



DEPARTMENT OF SOCIAL DEVELOPMENT

SIX MONTHLY PROGRESS REPORT

OCTOBER 2013 – MARCH 2014

NAME OF SERVICE PROVIDER : *IMMACULATA HALL- CENTRE FOR HOMELESS PEOPLE*
DATE SUBMITTED : 31ST MARCH 2014
REPORTING PERIOD : OCTOBER 2013 – MARCH 2014

DECLARATION BY PERSON SUBMITTING THIS SIX MONTHLY REPORT

NAME : *SR. ST. JOHN ENRIGHT*

POSITION : *DIRECTOR*

SIGNATURE

Sister St. John Enright.

- * *The six monthly report should be read together with the Business Plan as well as the Memorandum of Agreement.*
- * *The report must be written using the attached format.*
- * *Make additional copies of the sheets where the space provided is not sufficient.*
- * *Please provide the information as 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.*
- * *Submit your six monthly reports to Head Office:*

SECTION 1

1. ADMINISTRATIVE DETAILS

1.1. Identification details

(Specify the identification details of the service provider)

Name of Service Provider : **IMMACULATA HALL- CENTRE FOR HOMELESS PEOPLE**

Province : **GAUTENG**

The period of this report : **OCTOBER 2013 – MARCH 2014**

Telephone number : **(011) 788 6829**

Fax number : **(011) 880 5276**

Cell phone number : **N/A**

E-mail address : province@netactive.co.za

Physical address : **17 Sturdee Avenue , ROSEBANK
Code 2196**

Postal Address : **P. O. BOX 439 ,
PARKLANDS
Code 2121**

Postal address of your organisation, if it is different to the one you have given above.

..... N/A.....

..... Code

1.2. Category and registration

CATEGORY	REGISTRATION						DATE OF REGISTRATION
	Type of Registration (<i>Tick ✓ applicable box or choose one</i>)						
	1	2	3	4	5	6	
NPO	✓						09 TH DECEMBER 2003
NGO							
CBO							
FBO							
National Organisations							
Other (specify)							
-							
-							
-							
-							
-							

* Attach proof of registration

Legend

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

1.3. Organisation banking details

BANKING DETAILS	
* Name of the Bank / Post Office etc where your account is held	<i>First National Bank</i>
* Name of Branch	<i>Rosebank</i>
* Type of account	<i>Cheque</i>
* Account Number	<i>62001829285</i>
* Branch Code	<i>253305</i>
* Names of signatories	<i>Position</i>
1. <i>Sr. A.C. McGettrick</i>	<i>Director</i>
2. <i>Sr. E. Quinlan</i>	<i>Treasurer</i>
3. <i>Mr M. Ntuli</i>	<i>Supervisor</i>
* Name of the firm or person responsible (Accountant/ Auditor) for the compilation of the certified or audited financial statements.	
<i>MFG Accountants</i>	

SECTION 2

2.1. Programme details

2.1.1. Name / title of the programme (Specify the name / title of the programme for which funds are were allocated eg Hoem for orphaned children)

NATURE AND SCOPE OF THE SERVICE	AREA OF OPERATION				Remarks (Problems and Challenges)
	Province	Village	City / Municipal district	Township / Informal Settlement	
<i>e.g. Home for orphaned children</i>	<i>Limpopo</i>	<i>Ngwenani Wa Themeni</i>	<i>Thohoyandou</i>	<i>Makhado Township</i>	
1. Shelter for homeless male and female adults	Gauteng	Rosebank	Johannesburg	Rosebank	
2. Nutritional Support Programme	Gauteng	Rosebank	Johannesburg	Rosebank	
3. Skill Training and Advice Bureau	Gauteng	Rosebank	Johannesburg	Rosebank	

