



**INVITATION TO SUBMIT REQUEST FOR FUNDING:  
SUPPORT GRANT FOR:  
SMALL SCALE FARMERS, SMME'S, TOURISM, MANUFACTURING, TOWNSHIP &  
RURAL ECONOMY, WHOLESALE SECTOR/ SPAZA SHOPS & TOWNSHIP  
GENERAL DEALERS AND ICT AND INNOVATION**

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 R50 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 in operation for 6 months or more.
- Be a business or co-operative owned by historically disadvantaged individuals;
- Be rural or semi-urban and
- Be women, youth and people with disability.

**Qualifying Sectors:**

- Agriculture and Agro-processing;
- Cooperatives
- Creative Industries and Sports
- Manufacturing; and
- Tourism
- Township and Rural Economy
- Wholesale Sector/ Spaza Shops and Township General Dealers
- ICT and Innovation

**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 decision-making session or approval letter from the Co-operative Board.

**4. Business Plan**

Applicants must attach a business plan/ profile.

**5. Quotation**

Three valid and comparable quotations should be attached to the application.

**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.



## **REQUEST FOR FUNDING:**

**Agriculture, Agro-processing,**

**Cooperatives / Creative Industries, Tourism**

**Manufacturing, Township and Rural Economy,  
Wholesale Sector, Spaza Shops and Township  
General Dealers and ICT Innovations**

**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.**

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

**SECTION A: BUSINESS DETAILS**

Name of the Business as indicated on Bank Statement:

Assistance applied for, please tick:	Manufacturing		Agro processing		Agriculture		Creative industries	
	Tourism and entertainment industry		Township & Rural Economy		Wholesale Sector		Township General Dealer	
	ICT and Innovation							

Type of business: Cooperative  SMME

Registration no.  Income Tax No.

Details of the contact person:

Name and designation:  Cell Phone:

Telephone:  Fax (if any):

E-mail (if any):

Physical Address of business (Location of operation/ Place from which the cooperative conducts business)  Postal Address of business

Financial year end:

Proof of Banking of the Business (attach latest statement/confirmation)

Current Turnover (Sales) (if operating)

Projected Turnover (Sales) (for the next 12 months)

Name the main products and/or services provided by your business?

Description of Service(s)  Target market

Main Competitors

Name	Product
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

**SECTION B: LIST OF MEMBERS/EMPLOYEES**

Name and Surname	Member / Employee	Gender M/F	Race	Youth Less than 35 Yes/No	Disabled Yes/No

**SECTION C: ACTIVITIES APPLIED FOR: What assistance does the business apply for?**

Activities (List of machinery/equipment)	Preferred Supplier *	Cost of activity (As per quote)

**SECTION D: OTHER SOURCES OF SUPPORT RECEIVED**

Organization	Type of Support (if monetary state amount in Rand value)	When received

**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 authorised to make this application and I/we have read and accept the terms and conditions listed in the guidelines.

I/we authorise you to make any enquiries in accordance with your procedures in connection with this application.

Name of Authorised official	
Designation (Job title/role)	
Signature	
Date	

<b>11</b>	<b>Declaration with regard to locality (state full particulars of locality of enterprise as well as that of Head Office)</b>		
	Physical address of local enterprise:		
	Telephone number & area code		
	Fax & area code		
	Physical address of Head Office		
	Telephone number & area code		
	Fax & area code		
<b>12</b>	<b>Declaration of Interest: no bid will be accepted from persons in the service of the state. In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons connected with or related to persons in the service of the state, it is required that the bidder or their authorised representative declare their position in relation to the evaluating/adjudicating authority and/or take an oath declaring his/her interest.</b>		
	Full name		
	Identity number		
	Company Registration number		
	Tax reference number		
A	Are you presently in the service of the State?	YES	NO
	If so, furnish particulars:		
B	Have you been in the service of the state for the past twelve months?	YES	NO
	If so, furnish particulars:		
C	Do you, have any relationship (family, friend, other) with persons in the service of the state and who may be involved with the evaluation and or adjudication of a bid?	YES	NO
	If so, furnish particulars:		
D	Are you, aware of any relationship (family, friend, other) between a bidder and any persons in the service of the state who may be involved with the evaluation and or adjudication of a bid.	YES	NO
	If so, furnish particulars:		



E	Are any of the company's directors, managers, principle shareholders or stakeholders in service of the state?	YES	NO
	If so, furnish particulars:		
F	Is any spouse, child or parent of the company's directors, managers, principle shareholders in service of the state?	YES	NO
	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.		

<b>13</b>	<b>P.S. ACT IF NO.5 OF 2000: PREFERENTIAL PROCUREMENT POLICY FRAMEWORK ACT SECTION 5</b>								
	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								
	II. who is a female; and / or								
	III. who has a disability;								
	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.								
Name	ID No.	Citizenship	Gender MALE/FEMALE		% Owned	HDI Status		Disabled	
			M	F		YES	NO	YES	NO
<b>14</b>	<b>Number of the years in Business</b>								

Declaration:

**COMMISSIONER OF OATH**

\_\_\_\_\_  
Signature of Owner/Authorized Person

\_\_\_\_\_  
Date:

Signed and sworn before me at (Place) .....

On this ..... day of ..... by the Deponent, who has acknowledged that 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.