

**APPLICATION FOR FUNDING IN TERMS OF THE POLICY ON FINANCIAL AWARDS  
 (PROVINCIAL BUSINESS PLAN)**

**PERIOD: .....**

**INSTRUCTIONS**

- \* *This application is divided into SIX parts e.g. Section A, B ect*
- \* *Please provide the information required in this format. Respond to all questions accordingly and use additional paper if necessary.*
- \* *The format applies to all categories of services and can be adapted accordingly, where necessary.*
- \* *Organisations may request assistance or support from the department to complete their business plans.*
- \* *Programme herein refers to project or service provided.*
- \* *The service provider refers to the organisation or applicant requesting financial assistance.*
- \* *The NPO Certificate and the Constitution should only be submitted by organisations applying for the first time and when the NPO certificate and/or the Constitution have been changed.*

**SECTION A** *(Administrative details of the organisation)*

**A1.** Name of organisation .....

NPO Number .....

Postal address .....

Postal code .....

Tel No. ....

Cell No. ....

**A2.** Street address .....

**A3. Type of application** *(Please note that the service provider may tick more than one box. Provide reasons for the extension of service)*

**Tick ✓ applicable box**

|                      |  |
|----------------------|--|
| New Application      |  |
| Existing Application |  |
| Geographic extension |  |

|                   |  |
|-------------------|--|
| Service extension |  |
|-------------------|--|

**A.4. Motivation**

.....  
 .....  
 .....

**A.5. Category and Registration**

| CATEGORY        | REGISTRATION  |   |   |   |   |   | DATE OF REGISTRATION<br><i>(Please attach a copy of your registration certificate)</i> |
|-----------------|---|---|---|---|---|---|--|
|                 | Type of Registration <i>(Tick ✓ applicable box or choose one)</i> |   |   |   |   |   |  |
|                 | 1   | 2 | 3 | 4 | 5 | 6 |  |
| NPO             |   |   |   |   |   |   |  |
| NGO             |   |   |   |   |   |   |  |
| CBO             |   |   |   |   |   |   |  |
| FBO             |   |   |   |   |   |   |  |
| National Bodies |   |   |   |   |   |   |  |
| Other (specify) |   |   |   |   |   |   |  |
| -               |   |   |   |   |   |   |  |
| -               |   |   |   |   |   |   |  |
| -               |   |   |   |   |   |   |  |

**Legend**

- |                                  |   |
|----------------------------------|---|
| 1. Non-Profit Organisation (NPO) | 4. Affiliation with registered network  |
| 2. Trusts                        | 5. In process applying for registration |
| 3. Section 21                    | 6. Other (specify)                      |

**A.6 Name / title of the programme**

*(Specify the name/title of the programme for which funds are sought) e.g. Home for orphaned children*

| NATURE AND SCOPE OF THE SERVICE  | AREA OF OPERATION |                         |                                |
|--|-------------------|-------------------------|--------------------------------|
|  | Province          | City/Municipal District | Townships/Informal settlements |
| <i>Services currently funded &amp; for which funding is sought</i>     |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
| <i>Services not currently funded &amp; for which funding is sought</i> |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
| <i>Services for which funding is NOT sought</i>                        |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |
|  |                   |                         |                                |

**A.7. History of the programme**

*(Briefly explain the background of the programme, how the service provider determined that there is a need for a service of this nature and when was the need identified e.g. three months, or a year etc)*

**A7.1 Organisation**

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**A7.2 Services rendered**

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**A7.3 Funding by the Department or other sources of funding**

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**A8 Target Groups**  
 (Provide the number of people who will benefit or be part of the programme)

| TARGET GROUPS                | Beneficiaries                        | Total Number |   |          |   |       |   |       |   | Total No. |
|------------------------------|--------------------------------------|--------------|---|----------|---|-------|---|-------|---|-----------|
|                              | Age group, e.g. 10 - 14 years or all | African      |   | Coloured |   | Asian |   | White |   |           |
|                              |                                      | M            | F | M        | F | M     | F | M     | F |           |
| 1. Children                  |                                      |              |   |          |   |       |   |       |   |           |
| 2. Youth                     |                                      |              |   |          |   |       |   |       |   |           |
| 3. Women                     |                                      |              |   |          |   |       |   |       |   |           |
| 4. Older Persons             |                                      |              |   |          |   |       |   |       |   |           |
| 5. Persons with disabilities |                                      |              |   |          |   |       |   |       |   |           |
| 6. Persons with HIV / AIDS   |                                      |              |   |          |   |       |   |       |   |           |
| 7. Other (specify)           |                                      |              |   |          |   |       |   |       |   |           |
| -                            |                                      |              |   |          |   |       |   |       |   |           |
| -                            |                                      |              |   |          |   |       |   |       |   |           |
| -                            |                                      |              |   |          |   |       |   |       |   |           |
| <b>Grand Total</b>           |                                      |              |   |          |   |       |   |       |   |           |

**A.9** Describe how beneficiaries (target group) of the programme participate in the planning, implementation, monitoring and evaluation of the programme:

.....  
 .....  
 .....

