	576 366	9,6	282 444	18,2	1 240 405	26,5	5 940 949	9,0
2026	3 926 416	7,1	596 479	9,9	297 496	18,8	1 266 469	27,0	6 096 795	9,1
2027	4 023 441	7,2	617 276	10,1	323 326	19,5	1 292 958	27,5	6 257 002	9,1
2028	4 122 662	7,2	638 806	10,3	339 970	20,1	1 320 064	28,0	6 421 703	9,2
2029	4 224 739	7,2	661 090	10,4	357 479	20,8	1 347 738	28,6	6 591 038	9,2
2030	4 329 134	7,3	684 160	10,6	375 871	21,5	1 375 992	29,1	6 765 148	9,3

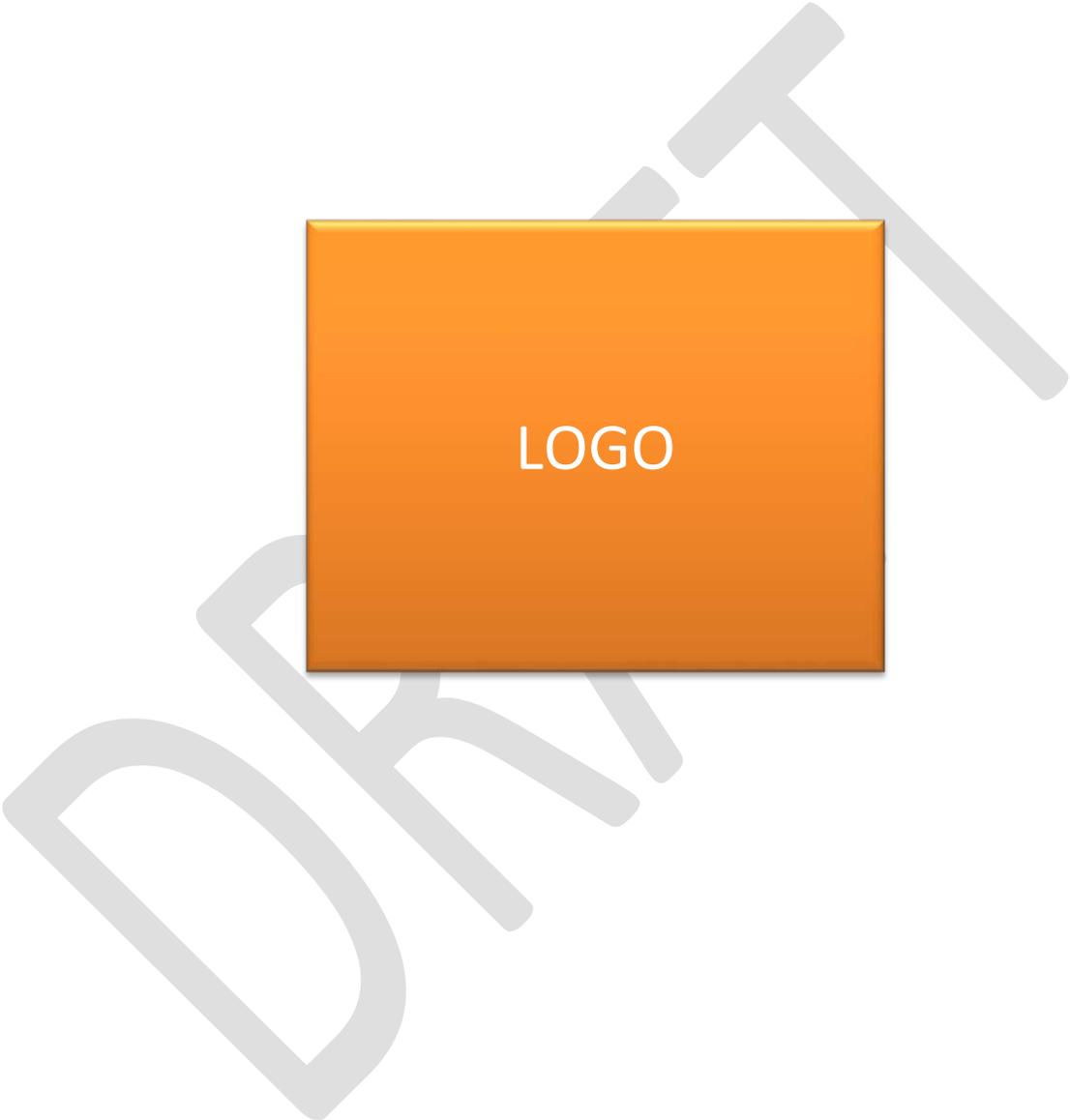
Note :- Cases of elderly persons reported as "Other population group" were excluded

