

Invitation

The Committed Community Centre
PO Box 5555
Commitment City
South Africa
10 January 2002

Dear Ms Lebeloe

RE: Invitation to Workshop

The Department of Health would like to invite you to attend a three-day capacity building workshop called *HIV/AIDS and You: Exploring the Connection, the Impact and Your Priorities* to be held at the Birchwood Hotel in Johannesburg from 7-9 March 2002.

The workshop will be facilitated by the USAID-funded the POLICY Project.

The objectives of the workshop are to familiarise participants with:

- An update on HIV/AIDS including the latest trends and statistics both nationally and globally.
- Basic facts about HIV/AIDS, transmission and prevention.
- The impact of HIV/AIDS with particular reference to health, welfare, education, families and the economy.
- HIV/AIDS-related stigma and discrimination by examining the case studies of South African HIV/AIDS activists.
- The AIDS Memorial Quilt which highlights the impact of the HIV/AIDS epidemic in communities. It also introduces participants to projects they can initiate in their own communities.

Criteria for Attending:

People nominated to attend the training should be those who:

1. Are committed to attending a further two capacity building workshops.
2. Are active members of the organisation and are integral to the future management of the organisation.
3. Have an understanding of development issues and an interest in HIV/AIDS.
4. Have leadership qualities and good interpersonal and communication skills.

Example

The letter of invitation begins like most business letters, so be sure to include the date and the address of the person you're writing to.

Start off your invitation by describing who is holding the workshop, what the theme of the workshop is, where it will be held and when. That way, people will be able to see right from the start if this workshop is relevant to them - and if they are available on those dates.

State the workshop objectives clearly. Not only will this make you think carefully about what you're hoping to achieve by holding the workshop, it will also allow participants to decide whether or not they should attend.

Who are you hoping to target? Think carefully about what you want from workshop participants and spell this out.

How many people do you want to invite from each organisation?

Two persons per organisation may attend and those nominated must be committed to attend all three days of the workshop. Those people nominated to attend the workshop should complete the REPLY FORM attached and fax this to The Travel Company (see contact details below)

State what language the workshop will be conducted in.

The workshop will be conducted in English but participants may communicate in a language in which they feel comfortable conversing.

Logistical Arrangements:

Dates:

6 March 2002

7, 8, 9 March 2002

10 March 2002

Arrival at Birchwood Hotel

Workshop

Departure

This is the practical part of the letter, which includes the dates, place and time.

Venue:

The workshop will be held at the Birchwood Hotel, Gauteng. Accommodation, meals and conference costs will be covered by the Department of Health. Participants will be responsible for all incidental costs such as their laundry, telephone and alcohol.

State clearly what expenses participants will be responsible for. You don't want to be left with a hefty telephone and bar bill because you didn't make this clear right from the beginning!

Travel Arrangements:

If it is necessary to fly, your flight arrangements will be coordinated by The Travel Company. A travel form is attached and needs to be completed and faxed to The Travel Company.

Mary Smith

The Travel Company

PO Box 999, Sunvalley, 3333, Cape Town

Tel: (021) 788 9999

Fax: (021) 788 7777

E-mail: travelcompany@mweb.co.za

Who do participants need to contact regarding their travel arrangements? Don't forget to remind participants to fill in the travel form and fax it to the travel agency.

Should you travel to the workshop by road or rail (own car, taxi, bus or train), a travel claim form will be provided at the workshop in order for you to be reimbursed for your travel.

Important: Please keep proof of your transport payments.

Remember to ask participants to fill in the reply forms and send them back to your organisation.

Reply Form (Please print clearly)

To be completed by the nominated person and faxed to the POLICY Project

Don't forget to include the title of your workshop at the top of this form.

"HIV/AIDS and You: Exploring the Connection The Impact and Your Priorities"

7-9 March 2002

Name of Organisation:

Name of Nominee:

Present Position:

Key Performance Areas (describe your key functions in your organisation/sector):

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Explain briefly why you wish to attend this workshop:

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Describe what you expect to do after the training course to guide an HIV/AIDS response in your organisation/sector:

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This form is NB as it will help you select the most suitable participants for the workshop. You can ask for information about a wide variety of things, but it's good to know:

- what their job entails,
- why they want to attend the workshop, and
- what their expectations are.

Participant Selection

I, the undersigned, understand that nominees wishing to attend this training workshop will be screened by a selection committee which will select 20 participants. Should I be selected I undertake to attend the entire course and to participate fully in all aspects of the training.

Nominee's Signature: Date:

PO Box 3580, Cape Town, 8000, South Africa
Tel: (+27 21) 462 0380 - Fax: (+27 21) 462 5313
E-mail: polproj@mweb.co.za

Don't forget to include your organisation's address and contact numbers!

