3T06 PROJECT FEASIBILITY ASSESSMENT REPORT

Purpose: to provide a summary of the project feasibility study

**FUNDING YEAR:**

**PROJECT NO:**

(Format: )

**PROJECT NAME:** ………………………………………………………………………………

**PROJECT LOCATION: (**Provide Locality Map**)**

**PROVINCE:** …………………………………………………………………………………….

**DISTRICT MUNICIPALITY:** ……………………………………………………………………

**LOCAL MUNICIPALITY:** …..……………………………………………………………………

**SUBURB/TOWNSHIP:** …………………………………………………………………………

**STREET ADDRESS:** ……………………………………………………………………………

**PROJECT DETAILS: (**Provide as full a description as possible of the sports facility to be constructed and/or upgrading details – including sizes and types of facilities, fencing, structures, ablutions, etc.)

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**BUDGET (inclusive of VAT)**

**CONSTRUCTION BUDGET: R**………………………………………

**PROJECT PROFESSIONAL FEES: R**………………………………………

 **(max XX% of Construction Budget)**

**TOTAL PROJECT BUDGET: R**………………………………………

**BUDGET DERIVATION METHOD**

Describe how the project budget was derived i.e., on what basis was the budget determined? (Tick Box)

Estimate without Bill of Quantities and Drawings

Estimate with Bill of Quantities and Drawings

Describe method used and attach details of estimate, if available:

………………………………………………………………………………………………………

………………………………………………………………………………………………………

………………………………………………………………………………………………………

**Budget prepared by whom:** ………………………………………………………..

**When was the Budget prepared:** …………………………………………………..

**Is Escalation on the Project Budget required: Yes/No**

**If Yes, what % should be allowed for Escalation: ­­­­­­­­­­­­**……………**%**

**PROJECT HISTORY** (Describe the history to the project)

**Who identified the project:** ……………………………………………………………………

………………………………………………………………………………………………………

**If an existing project provides its history, when was it built?** ………………………….

………………………………………………………………………………………………………

**Who built it?** …………………………………………………………………………………….

**What was built?** (describe facilities constructed) …………………………………………

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**How much did it cost? R**………………………………………………………………………

**Who is currently responsible for the facility?** …………………………………………….

………………………………………………………………………………………………….…...

**Who owns the facility?** ………………………………………………………………………..

**Who owns the land?** …………………………………………………………………………..

**IF AN UPGRADE PROJECT, WHY IS THE UPGRADING OF THE PROJECT PROPOSED?** ………………………………………………………………………………………………………

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**ASSESSMENT**

**PROJECT BUDGET**

**Is the project budget realistic? Yes or No:** ……….

**Give reasons for answer:** …………………………………………………………………….

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**If the project budget is not realistic, what is the realistic total project budget?**

**R**…………………….…..

(Attach details of estimate)

**Describe the estimation method used:** ……………………………………………………

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**VALUE FOR MONEY**

**Value assessment: What % is the project budget of the baseline project budget?**

**VALUE ASSESSMENT = TOTAL PROJECT BUDGET x100**

 **BASELINE PROJECT BUDGET**

 **= R \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ x100**

 **R XXX**

 **= \_\_\_ %**

**Is the project considered value for money? Yes or No\_\_\_?**

**Give reasons:** ……………………………………………………………………………………

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**JOB CREATION**

**How many temporary jobs will be created during construction of the project?:…….**

**How many permanent jobs will be created?:……….**

**LOCATION IN PRIORITY AREA: Is the project located within one of the priority areas of Government: Yes/No:** …………….

**If Yes, which priority area:** ……………………………………………………………………

**PROJECT DURATION: What is the realistic Project Duration?**

**Project Planning and Design (Note: Including Community Resource Planning and**

**Sustainability Planning):** ……………………………………………………… **Weeks.**

**Tender Adjudication and Award:** ………………………………………….. **Weeks.**

**Construction:** ……………………………………………………………… **Weeks.**

**Total Duration:** …………………………………………………………….. **Weeks.**

**DEMAND/NEED FOR THE PROJECT**

**How large is the population which the project will serve?**

……………………………………..  **No. of people.**

**What data source was used to derive the community size:** …………………………..

**Are there any similar facilities already in the Community?: Yes or No:** ……………

**If Yes, describe what facilities, Where, How close?** …………………………………….

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**Is the project a potential duplication of existing facilities: Yes or No:** ………………

**If Yes, give reasons:** …………………………………………………………………………..

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**Is there a realistic demand for the project? Yes/No:** ……………………………………

**Provide details of demand:** ………………………………………………………………….

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**What type of facilities are required by the community:** (describe types of facilities required).