Source :- Numbers projected based on intercensal growth rates between Censuses 1996 - 2001 and 2001 - 2011

**Table 4.5: Number of elderly persons aged 60 years and older by province, censuses of 1996, 2001 and 2011**

Province	1996	2001	2011
Western Cape	301 942	352 984	520 784
Eastern Cape	519 158	578 553	638 224
Northern Cape	73 824	80 182	98 391
Free State	178 432	197 785	228 789
KwaZulu-Natal	567 162	664 998	779 377
North West	187 944	225 269	292 393
Gauteng	482 491	577 506	842 281
Mpumalanga	182 742	212 101	284 156
Limpopo	331 506	391 128	467 363
<b>South Africa</b>	<b>2 825 201</b>	<b>3 280 505</b>	<b>4 151 759</b>

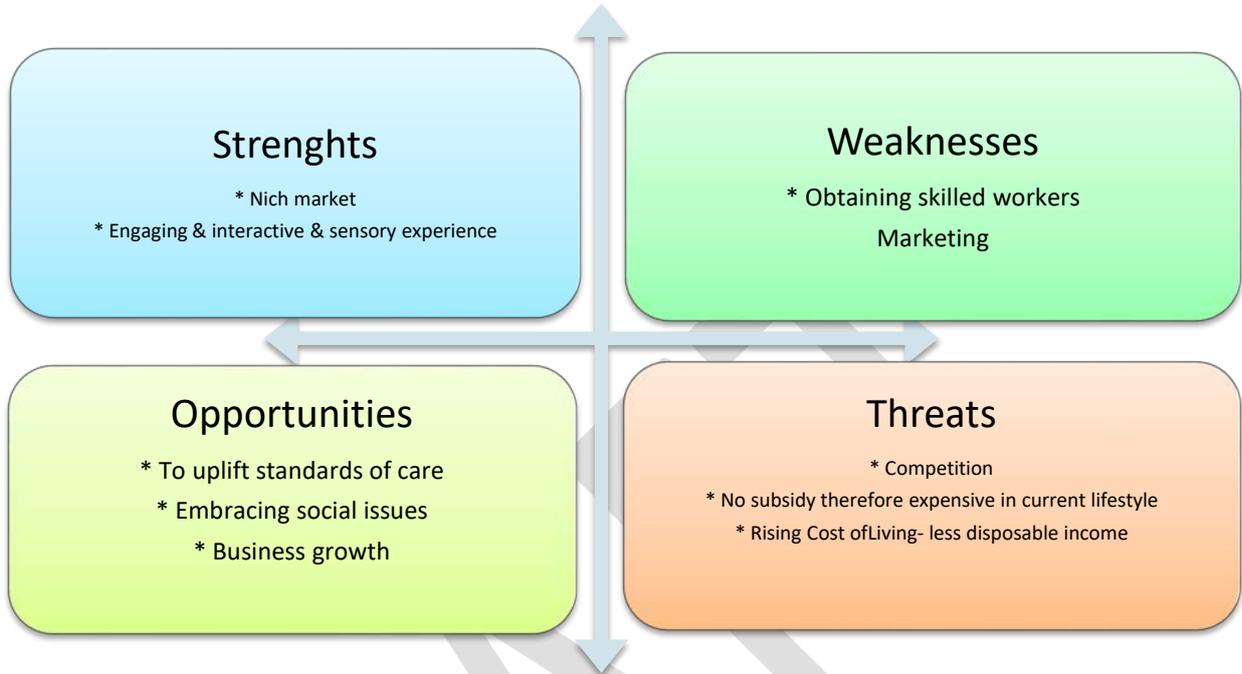
The results in Table 4.5 show that the highest number of elderly persons between 1996 and 2011 were found in KwaZulu-Natal, Gauteng and the Eastern Cape. KwaZulu-Natal had the highest number of elderly persons in South Africa in 1996 and 2001 (567 162 and 664 998 respectively). However, by 2011, Gauteng had the highest number (842 281). The increase in the number of elderly persons in Gauteng is driven mainly by the ageing of those aged 50–59 years over the 10-year period 2001–2011. Provincial profiling of elderly persons allows us to identify spatial concentrations of the elderly and plan accordingly to cater for their needs.



