

INVITATION TO SUBMIT REQUEST FOR FUNDING: SUPPORT GRANT FOR: SMALL SCALE FARMERS, SMME'S AND TOURISM

The Dr Kenneth Kaunda District Municipality has prioritised entrepreneurship and the advancement of Cooperative, Small, Medium and Micro-sized Enterprises (SMMEs) as the catalyst to achieving economic growth and development.

With the assistance of other government departments and institutions, the Dr. Kenneth Kaunda District Municipality takes the lead in implementing Cooperative, Tourism and SMME-related policies, to ensure that adequate financial and non-financial assistance is awarded to these sectors, for their long-term prosperity and that of our country as a whole.

It is against this backdrop that the District Municipality is inviting all Cooperatives and SMME's to submit requests for financial assistance. Please note that the Conditional Grant will be anything between R1 and R30 000, 00 and the standard format application is available from the DED & Tourism Department.

Furthermore, please note that the Community Projects Technical Support Conditional Grant is aimed at:

- Bringing in a new category of entrepreneurs presently constrained by limited access to finance;
- Broadening access through new funding and flexible instruments as well as leverage with selected partners thus providing the tools with which to share in the growing South African economy;
- Assisting SMME and co-operatives to grow their businesses:
- Building an initial asset base for SMME and co-operatives to enable them to leverage other support; and
- Providing an incentive that supports broad-based black economic empowerment.

Eligible entities:

- Be incorporated and registered in South Africa in terms of the Co-operatives Act of 1991.
- Be operating or will operate in the emerging sector:
- Be an emerging business or co-operative owned by historically disadvantaged individuals:
- Be rural and semi-urban biased; and
- Be biased towards women, youth and people with disability.

Qualifying Sectors:

- Agriculture and Agro-processing;
- Cooperatives
- Creative Industries and Sports
- Manufacturing; and
- Tourism

Qualifying Criteria

1. Application form

The application form should be completed in full, dully signed and submitted to the Dr. Kenneth Kaunda District Municipality by the applying SMME and Co-operative

2. Proof of registration

Applications must provide proof of incorporation in the form of a certificate of registration indicating the name of the business, its registration number, information about the registered office and the names of directors.

3. Proof of decision to apply for funding

The applying Co-operative must be able to provide a resolution for it to apply for the Community Projects Technical Support Grant. This could be by way of attaching the minutes of the Co-operative Board on the session taking the decision to apply for the grant.

4. Business Plan

Applicants must attach a business plan. A template is included in the application forms.

5. Quotation

Should an application include the purchase of goods, three valid and comparable quotations should be attached to it.

6. Tax clearance

The applicant must submit a valid tax clearance certificate.

7. Certified copies of IDs of Directors

The applicant must submit certified copies of the identity documents of the Directors of the Company or Co-operative.

8. Constitution

The applicant must submit a certified copy of the constitution of the co-operative applying for the grant.



REQUEST FOR FUNDING:

Agriculture and Agro-processing;

Cooperatives / Creative Industries; Tourism

Manufacturing

BRIEF DESCRIPTION OF THE BUSINESS

NB: The municipality will do a physical verification and existence of the business

COMPULSORY DOCUMENTS

NB Please note if the below documents are not submitted your application will be deemed not responsive.

DOCUMENT	ATTACHED/NOT ATTACHED	PAGE NO
Company Profile and Business plan		
Registration Certificate		
Original Tax Clearance Certificate		
Confirmed Banking Details		
VAT Registration Certificate		
Copies of ID		
Proof of Residence – Rates and Taxes		
Quotations		
Application Letter		

SECTION A: BUSINESS DETAILS								
Name of the Business as indicated on Bank Statement:								
Assistance applied for, pleas tick:	se Manufacturing	Agro	cessing	A	griculture	Creative industries		
Type of business	Cooperative	SMI						
Registration no.			Income	e Tax No.				
Details of the contact person	1:							
Name and designation:		Ce	ell Phone:					
Telephone:		Fa	x (if any)					
E-mail (if any):								
Physical Address of busines Place from which the cooper			stal Addr	ess of bu	siness			
Financial year end:								
Bank Balance of the busines statement)	ss (attach the latest							
Current Turnover (Sales) (if operating)								
Projected Turnover (Sales) (for the next 12 months)		ns)						
Name the main products and	d/or services provided	d by your bus	siness?					
Description of Service(s)			Tar	get marke	t			
			·					
Main Competitors								
Name			Pro	duct				