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

AFFILIATES	African		Coloured		Asian		White		REMARKS	TOTAL
	M	F	M	F	M	F	M	F		
1. Children										
2. Youth										
3. Adults										
4. Older Persons										
5. Persons with disabilities										
6. Persons with HIV / AIDS										
7. Other (specify) Homeless Adults	70	15	3	3	3	1	4	1	<i>Residents ages range between 30 to 59 years</i>	
Out-reach (Daily Meals, Ablutions & Laundry)	300	20	5	5	5	5	5	5	<i>The service receivers are people living in/on the street of Rosebank and adjacent suburbs in north Johannesburg</i>	
TOTAL	370	35	8	8	8	6	9	6		

2.3. Programme goals and objectives

(Specify the primary objectives of the programme. The objectives should be developmental, measurable and time bound. The objectives should be such that would lead to the action / activities)

ACTIVITIES	ACHIEVEMENTS	CHALLENGES	TOTAL COSTS	EXPENDITURE TO DATE	REMARKS / PLAN OF ACTION
<p><i>What did the Service Provider do to achieve the objectives?</i></p>	<p><i>Were results or outcomes achieved in terms of the set objectives? Also indicate achievements taking into consideration performance indicators set.</i></p>	<p><i>Report issues for concern / problems / challenges experienced with regard to implementation.</i></p>	<p><i>How much it would cost the programme to be implemented?</i></p>	<p><i>How much has been spend to the programme against the budget allocated?</i></p>	<p><i>What were challenges or problems experienced during the implementation of the programme and how did you try to resolve them? State any further plan of action.</i></p>

OBJECTIVE 1

To provide safe transitional accommodation and care to \pm 200 homeless adult men and women per annum from 01st April 2013 to 31st March 2014

ACTIVITIES	ACHIEVEMENTS	CHALLENGES	TOTAL COSTS	EXPENDITURE TO DATE	REMARKS
1. Provision of safe, hygienic and developmentally conducive accommodation on a transitional basis	Achieved	None	855,470.00	905,812.00	There are currently 84 residents in the shelter and 102 were discharged when the shelter closed for the festive season on 06.12.14. The shelter was reopened on 13.01.2014
2. Provide clothing and sufficient bedding for each individual	Achieved	None	72,600.00	8,670.00	
3. Obtain the necessary health care at the hospitals and clinics	Achieved	None	22,000.00	2,000.00	1 resident was accompanied by the supervisor to Charlotte Maxeke Hospital for psychological assessment after displaying weird behavior.
4. * Ensure that each service user has a valid contract with the Centre * Keep daily and monthly registers, records and reports	Achieved	None	26,620.00	10,714.00	
5. Maintaining the premises, furniture and equipment of the shelter.	Achieved	None	127,050.00	117,042.00	The whole shelter was painted inside and outside. New cupboards were fitted into the supervisor's office.
6. Ensuring the security of the service users, the staff and their property.	Achieved	None	84,700.00	159,208.00	2 Residents were discharged for quarrelling in November 2013 2 residents chose to leave in February 2014, because they had a relationship and intended marrying. 1 resident chose to leave in March 2013 for gross inebriation.

OBJECTIVE 3

To empower an average of 500 poor and homeless people per annum through the provision of advice on their rights, information about access to resources & social work services from 01st April 2013 to March 2014

NB: This service is for residents as well as non-residents of the Centre

ACTIVITIES	ACHIEVEMENTS	CHALLENGES	TOTAL COSTS	EXPENDITURE TO DATE	REMARKS
1. Train personnel and volunteers in para-legal advice and lay counselling	Achieved	None	23,595.00		Refer to ADDEMDUM "A" A new advice officer was appointed in September 2013. He is in the process of seeking para-legal training.
2. Advertise service and post roster of office hours	Achieved	None	38,236.00		
3. Provide an office for the advice service and a waiting area for the 'clients'	Achieved	None			
4. Negotiate with relevant resources eg. State Departments, Local Authorities, Private Sector and NGOs to refer people who need their services	The Centre's relationship with SASSA continues to be very positive.	The response from other departments is not always positive	23,595.00		The Society for St. Vincent de Paul took a break in February 2013. They will be returning shortly, after a meeting with the shelter management. They assisted those who needed money to acquire Ids or go home.
5. Manage a clothing bank resourced by donors and distribute the clothes according to need	Achieved	None			Refer to Addenda "A" & "B"

