

*ELUNDINI PWD ENTERPRISE DEVELOPMENT
FUNDING
APPLICATION FORM*



LOCAL MUNICIPALITY
IKAMVA ELIQAQAMBILEYO



CALL FOR APPLICATIONS FOR PEOPLE WITH DISABILITY ENTERPRISE DEVELOPMENT FUNDING

Elundini Local Municipality reviewed a PWD strategy with specific focus on economic empowerment through creation of employment opportunities; establishment of cooperatives and support to small/micro enterprises, mainly in areas of manufacturing and agriculture; social upliftment of people with disability through education, skills development. This therefore to create an opportunity for PWD sector to explore and realise this economic empowerment through for themselves through applying for the fund structured as below.

FUNDING INFORMATION

- The funding applies to **80% PWD owned enterprises** only within Elundini Local Municipality jurisdiction
- Funding amount will be capped at R100 000 for two emerging PWD enterprises in all business sectors.
- Enterprises must have been in operation for a period of 6 months and above (with proof of registration) and must be providing employment for no less than two employees (PWD employees will be an added advantage).
- A self-needs analysis to determine how the funding (PWD Enterprise Development Fund) will assist your business needs and must be fully completed in the application form.
- Please note the funding will not be in form of cash. Elundini Local Municipality will through their Supply Chain Management procure materials, equipment, training and other services as per the priority list of the enterprise.
- An application form will be available in the offices in Mount Fletcher, Maclear and Ugie/ in soft copy.
- All completed application forms and attachments must be submitted to the SPU Office (Women and PWD Coordinator), Maclear main reception /Customer care offices in Mount Fletcher, Maclear and Ugie office.
- An assessment process will take place after the closing date of the applications by a selection committee.
- Only successful applicants shall receive a notification from the Programme Manager.
- SARS Certificate and Proof of banking details must be provided and stamped by the bank.
- A checklist will be provided with the Application Form to ensure you include everything needed when applying for funding.
- The closing date for applications will be the 30th November 2022
- Applications that do not meet all the administrative requirements will not be considered and will immediately be disqualified, however further assistance for business formalisation will be conducted.
- The administrative processes shall be completed by the end of December 2022
- Should your application be successful, funding recipients shall receive funding by February 2022
PWD Coordinator contact details: Noxolo Nyeke cell: 073 225 9270/066 546 8458, tell:045 932 8150 email: noxolo@elundini.gov.za

SECTION 1: DETAILS OF THE ENTERPRISE

Name of the enterprise:							
Registration no.		Income tax no.					
Physical address of the cooperative							
Sector/ Entity	Sector						
Number of members			Number of employees				
Demographic profile	No. of females		No. of Males		No. of disabled		
Proof of disability (attach)							
District municipality							
Local municipality (attach proof of residence)							
Town and village							
Details of Chairperson, Secretary or directors of the enterprise							
Name:			Designation:				
Contact Numbers:			ID Numbers:				
E-mail (if any):			Fax (if any):				
Physical address:			Postal address:				
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NB: Please attach certified copies if ID's of founding members, employees and salary schedule

SECTION 2: FUNDING AND PRODUCT INFORMATION

<p>Reasons for applying for funding (in detail)</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Describe your products or services</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Where do you buy your stock for your products? Include names of your suppliers</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Who are your local competitors? List a few and explain why your product is better than theirs</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Does your enterprise use any technology? If so, please explain</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>What are your technical and business skills training needs of your members</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Any other thing</p>	

SECTION 3: MARKET COMPETITIVENESS INFORMATION

Where do you currently sell your products and when did you start selling?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Is the current market big enough? If not, where do you see as your future market? Explain in detail	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
How much volumes of your product do you sell per month?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Can you sell more and how?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
How does the enterprise plan to distribute and/or transport the products? Explain in detail	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
How does the enterprise plan to promote the activities of the business?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Is there someone that ensures the quality of the products? If not, how does the enterprise plan to ensure product quality?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
Do you think your product needs quality check? If so, who should provide it?	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

SECTION 4: TRAINING NEEDS ANALYSIS

<p>What is the highest level of education of your Founding Members?</p>	<p>Chairperson:</p> <p>Deputy Chairperson:</p> <p>Secretary:</p> <p>Treasurer:</p> <p>Directors:.....</p> <p>Employees:.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>List training programmes that your members/ employees have attended in the past 2 years</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>List other training workshops, programmes needed by your members/employees</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>How will these training workshops help your enterprise in execution of its business? Give details</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Does your enterprise hold Annual General Meetings, as per the requirement of the Co-operative Act of 2005 as amended? If so, please attach proof</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Does the enterprise have a constitution? If so, do all the members understand it and adhere to it?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>Has the enterprise signed any contracts in the past 12 months. Does it have contracts in place? If so, explain in detail</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

Has the enterprise received funding from any other sources? If so, please give details of the following:

- who provided the funds?
- how much was given?
- what were the funds for?
- how were they used and for how long was the funding?

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SECTION 6: DECLARATION

We hereby declare that the information in this application is a fair and true reflection of our intended project. We are 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 funding committee 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 declared that I/we are authorised to make this application and I/we have read and accept the terms and conditions listed in the criteria and guidelines document.

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

Name of authorised member of the enterprise:	
Signature:	
Place (Office and Town):	
Date:	

SECTION 7: CHECKLIST

Certified copies of Contact person's identity document	
Certified Copies of the Board Members/Directors	
Certified Copies of employees	
Tax Clearance/Tax Exemption Certificate	
Proof of Banking Details – stamped by the Bank	
Copy of the Business or Project	

Registration Document	
Business profile	
Percentage of PWD in the Business or Project?	
Budget completed in the form	
Name and Signature of the person responsible for the application	

Contact details:

**Women and PWD Coordinator
Noxolo Nyeke
Cell-073 541 6014,
Tell-045 9328150,
email: noxolo@elundini.gov.za**

Closing date : 10 March 2022

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Contact details:

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Closing date : 30 NOVEMBER 2023