



NATIONAL LOTTERIES COMMISSION

a member of **the dti** group

Capacity Building Plan Template for Assisting Organisations

Sector	<input type="checkbox"/> Charities	<input type="checkbox"/> Sports	<input type="checkbox"/> Arts	<input type="checkbox"/> Miscellaneous
Name of ASSISTING organisation			Name of ASSISTED organisation	
Contact details of main contact person			Contact details of main contact person	
Name			Name	
Telephone (w)			Telephone (w)	
Cellphone			Cellphone	
Email address			Email address	

1. ORGANISATIONAL ASSESSMENT

Please describe your assessment of the assisted organisation's capacity in the following areas:

Competence	Comments	Rating (1 – 5)
Leadership / Governance		
Financial Planning and Management		
Project / Programme planning and management		
Monitoring, Evaluation and Reporting		

Human Resource Management		
Organisational learning and growth		

Rating scale: 1 = no capacity, or substantial improvement required; 2 = basic capacity, some improvement required; 3 = some capacity, moderate improvement required; 4 = adequate capacity, minimal improvement required; 5 = good practices established, little or no improvement required.

2 CAPACITY BUILDING PLAN

Please describe how you intend to assist the organisation to improve in the areas where improvement is required (where none, indicate N/A). Intervention could be training, mentoring, coaching, review etc.

Competence	Nature of intervention(s)	Time frame	Estimated budget
Leadership / Governance			

Financial Planning and Management			
Project / Programme planning and management			
Monitoring, Evaluation and Reporting			
Human Resource Management			
<u>Other (specify):</u>			
TOTAL ESTIMATED BUDGET			

3 PROGRESS MONITORING AND EVALUATION

Please describe how the assisted **and** assisting organisation will monitor progress and evaluate the impact of the capacity building intervention(s)



FOR THE ASSISTING ORGANISATION

PLAN COMPILED BY:

Name _____

Designation _____

Date _____

Signature _____

FOR THE ASSISTED ORGANISATION

PLAN ACCEPTED BY:

Name _____

Designation _____

Date _____

Signature _____