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# **SWOT Analysis & Risk assessment**

## SWOT



### Risk Analysis

- Potential risks/hazards faced by the \_\_\_\_\_ in relation to the potential for growth, profitability, and capital appreciation;

Financial	Recession
Environmental	Damage to building, fire
Human related	Theft, strikes
Commercial	Systems breakdown, stock late or not delivered, foreign or large competitive retailer

### Risk Management Plan

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**Legal & Regulatory Environment**

- Registration documents
- The Consumer protection Act (Act 68 of 2008)
  - The National Credit Act (Act 34 of 2005)
  - National Consumer Commission (NCCSA)
    - Companies Act
    - Labour Relations Act
    - Black Economic Empowerment Act
    - Employment Equity Act
    - Tax Act
    - Skills Development Act
  - Compensation for Occupational Injuries and Diseases Act
    - Workman's Compensation Act
      - Health Act
      - Nursing Act
- REGULATORY BODIES (Professional Councils)



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**Projects**



LOGO

**Company Registration  
Documents**



LOGO

**Proof of Residence  
(Utility Bill)**



LOGO

**Valid Tax Clearance Certificate  
(SARS)**



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**Financials 2018 – 2019**

**Financial Summary**

**Management accounts**

**Debtors Age Analysis**

**Creditors Age Analysis**

**Five year projection**

**Cash flow projection**

**Costing Breakdown**

**Budget 2018-2019 (Cost centres only)**

**Department Budgets**

**Capital Asset and liability documentation**

**Six months latest bank statements**

**Investments**

**Previous three Audit results**

**(Include sales and rental and day-care)**



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**BOD Resolution to Apply**

**RESSOLUTION TO APPLY**

Policy Resolution number: \_\_\_\_\_

*(Example) Relating to Application for Funds*

**WHEREAS**, the Board of Directors ("Board"), with all powers and responsibilities for the administration of the affairs of \_\_\_\_\_ ("the Organisation") state that the Board may do all such acts and things, accept those matters that the Board is prohibited from doing by law or governing documents;

**WHEREAS**, the Board of Directors shall exercise their powers and duties in good faith and in the best interest of the Business;

**WHEREAS**, the Board of Directors wishes to establish standards for operation and good corporate governance for the Business which would serve as guiding principles;

**WHEREAS**, the Board has determined that it is in the best interest of the Business to approach \_\_\_\_\_ for funding to \_\_\_\_\_;

**NOW, THEREFORE, BE IT RESOLVED** that the Board of Directors hereby adopts the process for funding application and proceed with the application within the ambit of the requirements from \_\_\_\_\_.

**RESOLUTION ACTION RECORD**

Resolution type: \_\_\_\_ "Financial" \_\_\_\_

Resolution number: \_\_\_\_\_

Pertaining to: \_\_\_\_ Application for \_\_\_\_\_ to \_\_\_\_\_

Duly adopted at a meeting of the Board of Directors held: \_\_\_\_ "Date" \_\_\_\_

Motioned by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

RESOLUTION effective date: \_\_\_\_ "Date" \_\_\_\_

VOTE			
YES	NO	ABSTAIN	ABSENT

_____	_____	_____	_____	_____
Director: .....				

_____	_____	_____	_____	_____
Director: .....				

_____	_____	_____	_____	_____
Director: .....				



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**Fund(ing) Application Form**



LOGO

**Capital Requirements**  
(Breakdown and Quotations)



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**Appendices and Supporting  
Documentation**

## Organisation Profile

Promotional literature, product brochures

Quotations or pro-forma invoices for capital items to be purchased

Schedules of insurance

Membership certificates