OBJECTIVE 4

**To meet the basic need for food of + 2400 people who live in the streets, per annum from 01st April 2013 to 30th March 2014, through providing one hot meal per day*

** To provide ablution and laundry facilities for the street people*

ACTIVITIES	ACHIEVEMENTS	CHALLENGES	TOTAL COSTS	EXPENDITURE TO DATE	REMARKS
1. Obtain food from donors and purchase additional supplies	<i>Achieved</i>	<i>None</i>	66,550.00	358,435.00	
2. Store the food. Ensure that it is properly cooked and served to the people	<i>Achieved.</i>	<i>None</i>	31,460.00		
3. Provide toiletry and showers for the people's need for cleanliness	<i>Achieved</i>	<i>The electricity increments by Eskom are very heavy on the shelter's bill.</i>	68,970.00	127,456.00	
4. Wash and iron the clothes of the people living in the streets	<i>Achieved.</i>		65,340,00		
5. Provide appropriate advice regarding access to other relevant resources eg acquisition of Ids and Social Security Grants	<i>Achieved.</i>	<i>The response from the departments is still not positive</i>	116,600.00		
6. Provide opportunities for beneficiaries to socialise	<i>Achieved.</i>	<i>None</i>	35,200.00		
7. Maintain the hall and grounds where the food is stored, packed and distributed. The ablution showers, basins and latrines also need to be kept clean and in good working order.	<i>Achieved.</i>	<i>None</i>	28,600.00		

OBJECTIVE 5

To provide the services of a social worker to ± 200 poor and homeless people per annum from 01st April 2013 to 31st March 2014

NB: This service is for residents as well as non-residents of the Centre

ACTIVITIES	ACHIEVEMENTS	CHALLENGES	TOTAL COSTS	EXPENDITURE TO DATE	REMARKS
1. Provide an office for the social worker and a waiting area for the 'clients'	<i>Achieved</i>	<i>None</i>	18,975.00	94,334.00	
2. Negotiate and liaise with relevant resources eg. State Departments, Local Authorities, Private Sector and NGOs to refer people who need their services	<i>Achieved</i>	<i>None</i>	3,696.00		
3. Compile and submit Business Plans, Monthly Claim Forms and Six Monthly Progress Reports to the Regional Office of the Department of Social Development; And the Narrative Annual Report to the National Office.	<i>Achieved</i>	<i>None</i>	21,780.00		
4. Keep records and reports	<i>Achieved</i>	<i>None</i>	31,460.00		
5. Provide social work services for the 500+ beneficiaries of the Centre's Soweto Nutritional Programme	<i>Achieved</i>	<i>None</i>	16,940.00		

SECTION 3

3.1. Structure and Management Committee of the organisation

(Provide details of each member of the management committee including race, gender, disability if any)

NAME	POSITION	ID NUMBER	CONTACT DETAILS	RACE	GENDER		NATURE OF DISABILITY
					M	F	
1. Mr Morris Motsepe	Chairperson	5510155892089	Home Number:	A	X		
			Office Number: 011)984-4305				
			E-mail address:				
4. Sr Evangelist Quinlan	Treasurer	3312170027086	Home Number:	W		X	
			Office Number: (011)442-6234				
			E-mail address: province@netactive.co.za				
5. Ms Kate Kubaye	Accountant	6102230435081	Home Number:	A		X	
			Office Number: (011)788-6829				
			E-mail address: province@netactive.co.za				
6. Sr Kieran McGettrick	Director of Project	4712040029080	Home Number:	W		X	
			Office Number: (011)984-4328				
			E-mail address: chrissiemcg@hotmail.com				
5. Mr Anthony Kafeero	Vice-Chairperson	B0418062 (Passport No.)	Office Number: (011)984-4305	A	X		
6. Clara Molefe	Secretary	4909190620088	Office Number: (011)712-6458	A		X	
TOTAL	6				2	4	