SECTION B: LIST OF MEMBERS/EMPLOYEES								
Name and Surname		Member / Employee	Gend M/I		Race	Youth Less than 35 Yes/No	Disabled Yes/No	
SECTION C: ACTIVITIES APPLIED	FOR: Wha	t assistance does t	he busine	ss ap	oply for?			
Activities (List of machinery/equipment)	Preferred	Supplier *		Cos	st of activit	y (As per quo	te)	
SECTION D: OTHER SOURCES OF	SUPPORT	RECEIVED						
Organization	Type of Support (if monetary state amount in Rand value)							
SECTION E: DECLARATION I hereby declare that the information in this application is a fair and true reflection of our intended project. I am aware of the fact that the information which we have submitted above will have a material bearing on the adjudication of the application and if it therefore subsequently appears that any information in the application with addendum was not correct, or that certain information was omitted, the Adjudication Board shall be entitled to withdraw or amend its approval and without prejudice to its rights, to recover any amounts already paid or to withhold further payments due.								
I/We have declared that I/we are a conditions listed in the guidelines.	authorised	to make this applic	ation and	I/we	have reac	and accept	the terms and	
I/we authorise you to make any enqu	iries in acc	ordance with your pr	ocedures i	n cor	nection wit	h this applicati	on.	
Name of Authorised official								
Designation (Job title/role)								
Signature								
Date								

11	Declaration with regard to locality (state Head Office)	full particulars	of locality of enterp	rise as wel	ll as that of
	Physical address of local enterprise:				
	Telephone number & area code				
	Fax & area code				
	Physical address of Head Office				
	Telephone number & area code				
	Fax & area code				
12	Declaration of Interest: no bid will be accepted possible allegations of favouritism, shown persons connected with or related to perioder or their authorised representative evaluating/adjudicating authority and/or Full name	uld the resulting rsons in the ser e declare their p	g bid, or part thereof rvice of the state, it is position in relation to	, be award s required the	ed to
	Identity number				
	Company Registration number				
	Tax reference number				
Α	Are you presently in the service of the State	е	YES	NO	
	If so, furnish particulars:				
В	Have you been in the service of the state for	or the past twelve	e months?	YES	NO
	If so, furnish particulars:				
С	Do you, have any relationship (family, friend of the state and who may be involved with tabid?			YES	NO
	If so, furnish particulars:				•
D	Are you, aware of any relationship (family, fany persons in the service of the state who and or adjudication of a bid.			YES	NO
	If so, furnish particulars:				

E	Are any of the company's directors, managers, principle shareholders YES NO or stakeholders in service of the state?								
	If so, furnish particulars:								
	•								
F	Is any spouse, child or parent of the company's directors, managers, principle shareholders in service of the state?								
	If so, furnish particulars:								
	MSCM Regulations: "in the service of the state" means to be-								
	a) A member of-								
	i. Any municipal council;								
	ii. Any provincial legislature; or								
	iii. The national Assembly or the national Council or provinces;								
	b) A member of the board of directors of any municipal entity;								
	c) An official of any municipality or municipal entity								
	d) An employee of any national or provincial department, national or provincial public entity or constitutional institution with the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);								
	e) A member of the accounting authority of any national or provincial public entity;								
	f) An employee of Parliament or a provincial legislature.								

13		T IF NO.5 OF 200	0: PREFERI	ENTIAL	PROCU	REMENT PO	LICY FF	RAME	WORK	
	ACT SECTION 5 Historically Disadvantaged Individual (HDI)" means a South African Citizen -									
	I. who, due to the apartheid policy that be in place, had no franchise in national elections									
	prior to the introduction of the Republic of South Africa, 1983 (Act No 110 of 1983) or									
	the Constitution of the Republic of South Africa, 1993 (Act No 2000 of 1993) ("the									
	Interim Constitution); and / or									
		who is a female; a								
		who has a disabilit			. 0111		*			
Provided that a person who obtained South African Citizenship on or after the coming to effect of the Interim Constitution, is deemed not to be an HDI.									ffect	
Name	or the ir	ID No.	Citizenship		ender	%	HDIS	totus	Disab	Jod
Ivaille		ID NO.	Citizerisiiip		FEMALE	Owned	11013	iaius	Disabled	
				М	ΙF	Owned	YES	NO	YES	NO
				141	'		1.20	'		''
			1					1	I	
14	Numbe Busine	r of the years in								
			L							
	Declara	ation:								
COM	/IISSION	ER OF OATH								
Signa	ture of (Owner/Authorize	d Parson	-	Date:					
Sigila	iture or v	JWIIei/Autilolize	u reison	Date.						
Signe	d and sw	orn before me at (Place)							
On this	2	day of			hy the C)enonent who	hae ack	nowle	dred th	at
										aı
	he/she knows and understands the contents of this Affidavit, that it is true and correct to the best of his/her knowledge and that he/she has no objection to taking the prescribed oath, and that the									
	prescribed oath will be binding on his/her conscience.									