Seed Grant Application Form

Use this form to complete the small grant application. Please type or print neatly. If necessary, attach additional sheets. This form should be completed in English.

Name of organisation:

Name of network (if applicable):

Name and title of contact person:

Address:

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..... Postal code:

Tel: Fax:

E-mail:

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Name & title of person completing application
(if different from contact person)

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Date of application

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Signature of person completing application

Description of Organisation or Network:

(A brief statement about how long it has been established, the geographic area and target population served, number of members of the organisation or network and organisational structure.)

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Policy Issue:

(A brief description of what the policy issue is and why the organisation or network should be funded.)

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Advocacy Goal:

(A short statement about what the organisation or network wants to accomplish with this grant. The goal statement should be a positive statement of the policy issue.)

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Advocacy Objectives:

(Objectives are the results of the project. There should be only two or three objectives.)

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Description of Activities (to accomplish the objectives):

(A detailed but brief description of the major activities. When, where and how the activity will take place; how long the activity will take; and who will be responsible for implementing each activity.)

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Evaluation Plan:

(Describe what should happen if the activity is to be considered successful – what will be measured and how it will be measured.)

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Budget

Category	Unit Cost	Number of Units	Total
I. Travel			
A. Local Transport			
B. Meals (specify)			
C. Other (specify)			
II. Other Direct Costs			
A. Room Rental			
B. Photocopying			
C. Communication			
D. Office Supplies			
III. Equipment			
A. Computer			
B. Fax Machine			
IV. Subscriptions			
TOTAL			

The budget should be as detailed as possible and include quantity, prices, days or other relevant particulars. It must be in local currency. The total amount needed for each particular category should be clearly indicated by detailing all the elements that affect that cost. Categories may be added as necessary according to the activity, just as not all the categories listed above would apply to every activity.

Checklist for Selection

Date: Checked by:

Organisation Details

Name of organisation

Province

Please make a tick in the appropriate block.

	Yes	No	Comments
Address			
Telephone			
Fax			
E-mail			
Contact person			
Banking details			
Auditors			
Other funders			

Project Outline (as contained in the proposal)

	Yes	No	Comments
Project name			
Description of organisation			
Goal			
Objectives			
Activities			
Evaluation plan			
Budget (including the requested amount)			
Implementation plan/time frame			

Project Capacity (reviewer's analysis)

Attended all training sessions	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>
	Yes	No	Comments
Links to organisational developmental issues			
Organisational capacity			
Constraints			
Partnerships			

Which area does this proposal fall into?

- Prevention/promotion programmes
- Home-based care programmes
- Human rights initiatives
- Sexuality and life skills courses
- Targeted intervention (e.g. VCT)

Target group:

Checklist for Selection

Additional Comments:

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Final Recommendation:

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Signature:

Date:

Final Report

Use this form to complete your final report. Please type or print neatly. If necessary, attach additional sheets. This form should be completed in English.

Name of organisation:

Name of network (if applicable):

Grant number (can be found on your contract):

Date project started:

Date project completed:

Name and title of contact person:

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Address:

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Tel: Fax:

E-mail:

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Name and title of person completing final report

(if different from contact person)

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Signature of person completing final report

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Date of submission

Goal of the project:

(A short statement about what the organisation or network wanted to accomplish with this grant. The goal can be taken from the original project proposal you submitted.)

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Objectives of the project:

(Objectives are the results of what the project aimed to achieve. There should be only two or three objectives. The objectives can be taken from the original project proposal you submitted.)

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Highlights of the project:

(Think about the project you have implemented and provide an overall picture of the success of the project.)

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Project Implementation *(use a separate sheet for each objective)*

Objective:

Planned activities	Activities implemented	Results achieved <i>(What was measured? Was it successful?)</i>

Project Implementation *(use a separate sheet for each objective)*

Objective:

Planned activities	Activities implemented	Results achieved <i>(What was measured? Was it successful?)</i>

Final Report

Overall impact of project

(explain what the result of your project interventions were)

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Line Item Expenditure Form

Organisation:	
Grant number:	
Total amount approved:	
Prepared by (name/ title):	

Amount of funds received: On what date:

Exchange rate:

Please provide copies of bank statements covering the period of this report

I, (print name) certify that all the information provided in this financial report is correct and in accordance with the funding agreement to the best of my knowledge.