6.1. Profile of staff members

(Provide position of key staff members involved in the programme during the reporting period)

Categories of staff members (identify categories from schedule 1)	No of Staff with disabilities	REPRESENTIVITY (State number)								Total 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. Project Manager/Director	NONE								X	1
2. Project Supervisor	NONE		X							1
3. Assistant Supervisor	NONE		X							1
4. Advice Officer	NONE	X								1
5. Skills Development Workers	NONE		X							1
6. Advisor	NONE	X								1
7. House Matrons	NONE		X (2)							2
8. Security Guards	NONE	X (4)								4
9. Social Worker	NONE		X							1
Total		6	6						1	13

SECTION 5

8.1. Transformation Plan

(Report the extent to which the service provider implemented the transformation plan as stated in the Business plan)

TRANSFORMATION ISSUE	ACHIEVEMENTS	TARGET REACHED	CHALLENGES	REMARKS (IF ANY)
<i>Specify the area of transformation e.g. accessibility of the programme ect.</i>	<i>Did you achieve anything during this reporting period?</i>	<i>Who benefited from this process?</i>	<i>What challenges / problems / concerns did you encounter?</i>	<i>Provide any additional information that you would like to bring to the attention of the Department. State any further plan of action</i>

TRANSFORMATION ISSUE	ACHIEVEMENTS	TARGET REACHED	CHALLENGES	REMARKS
<p><u>1. TARGET GROUP & TARGET AREA</u></p> <p><u>a) Poverty:</u> The shelter caters for the poorest of the poor; those who come to the city to seek work and are homeless.</p> <p><u>b) Accessibility:</u> The Hall is in an affluent suburb, on the Metro bus route and will soon be near the Rosebank Station. The taxi rank is also within walking distance</p> <p><u>c) Admission Policy:</u> The admission criteria specifies that a prospective resident must be jobless and homeless, and therefore vulnerable.</p>	<p>The shelter is always full to capacity.</p> <p>The Outreach Programme feeds the people living on the streets a hot plate of food every day</p>	<p>70 male and 30 female residents in the shelter at a time</p> <p>150 – 200 people per day</p>		
<p><u>2. DEVELOPMENTAL APPROACH</u></p> <p><u>a) Community Participation:</u> The adjacent businesses, Catholic Schools and Churches donate food and old clothes, linen and furniture</p>		<p>100 residents and 13 staff members at a time</p>		

<p>b) <u>Networking</u>: The staff attend the Rosebank Homeless association meetings</p> <p>c) <u>Food Security</u>: The residents are ensured breakfast and supper every day, while 550+ people living in Soweto receive nutritious food parcels</p> <p>d) <u>State Aid Recipients</u> are encouraged and assisted to apply for alternative accommodation in relevant facilities: Old Age Homes, Frail Care Centres and/or flats or houses from the local government.</p> <p>e) <u>Ownership of Programme</u>: This is ensured through the daily evening discussions before supper. The residents also attend the Annual General Meeting, where they are allowed to air their concerns and new ideas to the board.</p>	<p>A Staff Meeting is held bi-monthly.</p>	<p>100 residents at a time</p> <p>7,240 People were given a hot meal during the reporting period</p> <p>13 Staff members</p>	<p>NONE</p>	
<p>3. REPRESENTATION OF STAFF, MANAGEMENT & CONSUMERS</p> <p>a) <u>Representativity</u>: There is no discrimination in terms of race, gender, denomination and/or disability in our admission policy. We also admit refugees from other countries and the Vice-Chairperson of our board is from Uganda</p> <p>b) <u>Human Resource Policy</u> is in place and implemented in all the Sisters of Mercy shelters.</p>	<p>The staff is made up of both male and female members, who do not necessarily belong to the Catholic Church</p> <p>All the staff members have Contracts and job-descriptions</p>	<p>70 males and 30 female residents</p> <p>4 Male and 8 female staff members; the director is a white female and the rest are black.</p>	<p>NONE</p>	
<p>4. ACCOUNTABILITY</p> <p>a) <u>Accountability Structures</u>:</p> <p>i) Monthly Claim Forms with registers</p> <p>ii) Quarterly Financial Expenditure</p>	<p>The reports are always dispatched on time to the relevant Department of</p>		<p>NONE</p>	<p>The AGM will be held on ? with the Board, Management, Staff and Residents attending.</p>