**A10** Purpose of the programme  
 (Describe what the programme wants to achieve in broad terms).

.....

.....  
.....  
**A11** Describe the types of services that your organization provides AND the people who will benefit from the services:  
.....  
.....  
.....

**A12** Are the poor and vulnerable involved? *(tick applicable box)*

 Yes No

**A13** Describe how you will reach out to poor and vulnerable.  
.....  
.....  
.....  
.....

**A14** In which province/s do you operate (Tick next to the province/s that apply to you)

Eastern Cape  Gauteng  Free State

Northern-Cape  North West  Mpumalanga

Limpopo  Kwazulu-Natal  Western Cape

**A15.** Give the numbers of staff and voluntary workers presently in your organization

| PAID STAFF             |                        | VOLUNTEERS                  |                             |
|------------------------|------------------------|-----------------------------|-----------------------------|
| No. of full-time staff | No. of part time staff | No. of full-time volunteers | No. of part time volunteers |
|                        |                        |                             |                             |
|                        |                        |                             |                             |

**A16. GOVERNANCE AND MANAGEMENT**

**Structure and management of the programme** (Provide details each management committee of the programme including race, gender, and disability, if any. Also attach an organigram or schematic representation of the organisational structure as **Annexure D**).

| NAME | POSITION | CONTACT DETAILS | ID NUMBER | GENDER |   | RACE | NATURE OF DISABILITY<br>(Where applicable) | EXPERIENCE AND SPECIFIC EXPERTISE IN AREA OF SERVICE |
|------|----------|-----------------|-----------|--------|---|------|--|--|
|      |          |                 |           | M      | F |      |  |  |
| 1.   |          | Home No.:       |           |        |   |      |  |  |
|      |          | Tel No.:        |           |        |   |      |  |  |
|      |          | Cell No.:       |           |        |   |      |  |  |
| 2.   |          | Home No.:       |           |        |   |      |  |  |
|      |          | Tel No.:        |           |        |   |      |  |  |
|      |          | Cell No.:       |           |        |   |      |  |  |
| 3.   |          | Home No.:       |           |        |   |      |  |  |
|      |          | Tel No.:        |           |        |   |      |  |  |
|      |          | Cell No.:       |           |        |   |      |  |  |
| 4.   |          | Home No.:       |           |        |   |      |  |  |
|      |          | Tel No.:        |           |        |   |      |  |  |
|      |          | Cell No.:       |           |        |   |      |  |  |
| 5.   |          | Home No.:       |           |        |   |      |  |  |
|      |          | Tel No.:        |           |        |   |      |  |  |
|      |          | Cell No.:       |           |        |   |      |  |  |

**A.17 Profile of staff members**  
(Provide position of key staff members involved in the programme)

| Categories of Staff Members<br>(Identify categories of personnel from Schedule 1) | Consultants OR outsourced personnel | Number of staff with disabilities | REPRESENTIVITY (State number) |          |         |          |          |          |          |          |
|---|-------------------------------------|-----------------------------------|-------------------------------|----------|---------|----------|----------|----------|----------|----------|
|   |                                     |                                   | AFRICAN                       |          | ASIAN   |          | COLOURED |          | WHITE    |          |
|   |                                     |                                   | No. of M                      | No. of F | No of M | No. of F | No. of M | No. of F | No. of M | No. of F |
| 1.  |                                     |                                   |                               |          |         |          |          |          |          |          |
| 2.  |                                     |                                   |                               |          |         |          |          |          |          |          |
| 3.  |                                     |                                   |                               |          |         |          |          |          |          |          |
| 4.  |                                     |                                   |                               |          |         |          |          |          |          |          |
| 5.  |                                     |                                   |                               |          |         |          |          |          |          |          |
| 6.  |                                     |                                   |                               |          |         |          |          |          |          |          |
| <b>TOTAL</b>  |                                     |                                   |                               |          |         |          |          |          |          |          |



**SECTION B (Sustainability plan)**

**B1. SUSTAINABILITY PLAN**

*(Provide ways in which the organization makes plans to sustain itself in the following instances to ensure continued service provision)*

**B2.** After cessation of funds from the department

.....  
.....  
.....