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**Does the proposed project provide the facilities needed? Yes/No:** …………………..

**If No, what is the mismatch between need and proposed facilities?**

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**COMMUNITY CONSULTATIONS**

**Has the local community been consulted about the proposed project? Yes/No:** …………………………………………….

**If No, why not?** …………………………………………………………………………………

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**If Yes, who was consulted and when?** …………………………………………………….

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**What was discussed?** ………………………………………………………………………….

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**What agreements/resolutions were reached (**e.g. provide minutes of meetings etc.**)**

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**APPROPRIATENESS ASSESSMENT**

**Is the project considered appropriate in terms of project type, cost and beneficiary need?: Yes or No:** ……………

**Give reasons for answer:** ………………………………………………………………………………………………………

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**Is the project specification considered appropriate in terms of project type, cost and beneficiary need?: Yes or No** ……………

**Give reasons for answer:** ………………………………………………………………………

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**SUSTAINABILITY ASSESSMENT**

**Is the project considered sustainable? Yes or No:** …………….

**Give reasons why:** …………………………………………………………………………….

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**Is the project an upgrading of an existing facility?: Yes or No:** ………………………

**If Yes, is the existing facility sustainable and being properly maintained? Yes or No:** ……………………..

**Provide details of sustainability/maintenance history:** …………………………………

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**Is there currently a community committee operating the facility?: Yes or No:** …………………………

**If yes, provide the details:** …………………………………………………………………….

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**If no, was there ever a Community Committee? Give details:** ……………………………………………….

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**OPERATIONAL COSTS**

**Provide an estimate of the likely operational costs for the project:**

|  |  |  |
| --- | --- | --- |
| **ITEM** | **MONTHLY COST** | **ANNUAL COST** |
| **Facility maintenance:** |  |  |
| **Salaries:** |  |  |
| **Materials:** |  |  |
| **Consumables:** |  |  |
| **Equipment:** |  |  |
| **Electricity:** |  |  |
| **Water:** |  |  |
| **Rates and Service Charges** |  |  |
| **Other:** (state) |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL:** |  |  |

**PROJECT INCOME**

**Provide an estimate of the realistic income for the facility:**

|  |  |  |
| --- | --- | --- |
| **INCOME SOURCE** | **MONTHLY** | **ANNUAL** |
|  |  |  |
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|  |  |  |
| **TOTAL:** |  |  |

**VIABILITY ANALYSIS**

**TOTAL ANNUAL OPERATIONAL COST: R**………………………………………………...

**TOTAL ANNUAL INCOME: R**………………………………………………...

**SURPLUS/DEFICIT: R**………………………………………………...

**OWNERSHIP**

**Who owns the land on which the project will be constructed?:**

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**Has the land been made available for the project?: Yes/No:** ……………………….

**If Yes, provide details:** …………………………………………………………………………

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**If No, why not:** …………………………………………………………………………………..

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 **Who will own the facility once constructed/upgraded?:** ……………………………………………………………………

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**Who will maintain the facility?:** ………………………………………………………………

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**Who will operate the facility?:** ……………………………………………………………….

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**PROGRAMME IMPLEMENTING AGENT ASSESSMENT**

**Who should be the implementing agent for the project?:** ………………………………………………………………

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**Give reasons why?:** ………………………………………………………………

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**Does the proposed implementing agent have the capacity, technical and financial skills and resources to undertake the project?:** ………………………………………………………………………………………………………

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**Are there deficiencies in the capacity of the proposed implementing agent and if so what are they?** ………………………………………………………………………………………………………

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**RECOMMENDATION**

**Is the project supported? (Yes or No)** …………….

(Provide reasons why and any alternatives proposed).

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**SPECIAL CONDITIONS FOR APPROVAL:**

**If the project is supported, are there any special conditions to be attached to the approval?:** ………………………………………………………………………………………

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**PROJECT EVALUATION BY:**

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**NAME SIGNATURE ORGANISATION DATE**

**ATTACHMENTS (IF AVAILABLE)**

**LOCALITY PLAN**

**PROJECT DRAWING**

**PROJECT COST ESTIMATE**

**COMMUNITY CONSULTATIONS**

**(NOTE: IF NOT ATTACHED, PROVIDE REASONS WHY)**

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**REVIEW**

**Project No: -------------- Project Name: ------------------- Province: --------------**

**Do you support the evaluation recommendation?: Yes or No?**

**Provide reasons why:** …………………………………………………………………………

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**CO-ORDINATOR**

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**NAME SIGNATURE DATE**