<p><i>Reports with Bank Statements.</i> <i>iii) Six Monthly Progress Reports</i> <i>iv) Narrative Annual Reports</i> <i>b) <u>Proper Accounting Systems</u></i> <i>are kept with the assistance of the bookkeeper and the auditor who submit monthly, quarterly, six monthly and annual financial reports to the board.</i></p>	<p><i>Social Development Office</i></p>	<p><i>A Board Meeting is held every quarter, while a Financial Committee one is held every month with the bookkeeper.</i></p>		
<p>TOTAL</p>		<p>7265</p>		

SECTION 6

6.1 Financial matters

6.1.1. Name of person who managed financial records during the financial reporting

Mr Michael Ntuli is responsible for the day-to-day records.

Ms Sue Blew is responsible for the books and records

MFG Accountants does the financial audit

6.1.2. Training and qualification of this person

MFG Accountants – Chartered Accountants/Auditors Firm.

S. Blew – B.Comm Accountant

Mr Michael Ntuli - Skilled in general office and financial administrative tasks.

6.2. Resources utilized

6.2.1. Material Resources

(Indicate resources used to achieve the objectives. Translate the usage of these resources in terms of costs e.g. If transport was used. How much did it cost? In the remarks column state a concern / problem / anything that you would like to bring to the attention of the department)

DESCRIPTION OF RESOURCES	COSTS / VALUE	REMARKS
1. Electricity & Water, Gas, Maintenance, Bank Charges, Accounting Fees & Audit Fees	122,289.00	Electricity & Water are very costly
2. Skills Centre: Computers and Printers, Stationery, Equipment, Material and Sewing Machines	10,714.00	Only consumables were purchased and the facilitators are regarded as personnel
3. Personnel Salaries & Wages, Transport & Insurance	243,808.00	Counselling and referrals given by the staff
4. Printing & Stationery, Telephone and Postage	8,886.00	Reports and Business Plans kept up to date
5. Nutritional Programme & Residents' Food	298,670.00	Sizani supplies nutritious dried food at cost price.

6.3. Financial resources

(Report on income and expenditure until the end of the reporting period)

SOURCE OF INCOME	INCOME RECEIVED	EXPENDITURE ITEMS	COSTS	REMARKS (REPORT ANY DEVIATION IN TERMS OF %)
1. Department of Social Development	884,754.00	Electricity, Water, Gas, Maintenance, Personnel, Telephone, Food, Equipment, Transport & Skills Development. Bank Charges, Perishables	684,367.00	
2. Service Users' Donations	10,106.00			
3. Donations				
4. Lotto				

SECTION 7

7.1. **Financial record**
(Attach progress related to financial reporting compiled by an Accountant / Auditor in terms of the Close Corporation Act of 1984)

7.2. **Name of Accountant / Auditor / Bookkeeper**
(person or firm /company)
MFG Accountants

7.3. **Individual or Firm registration number : # 903540**

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

Physical Address
BDO Place
457 Rodericks Road
Lynnwood
PRETORIA

Postal Address
BDO Place
457 Rodericks Road
Lynnwood
PRETORIA

Province **GAUTENG**

GAUTENG

Postal Code **0081**

0081

Tel No : **0861000609**

Cell No : **N/A**

Fax No : **012 361 7472**

Email : mdupreez@mckayfahy.co.za

7.5. Is the financial report 7.2 above and six monthly statement of accounts been approved and accepted by your organisation's management / executive committee? **YES – Signed by the Chairman of the Board**

(NB: The Department will only accept a report and financial statement that has been approved by the management / executive committee)

7.6. Did your organisation do major fundraising e.g. from general public and business etc during the period of the report?