**B3.** In the event that there are budget cuts

.....  
.....  
.....

**B4.** In the event that the programme is no longer a priority from the funding perspective

.....  
.....  
.....

## SECTION C (Transformation plan)

### C1. TRANSFORMATION PLAN

(Indicate the plan of the organisation to transform its structures as well as services and/or attach a transformation plan indicating the objectives, OBJECTIVE, time frames, target dates and targets for change or add a separate page if there is more information to be provided, if necessary)

| Transformation issue   | Expected outcome   | Target reached                             | Timeframe   | Challenges  | Responsible person  |
|--|--|--|---|---|---|
| <i>Specify the area of transformation e.g. accessibility of the programme ect.</i> | <i>How will you achieve this transformation imperatives e.g. indicate the distance of the organization from the community or target group.</i> | <i>Who will benefit from this process?</i> | <i>How long will it take to put in place a transformation plan?</i> | <i>What challenges/problems/concerns do you envisage?</i>         | <i>Indicate the person who will be responsible for the transformation plan.</i> |
| 1. Equitable distribution of services between rural and urban areas                | Shifting from over resourced areas to high priority areas where the needs are greatest (urban, peri-urban and rural )                          | Local communities and marginalized ones    | Six monthly monitoring in 2007/08                                   | Provincial representatives unable to identify influential leaders | Programme Director or National Executive Director                               |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 2. Structures which reflect the demographic profile of the region and province that it serves. |  |  |  |  |  |
| 3. Ensuring a transfer of skills from an established organization to emerging organization.    |  |  |  |  |  |
| 4. Accessibility of services   |  |  |  |  |  |

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| 5.Moving away from a competitive individualistic service to cooperative and collective approaches that facilitates service integration |  |  |  |  |  |
| Improving infrastructure and resource base of historically marginalized NGO's and communities  |  |  |  |  |  |

**C2. Any additional information on transformation**

.....

.....

## SECTION D (Financial matters)

D1. Previous funding (refer to Schedule 2)

| Source of funding                               | Objectives | Amount of funds |
|---|------------|-----------------|
| 1. For example Department of Social Development |            |                 |
| 2.  |            |                 |
| 3.  |            |                 |
| 4.  |            |                 |
| <b>Total Cost</b>                               |            |                 |

D2. Medium Term Expenditure Framework (MTEF) allocations

| Financial Year<br>2015/16 | Costs | Financial Year<br>2016/17 | Costs | Financial Year<br>2017/18 | Costs |
|---------------------------|-------|---------------------------|-------|---------------------------|-------|
| 1.                        |       |                           |       |                           |       |
| 2.                        |       |                           |       |                           |       |
| 3.                        |       |                           |       |                           |       |
| 4.                        |       |                           |       |                           |       |
|                           |       |                           |       |                           |       |
|                           |       |                           |       |                           |       |

|                   |  |  |  |  |  |
|-------------------|--|--|--|--|--|
|                   |  |  |  |  |  |
| <b>Total Cost</b> |  |  |  |  |  |

**D3. COSTING OF CURRENT OBJECTIVES**

*(Give information on the current request for funding from the department. List and cost each objective in column 1 and 2, specify the targeted beneficiaries as well as their numbers as well as their numbers in column 4 and 5)*

| OBJECTIVES          | COSTS | NUMBER OF BENEFICIARIES PER COMMUNITY |                    | FUNDING PERIOD |
|---------------------|-------|---------------------------------------|--------------------|----------------|
|                     |       | Target area/community                 | No o beneficiaries |                |
| 1.                  |       |                                       |                    |                |
|                     |       |                                       |                    |                |
|                     |       |                                       |                    |                |
| 2.                  |       |                                       |                    |                |
|                     |       |                                       |                    |                |
|                     |       |                                       |                    |                |
| 3.                  |       |                                       |                    |                |
|                     |       |                                       |                    |                |
|                     |       |                                       |                    |                |
| <b>TOTATL COSTS</b> |       |                                       |                    |                |

