SIMPLE BUSINESS PLAN TEMPLATE

DEET DISABILITY EMPOWERMENT FUND – EASTERN CAPE

For applicants to the DEET Disability Empowerment Fund

Complete every applicable section. Attach supporting evidence where available. The business plan must be submitted with the application form and the separate minimum two-page motivation.

Applicant/entity name	
Business name	
Application category	
Contact person	
Telephone and email	
Physical address	
Municipality and district	
Date completed	

1. Executive Summary

Briefly describe the business, what it sells, where it operates, who its customers are and what support is requested:

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2. Business Details

Type of business	☐ Individual ☐ Company ☐ Cooperative ☐ NPO
Registration number	
Year operations started	
Main products/services	
Number of employees	
Employees with disabilities	

Describe the history of the business and important achievements to date:

3. Ownership and Management

Full name	Role	Disability status	Ownership %	Experience/skills

Explain how the business is managed and who is responsible for day-to-day operations:

4. Products or Services

Product/service	Description	Selling price	Estimated monthly sales

Explain what makes the products or services useful, different or competitive:

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_____

5. Customers and Market

Who are the main customers or beneficiaries?

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_____

Where are the customers located and how large is the market?

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Who are the main competitors and how will the business compete?

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6. Marketing and Sales Plan

Explain how customers will learn about and buy the products/services (for example, social media, referrals, tenders, markets, shops or direct sales):

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Marketing activity	Target customer	Frequency	Estimated cost

7. Operations Plan

Operating premises/location	
Operating days and hours	
Main suppliers	
Licences/permits required	
Transport/distribution arrangements	

Describe the main steps involved in producing or delivering the product/service:

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_____

_____

_____

_____

8. Materials and Equipment Requested

Item	Description and purpose	Quantity	Estimated cost	Quotation attached

Explain how the requested items will improve, expand or sustain the business:

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9. Jobs and Disability Impact

Existing jobs retained	
New jobs expected	
New jobs for Persons with Disabilities	
Persons with Disabilities expected to benefit	

Explain how the business will promote the economic participation and inclusion of Persons with Disabilities:

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_____

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_____

10. Risks and Responses

Main risk/challenge	Possible effect	How the risk will be managed

11. Financial Plan

Monthly income	Amount (R)	Monthly expenses	Amount (R)
Estimated monthly profit/loss	R		
Other funding available, if any	R		

Explain the main financial assumptions and how the business will cover its operating costs:

_____
_____
_____
_____

12. Implementation Plan

Activity	Responsible person	Target date	Expected result

13. Sustainability Plan

Explain how the business/project will continue operating and generating income after receiving the equipment or materials:

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_____
_____
_____
_____
_____
_____

14. Supporting Documents

☐ Registration documents, where applicable

☐ Proof of ownership/control

☐ Proof of operating history

☐ Financial statements or management accounts

☐ Three comparable supplier quotations

☐ Relevant licences/permits

☐ Other supporting evidence

15. Declaration

I declare that the information in this business plan is true and correct and may be verified by DEET and DEDEAT.

Applicant/authorised representative	
Signature	
Date	