.....**NO**.....

7.7. If your answer is YES above, please give some details about it.N/A

SECTION 8

8.1. Impact of the service

(What are the end results / effects / benefits of the service to the target group?)

** The homeless were given safe hygienic shelter during the reporting period. Some were assisted to apply for RDP housing, Flats/houses in the city, and were reunited with their families. They were provided with food, clothing and were enabled to socialize and regain their confidence and self esteem.*

Those who were ill, were referred to the clinics and hospitals. Some were referred to hospices.

** 5 Service users are currently in the process of being given Computer Literacy skills, to enable them to generate an income, be self-sustainable and be reintegrated into their communities.*

** Some service users and staff have availed themselves of the services of the Advisor and the social worker in the Centre. They were assisted in acquiring IDs and social security grants. They were also informed about their rights and responsibilities. Some received "Proof of Residence" letters to open banking accounts.*

** 2,058 People living on the streets of Rosebank and adjacent suburbs were assured a shower, a change of clean clothes and a hot meal daily. They also receive counseling and advice about their rights and responsibilities from the social worker and the advisor, plus referrals to relevant facilities: SANCA, Hospitals and Clinics & SASSA*

** All the staff members have applied for Police Clearance Certificates.*

8.2 Improvement Plan

(Describe areas that the service provider need to improve on. This must be based on the needs of the beneficiaries, expectations, and priorities for improvement).

** Attend all workshops and courses organised/given by the Gauteng Department of Health & Social Development's Monitoring & Evaluation Sector and the Department of Community Safety*

** Encourage the Department of Housing & the Local Government to speed up the applications of those people who are in Homeless Shelters*

** Liaise with the Skills training institutions to give the service users of shelters, training at a reduced rate, or as free learnerships.*

** Provide In-service-training for the staff, to empower them to be more confident in their field of work.*

** Maintain the positive relationship our shelter has with the Jo;burg City's displaced Persons' Unit*

** Apply for any financial assistance offered by the City of Johannesburg and Lotto*

SECTION 9

9. MONITORING AND EVALUATION PLAN

(How will the organization monitor or measure their performance against set goals and objectives)

9.1. Balanced scorecard

FINANCIAL PERSPECTIVE	CUSTOMER PERSPECTIVE	ORGANISATIONAL (INTERNAL BUSINESS PERSPECTIVE)	INNOVATION AND LEARNING PERSPECTIVE
<i>How will you monitor compliance with financial requirements as stipulated in the Memorandum of Agreement e.g. compliance with PFMA.</i>	<i>How will you ensure that customers are satisfied with the services provided? e.g. conduct a customer satisfaction survey</i>	<i>What internal departmental or organizational policies, legislations, procedures and guidelines will the service provider adhere to thus ensuring excellence in provision of services e.g. Policy on Financial Awards to Service Providers procedure guidelines etc</i>	<i>How will you keep pace with the latest developments and demand for service thus ensuring adaptation to change and improve. e.g. Training and capacity building programmes</i>