|  |  |  |
|--|--|--|
|  |  |  |
|--|--|--|

**D4. Activity Plan**

*(For each objective listed above, give details of how they will be achieved)*

| <b>Objective</b>                               | <b>Activities</b>  | <b>Performance indicators</b>  | <b>Outcome</b>  | <b>Personnel and resources needed</b>   | <b>Location</b>   | <b>Costs</b>  |
|--|--|--|---|---|---|---|
| List the identified objectives as in D2 above. | What does the service provider need to do to achieve the objectives?<br>e.g. <i>Establish a substance abuse project.</i> | How are you going to see that you are achieving your objectives? e.g. <i>One project established in 3 communities.</i> | Report on the results of the OBJECTIVE or objectives stated e.g. <i>Community aware of substance abuse.</i> | Provide physical and material resources needed e.g. name or position of the responsible person or mode of transport to be used. | Indicate for each activity the area where it will be implemented. | What are the financial costs & type of personnel to carry out such OBJECTIVE?<br>e.g. <i>If activity is awareness program – indicate inter alia Venue –R1000, Promotion Material – x10 pamphlets@R5.00 per pamphlet = R50.00.</i> |

**Objective 1**

**TO FACILITATE ECTIVE LEARNING PROGRAM TO 40 CHILDREN BETWEEN 0-3YEARS AND 90 MOTHERS IN CORRECTIONAL FACILITIES FOR MOTHERS INCARCARATED IN GAUTENG 2015/2016**

| ACTIVITIES  | PERFORMANCE INDICATORS | OUTCOMES | PERSONNEL AND RESOURCES | LOCATION | TOTAL COSTS |
|-------------|------------------------|----------|-------------------------|----------|-------------|
| ABET CLASES |                        |          |                         |          |             |
| 2.<br>ECD   |                        |          |                         |          |             |

**Objective 2**

.....

.....

| ACTIVITIES | PERFORMANCE INDICATORS | OUTCOMES | PERSONNEL AND RESOURCES | LOCATION | TOTAL COSTS |
|------------|------------------------|----------|-------------------------|----------|-------------|
| 1.         |                        |          |                         |          |             |



|    |  |  |  |  |  |
|----|--|--|--|--|--|
| 2. |  |  |  |  |  |
|----|--|--|--|--|--|

**D5. Summary of cost implications**

*(Referring to the previous activity table, cluster the items and cost implications using the following specified items as a guide. Refer to attached Schedule 2 and use explanatory notes where necessary)*

| ITEM                    | OBJECTIVE 1 | OBJECTIVE 2 | TOTAL |
|-------------------------|-------------|-------------|-------|
| 1. Personnel            |             |             |       |
| 2. Project costs        |             |             |       |
| 3. Capital costs        |             |             |       |
| 4. Administrative costs |             |             |       |
| 5. Other (specify)      |             |             |       |
| <b>TOTAL</b>            |             |             |       |

**D6.** Name of the person or firm responsible for managing your financial records

.....  
 .....

**D7.** Individual or Firm registration number.....

**D8.** What training has this person undergone?

**D9. Contact details**  
*(an outside individual or accounting company or auditor/chartered accountant)*

|                  |                |
|------------------|----------------|
| Physical Address | Postal Address |
| .....            | .....          |
| .....            | .....          |
| .....            | .....          |
| Province.....    | .....          |
| Postal Code..... | .....          |
|                  |                |
| Tel No           | : .....        |
| Cell No          | : .....        |
| Fax No           | : .....        |
| Email            | : .....        |

**SECTION E (Monitoring and Evaluation)**

**E1. MONITORING AND EVALUATION PLAN**  
*(How will the organization monitor or measure their performance against set goals and objectives)*

**E2 Balanced scorecard**

| Financial perspective   | Customer perspective   | Organisational (internal business perspective)                                | Innovation and learning Perspective   |
|---|--|---|---|
| <i>How will you manage your finances to ensure achievement of your objectives</i> | <i>How will you ensure that customers are satisfied with the services provided? e.g.</i> | <i>What will you do to make your organization work or what will you do to</i> | <i>How will you ensure that your organization learns new things that will</i> |

|   |   |  |   |
|---|---|--|---|
| <i>in line with the Policy on Financial Awards? e.g. report on progress</i> | <i>conduct a customer satisfaction survey</i> | <i>ensure there is continuous improvement in the way the organization works? e.g. monthly progress reports</i> | <i>enable it to work better? e.g. training and capacity building programmes</i> |
| <b>Financial perspective</b>  | <b>Customer perspective</b>                   | <b>Organisational (internal business perspective)</b>  | <b>Innovation and learning perspective</b>                                      |
| 1.  |   |  |   |
| 2.  |   |  |   |
| 3.  |   |  |   |
| 4.  |   |  |   |
| 5.  |   |  |   |

**SECTION F (Checklist)**

Check if the following documents have been submitted. Please tick applicable box.