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 Signature of person completing this report Title Date

Final Report

A	B	C
Item	Total approved budget	Funds spent (local currency)
Total		
	Funds previously advanced (local currency)	-
	Final grant payment due (local currency)	=

Site Visit Form

To be completed by the person conducting the site visit

1.1 Dates:

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1.2 Country/Location:

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2. Visit Carried Out:

First Mid-term Follow-up Final visit

3. Contact Details of the Organisation:

Name:

Address:

Contact person:

Telephone:

Fax:

E-mail:

4. Project Site Visit - Comments:

4.1 Office Facilities/Administration Set-Up:

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4.2 Staff Compliment Working on this Project:

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4.3 Financial Record-keeping:

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4.4 Financial Income and Expenditure Statements Received:

- Mid-term
- Final statement

5 General Information:

5.1 Achievements/Success Stories:

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5.2 Constraints/Barriers to Success:

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6 Project Report Highlights:

Objectives	Activities	Outcome Indicators

Example

Letter of Agreement

20 October 2000

5 Mandela Drive
Buffelsfontein
5029

The letter of agreement begins like most business letters, so be sure to include the date and the address of the person you're writing to.

It's important to have a letter of agreement or contract with each mentor – that way you will both be clear about what you expect from the mentor and what you've agreed to pay for their services.

Subject: Letter of Agreement – LA-5907-451-PEO

Reference: South Africa Field Support 59000.07.451

Don't worry about these long and complicated numbers. All you need to do is include the subject of the letter and your reference number to make your office administration easier.

Dear Felicia

1. Scope of Work: Under this agreement with The Futures Group International, Inc. (FUTURES), the POLICY Project, Project Amandla shall:

Scope of Work (also referred to as SOW) describes the job in more detail and lays out the roles and responsibilities of the person performing the job.

Provide assistance to organisations to help them in the administration of their small grant plan, on behalf of the POLICY Project.

Here you can describe briefly what you want from the mentor. It's a good idea to use bullets to list the tasks – this way it's easier for everybody to see what you want them to do.

You will be expected to oversee and provide guidance and support to the organisation in the following areas:

1. Assist the NGO to keep records of its activities.
2. Assist the NGO to compile regular reports of its activities.
3. Assist the NGO to keep financial records.
4. Identify areas that require further administrative development within the organisation.

State clearly how long the project will run for – and how many days the mentor needs to work for.

Time period:

The programme runs over a 10-month period, from the date the first small grant payment was made. During this period you will be required to plan 10 to 15 days of mentoring time engaging with the NGO as specified in Scope of Work.

How often do you want to hear from the mentor? Once a month? Every two months?

How many written reports do you expect from them?

Do you want to hear from the mentor in the case of an emergency? If so, let them know in this letter.

Reporting requirements:

- Furnish the POLICY Project with a bi-monthly (every two months) report recording activities and a description of your assistance to the organisation and how this has impacted on and assisted the work of the organisation.
- Maintain contact with the POLICY Project and notify the POLICY Project of concerns that are of a serious nature and cannot be left until the following report.

II. Period of Performance: A 10-month period from the date the first small grant payment was received by the NGO.

Be sure to include how much you'll pay the mentor per day.

III. Method of Payment: A sum of RXX.XX will be paid per day in South African rand for this service.

In addition, you may be reimbursed for other official costs incurred under this letter of agreement. In order to be reimbursed, you will need to keep an accurate record of the following costs:

Are you going to pay the mentor's expenses? You need to make sure that your budget is able to cover these costs in addition to the salary you're paying.

1. Mileage will be paid only for the costs of travelling to and returning from the NGO. The POLICY Project will reimburse you RXX.XX (phone the AA and find out what the rate per km is) per km and will reimburse you on receipt of the Mileage Log Sheet.

Remember that mileage costs change and tend to go up each year. To ensure that you're paying a reasonable rate, phone the AA (Automobile Association) for updated prices.

We've provided you with a telephone record to ensure that each mentor keeps accurate records of who they have phoned and when.

2. Telephone calls: The cost of telephone calls to the NGO and to the POLICY Project will be reimbursed, and payment will be made on receipt of the Telephone Record.

3. Accommodation may be paid for by the POLICY Project; however, it must be pre-approved and can only be paid for following the completion and approval of the Request for Accommodation Form.

It's important to put a ceiling on the amount of expenses you are willing to pay.

A maximum of RXX.XX (not to exceed the equivalent of US\$XX.XX) will be paid for the services and all reimbursable items under this agreement.

Payment shall be made on a bi-monthly basis, upon receipt of the required bi-monthly reports.

Write down how often mentors will be paid.

Please submit an invoice to the POLICY Project/South Africa office for payment.

IV. Technical Directions: Performance of the work hereunder shall be subject to technical directions by Ms Joyce Nhlapo, the POLICY Project/South Africa staff member.

This is the person who will help you with any administration queries.

If you have any questions, please do not hesitate to contact Ms Joyce Nhlapo at (021) 462 0380.