FINANCIAL PERSPECTIVE	CUSTOMER PERSPECTIVE	ORGANISATIONAL (INTERNAL BUSINESS PERSPECTIVE)	INNOVATION AND LEARNING PERSPECTIVE
<i>1. Monthly submission of all invoices to the book-keeper and auditor.</i>	<i>Verbal feedback from service users through individual interviews</i>	<i>Guidelines for Sisters of Mercy Shelters</i>	<i>Attend all the meetings, Information Sessions and Workshops of the Social Housing Foundation</i>
<i>2. Monitor income and expenditure in terms of the approved budget</i>	<i>Daily evening discussions with the beneficiaries at supper time</i>	<i>Attendance Registers for staff and the service users</i>	<i>Keep abreast of all courses and workshops given by the DSD</i>
<i>3. Submission of Monthly and Six Monthly Progress Reports</i>	<i>Service users passing the courses they are trained in</i>	<i>Guidelines, Rules and Regulations for Service Users</i>	<i>Make relevant literature available to staff and management</i>
<i>4. Constant referral to the Memorandum of Agreement.</i>	<i>The observed, physically and emotionally improved appearance of the residents</i>	<i>Individual contracts for the service users</i>	<i>Regular staff meetings about new trends</i>
<i>5. Diligent record keeping & attendance of the Monthly Shelter Network Meeting</i>	<i>General nutrition status of the beneficiaries.</i>	<i>Familiarity with, knowledge of, and compliance with the Millennium Goals</i>	<i>Attend all courses and workshops organised/given by the DSD and the Department of Community Safety.</i>
<i>6. Vigilant Supervision to prevent wastage and damage</i>	<i>Number of service users reunified with their families and/or reintegrated into their communities.</i>	<i>Provision of transport money where necessary to ensure that residents are reunified with their families</i>	<i>Maintain good relationships with all facilities which admit and treat residents to learn more of what services they provide.</i>

FOR OFFICIAL USE

Comments on the progress report

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Compliance with the Business Plan

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Issues for discussion within the Department

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Issues for discussion with the Service Provider

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Recommendations

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I, the undersigned, hereby declare that the information supplied is true and valid.

SISTER ST. JOHN ENRIGHT *Sr. St. John Enright.*

NAME AND SIGNATURE OF PROGRAMME MANAGER / DIRECTOR

DATE:

MORIS MOISEPE

NAME AND SIGNATURE OF CHAIRPERSON

DATE: 31 MARCH 2014

SISTER EVANGELIST QUINLAN *S.E. Quinlan*

NAME AND SIGNATURE OF TREASURER

DATE: 31 March 2014



DEPARTMENT OF SOCIAL DEVELOPMENT

SIX MONTHLY PROGRESS REPORT APRIL - SEPTEMBER 2013

NAME OF SERVICE PROVIDER : IMMACULATA HALL CENTRE FOR HOMELESS ADULTS
DATE SUBMITTED : 30TH SEPTEMBER 2013
REPORTING PERIOD : APRIL – SEPTEMBER 2013

DECLARATION BY PERSON SUBMITTING THIS SIX MONTHLY REPORT

NAME : SR. ST. JOHN ENRIGHT

POSITION : DIRECTOR

SIGNATURE : *Sister St. John Enright*

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ANEXURE A

CHECK LIST

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

NAME OF SERVICE PROVIDER: IMMACULATA HALLSHELTER FOR HOMELESS PEOPLE

- | | |
|--|-------------------------------------|
| 1. Business Plan ----- | <input checked="" type="checkbox"/> |
| 2. Constitution ----- | <input checked="" type="checkbox"/> |
| 3. Organisational Structure (Organigram) ----- | <input checked="" type="checkbox"/> |
| 4. NPO Registration Certificate ----- | <input checked="" type="checkbox"/> |
| 5. Any other ----- | <input type="checkbox"/> N/A |
| 6. Proof that the service provider is in process of registering (<i>Enquire from Dept. Case Manager</i>) ----- | <input checked="" type="checkbox"/> |
| 7. Confirmation of Banking Details ----- | <input checked="" type="checkbox"/> |
| 8. Financial Assurance Declaration ----- | <input checked="" type="checkbox"/> |
| 9. Certified Bank Statement ----- | <input checked="" type="checkbox"/> |
| 10. Audited Financial Statement (if previously funded by department) ----- | <input checked="" type="checkbox"/> |
| 11. Six monthly progress report ----- | <input checked="" type="checkbox"/> |
| 12. Cash flow statement ----- | <input checked="" type="checkbox"/> |
| 13. Others (Specify) ----- Monthly Statistics ----- | <input checked="" type="checkbox"/> |

Any Other Remarks

..... **N/A**

.....