- F1. Business Plan -----
  
- F2. Constitution -----
  
- F3. Organisational Structure (Organigram) -----
  
- F4. NPO Registration Certificate -----
  
- F5. Any other -----
  
- F6. Proof that the service provider is in process of registering -----
  
  
- F7. Confirmation of Banking Details -----
  
  
- F8. Financial Assurance Declaration -----
  
  
- F9. Certified Bank Statement -----
  
  
- F10. Audited Financial Statement (if previously funded by department) -----
  
  
- F11. Six monthly progress report -----
  
  
- F12. Cashflow statement -----
  
  
- F13. Others (Specify) -----

Any Other Remarks

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**DECLARATION:**

I confirm on behalf of .....(The name of organisation) that I am authorized to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate.

Chairperson/ Programme Manager : .....

Vice Chairperson : .....

**For Official Use**

**Comments on the Business plan**

.....  
.....  
.....  
.....  
.....

**Issues for discussion within the Department**

.....  
.....  
.....  
.....  
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.....

**ANNEXURE B1**

ASSURANCE IN TERMS OF SECTION 38(1)(J) OF THE PUBLIC FINANCE MANAGEMENT ACT, 1999 (ACT 1 OF 1999)

In terms of Section 38 (1) (J) of the Public Finance Management Act, 1999 (Act 1 of 1999), the Department of Social Development requires a written assurance, that your entity implements effective, efficient and transparent financial management and internal control systems)

I, the undersigned ..... in my capacity as ..... of ..... hereby declare that ..... (service provider) implements effective, efficient and transparent financial management and internal control systems.

Signed at ..... on this ..... day of ..... 20.....

**Signature** : .....

**Witness**

1. .... **Capacity** : .....

2. .... **Capacity** : .....

**CONDITIONS AND REMEDIAL MEASURES TO COMPLY WITH THE PUBLIC FINANCE MANAGEMENT ACT  
(SECTION 38 (1) (J), ACT 1 of 1999)**

In the case where written assurance cannot be obtained from the entity that effective, efficient and transparent management and internal control systems exist, the following conditions and remedial measures will apply:

- The service provider will not use any funds allocated by the department and paid into their bank account, until the department gives them written permission to do so.
- The service provider will implement and adhere to the financial control system prescribed by the department.
- The service provider will subject itself to monitoring and inspection of financial records on a regular basis as conducted by the officials of the department or it's representatives.
- The service provider will submit quarterly financial expenditure and progress reports as prescribed by the department.
- The service provider will take appropriate measures to ensure that it improves its capacity to implement effective, efficient and transparent management and internal control systems.

I, the undersigned ..... in my capacity as ..... of ..... hereby declare that ..... (service provider) implements effective, efficient and transparent financial management and internal control systems.

Signed at ..... on this ..... day of ..... 20.....

**Signature** : .....

**Witness**

1. .... **Capacity** : .....

2. .... **Capacity** : .....



**CERTIFICATE OF REGISTRATION OF NONPROFIT ORGANIZATION**

In terms of the Nonprofit Organisation Act, 1997, I am satisfied that .....

.....  
*(name of the nonprofit organization)*

meets the requirements for registration.