The POLICY Project

Project Amandla

By: Accepted:

Name: Joyce Nhlapo

Name: Felicia Gasas

Title: Project Manager
South Africa

Title: Director

Date:

It's very important to get all official documents signed by everyone involved. In this case, it would be somebody from the POLICY Project, the mentor and perhaps even the funder. Remember to include the date when the document was signed.

Scope of Work

Purpose

To provide mentoring services to organisations on behalf of the POLICY Project. To oversee and provide guidance and support to the organisation in the administration and implementation of its small grant plan, as funded by the POLICY Project.

Key activity areas

Monitoring:

- Implementation of activities in relation to the plan.
- Record-keeping and correct reporting of activities.
- Financial reporting and reconciliation according to funded activities.
- Matching outcome of activities in relation to the desired results as set out in the plan.

Guidance, support and, where appropriate, direct assistance in:

- Implementing of the programme and programme-related matters.
- Fulfilling reporting requirements as provided by the POLICY Project.
- Organisational matters and strategic development of the organisation.
- Planning and measuring the impact of activities according to the goal and objectives.
- Organisational matters in relation to management, staff issues, reporting to the executive structure and organisational development and growth.

Evaluation:

- Provide evaluative feedback to the POLICY Project and accompany the POLICY Project during its site visit to the organisation.
- Identify areas that require further capacity and skills development within the organisation.
- Identify problem areas.

This will be done through:

- On-site visits.
- Participation in and observation of some of the planned activities.
- Telephonic support and assistance.

Time period:

The programme runs over a 10-month period.

During this period you will be required to plan 10 to 15 days of mentoring time engaging in Scope of Work as set out.

Reporting requirements:

- Furnish the POLICY Project with a bi-monthly report (every two months) recording the activities and a description of your work with the organisation and how this has impacted on and assisted the organisation.
- Maintain contact with the POLICY Project and notify the POLICY Project of concerns that are of a serious nature and cannot be left until the following report.

Mentoring & Reporting Schedule

Over the 10-month period for which the organisation is funded, you will be required to develop a schedule with a maximum of 15 days of mentoring time.

How your schedule is drawn up must be negotiated between yourself and the contact person at the NGO in such a manner that the mentoring runs concurrently with the implementation of the programme.

This schedule should include:

Preparatory work:

- Read documentation in your pack and become familiar with its content.
- Make telephone contact with the NGO to introduce yourself and arrange the first visit.

Initial contact visit:

This should take place within the first four weeks of being contracted as a mentor and will help you:

- establish a working relationship with the NGO's contact person;
- clarify the mentoring programme, its aims and objectives;
- familiarise yourself with the NGO's programmes, management and administration;
- reflect on the small grant activity plan; establish what activities have already been implemented, how these have been measured and what activities have been planned for the future;
- identify areas that require support and assistance; and
- draw up a schedule for visits to the NGO in accordance with the small grant plan and its time frame.

Operational schedule:

Draw up a schedule for ongoing mentoring in conjunction with the contact person at the organisation.

This schedule must be appropriate and accommodate the following within your given time allocation:

- regular site visits and meetings with the contact person;
- regular telephone support and communication with the contact person; and
- administration.

Reports:

Complete and submit five reports during this period (format provided):

- Initial (introductory visit);
- First (2nd month);
- Mid-term (done in conjunction with the POLICY Project staff member);
- Follow-up (8th month); and
- Final (10th month).

Accompany the POLICY Project on site visit:

- Assist the POLICY Project in its evaluation and assessment of the NGO's performance in meeting the goals and objectives as set out in the small grant activity plan.

Termination or renegotiation of contract:

- If further financial support to the NGO is suspended or the POLICY Project no longer needs your services, an exit visit must be undertaken.

Mentor Report Form

Details of the organisation:

Name of organisation being mentored:

Contact person at the organisation :

Tel: Fax:

E-mail:

Details of mentor submitting report:

Name of the mentor:

Tel: Fax:

E-mail:

Time period covered by report:

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Site visit during this period (indicate with a X):

- Initial (introductory)
- First (2nd month)
- Mid-term (4/5th month)
- Follow-up (8th month)
- Final (10th month)

Number of days worked during this period:

1. Nature of contact over this period:

Date	Nature of Contact (Site visit, telephone or direct contact)	Content (Broad description of the content of the interaction and the support provided)

2. Checklist to be completed:

In relation to the implementation and reporting of the project plan.

Activities	Comments	Recommendations and/or support provided
Are the activities set out in the plan being implemented?		
Are the time frames set out being maintained in the implementation of activities?		
On the whole, are the outcomes linked to activities as stated in the plan being reached?		
Is the organisation fulfilling its reporting requirements?		
Is there adequate record-keeping and maintenance of financial responsibility in application of the small grant?		
Is the management structure and management of the programme operational and effective?		

3. Specific capacity and development needs that can not be met within the mentoring relationship:

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