SECTION 1

1. ADMINISTRATIVE DETAILS

1.1. Identification details

(Specify the identification details of the service provider)

Name of Service Provider : **IMMACULATA HALL - CENTRE FOR HOMELESS ADULTS**

Province : **GAUTENG**

The period of this report : **APRIL – SEPTEMBER 2013**

Telephone number : **(011) 788 6829**

Fax number : **(011) 880 5276**

Cell phone number : **N/A**

E-mail address : **province@netactive.co.za**

Physical address : **17 STURDEE AVENUE ROSEBANK**
Code 2196

Postal Address : **P. O. BOX 439, PARKLANDS**
Code 2121

Postal address of your organisation, if it is different to the one you have given above.

..... N/A

..... Code

Category and registration

CATEGORY	REGISTRATION						DATE OF REGISTRATION
	Type of Registration (Tick ✓ applicable box or choose one)						
	1	2	3	4	5	6	
NPO	✓						09 TH DECEMBER 2003
NGO							
CBO							
FBO							
National Organisations							
Other (specify)							
-							
-							
-							
-							
-							

- Attach proof of registration

Legend

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

1.3. Organisation banking details

BANKING DETAILS	
* Name of the Bank / Post Office etc where your account is held	<i>First National Bank</i>
* Name of Branch	<i>Rosebank</i>
* Type of account	<i>Cheque</i>
* Account Number	<i>62001829285</i>
* Branch Code	<i>253305</i>
* Names of signatories	Position
1. <i>Sr. St John Enright</i>	<i>Director</i>
2. <i>Sr. Evangelista Quinlan</i>	<i>Treasurer</i>
3. <i>Mr Michael Ntuli</i>	<i>Supervisor</i>
4. <i>Ms Kate Kubaye</i>	<i>Secretary</i>
<ul style="list-style-type: none"> Name of the firm or person responsible (Accountant/ Auditor) for the compilation of the certified or audited financial statements. 	
<i>MFG Accountants</i>	

SECTION 2

2.1. Programme details

2.1.1. Name / title of the programme (Specify the name / title of the programme for which funds are were allocated eg Hoem for orphaned children)

NATURE AND SCOPE OF THE SERVICE	AREA OF OPERATION				Remarks (Problems and Challenges)
	Province	Village	City / Municipal district	Township / Informal Settlement	
<i>e.g. Home for orphaned children</i>	<i>Limpopo</i>	<i>Ngwenani Wa Themeni</i>	<i>Thohoyandou</i>	<i>Makhado Township</i>	
1. Shelter for homeless male and female adults	Gauteng	Rosebank	Johannesburg	Rosebank	<i>This programme provides a cooked meal and shower and laundry facilities to ± 200 people who live in/on the streets.</i>
2. Ablution & Nutritional Support Programme	Gauteng	Rosebank	Johannesburg	Rosebank	<i>Every morning about 150 people use laundry and other ablution facilities</i>
3. Skills Training and Advice Bureau	Gauteng	Rosebank and Berea	Johannesburg	Rosebank	<i>About 80 homeless people are trained in computer skills in a year</i>

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

AFFILIATES	African		Coloured		Asian		White		REMARKS	TOTAL
	M	F	M	F	M	F	M	F		
1. Children										
2. Youth										
3. Adults										
4. Older Persons										
5. Persons with disabilities										
6. Persons with HIV / AIDS										
7. Other (specify) <i>- Homeless Adults</i>	70	15	3	3	3	1	4	1		100
<i>- Out-reach (Daily Meals, Ablutions & Laundry)</i>	200	20	5	5	5	5	5	5		250
TOTAL	270	35	8	8	8	6	9	6		350