The organisation's name was entered into the register on .....  
*(date)*

**Registration number** : .....

**Director's signature** : .....

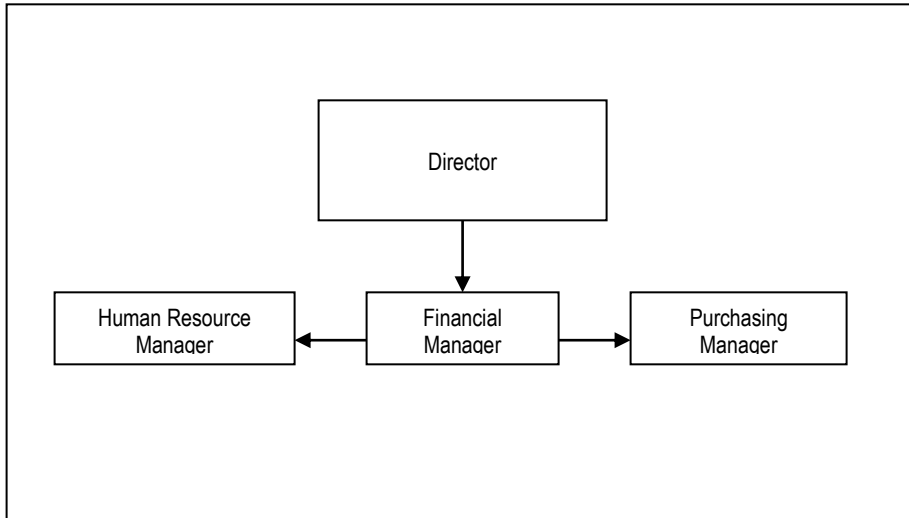
**Date** : .....

***Department of Social Development***



Organisational Structure or Organogram

Example



## SCHEDULE 1

| Category                                | Required Human Resources  |
|---|---|
| <b>Managers</b>                         | Administrative Managers<br>Professional Managers  |
| <b>Professional personnel</b>           | Social workers<br>Youth workers<br>Probation officers<br>Community Development Worker<br>Child and Youth care workers   |
| <b>Assistant personnel</b>              | Social auxiliary workers<br>Assistant probation officers<br>Auxiliary Chile and Youth Care Workers<br>ECD care givers<br>Home and community based care givers<br>Sign language interpreters           |
| <b>Professional support</b>             | Medical practitioners<br>Physiotherapists<br>Speech therapists<br>Occupational therapists<br>Nursing Personnel<br>Psychologists<br>Psychiatrists<br>Researchers<br>Information Management Specialists |
| <b>Administrative support personnel</b> | Information Technology Specialists<br>Administrative officers<br>Typists<br>Drivers<br>Data captures<br>Cleaners<br>General assistants<br>Security Personnel  |
| <b>Other</b>                            | Volunteers  |
| <b>Temporary personnel</b>              | Student social workers<br>Interns<br>Contract workers<br>Escorts<br>Student child and youth care workers  |

- It should be noted that this list may not be exhaustive.

## SCHEDULE 2

# **PROPOSED FRAMEWORK OF INCOME AND EXPENDITURE ITEMS WITH EXPLANATION**

## **EXPLANATION OF BUDGET ITEMS**

### **FINANCIAL MATTERS**

Source of funding may be from:

Includes

- Fees for services
- Membership fees
- Affiliation fees paid by branches/ affiliates
- Products sold
- Rental income
- Interest

**Donors:**

- International
- Corporate Business

**Government departments:**

- Grants
- Subsidies/ Financial Award

Fund-raising activities such as fetes, street collections, book sales, etc.

## **COST IMPLICATIONS**

### **PERSONNEL COSTS**

*All costs that are directly linked to obtaining & maintaining the necessary human resources, whether they are employed personnel, on an outsourced/ contract/ session basis.*

Includes

- Salaries & wages
- Overtime
- Bonuses
- Honorariums (volunteers, etc)
- Allowances
- Contributions – medical aid, pension, etc
- Personnel recruitment (adverts)
- Staff meals, clothing & accommodation

## **PROJECT COSTS**

Includes

- training workshops/sessions for staff, management, volunteers, etc
- organisations 's contribution towards personnel study fees

This can be used for any other specific service/project expenditure such as:

- social relief (food parcels, rent, etc.)
- awareness campaigns
- holiday programmes
- recreational activities
- fund-raising
- marketing

## **ADMINISTRATION COSTS**

Includes Communication (telephone, fax, E Mail, post etc)

Printed material and stationery

Administration - affiliation fees, levies, registration, etc.

Books and journals

Rental of equipment

Affiliation fees

Marketing

Auditing

Bank fees

Interest on overdrafts & loans

Insurance –furniture, equipment, professional indemnity

## **TRANSPORT COSTS** such as :

fuel

vehicle allowances

vehicle rental

lease agreements

public transport

vehicle maintenance & depreciation

insurance of vehicles

incidentals such as licences, toll road costs, parking, etc.

## **CAPITAL COSTS**

Refers to the erection, renovation, extension, purchase & upgrading of land & buildings  
purchase of equipment  
purchase of vehicles.  
Maintenance  
insurance

It is important to use this explanation when compiling the budget, cost per objective and financial reports and also to specify the each item under the various categories.