

Export Competitiveness Enhancement Programme (ECEP) Fund: Application Form for Businesses &

The Department of Economic Development and Tourism (DEDAT) is requesting individual companies and intermediaries that are currently assisting businesses that are exporting but facing technical challenges to access international markets to apply for financial assistance and support through the Export Competitiveness Enhancement Programme (ECEP). ECEP is a support programme to develop and equip businesses to export effectively. This ECEP Fund helps exporters overcome barriers to selling overseas.

The Fund is geared towards businesses that are existing exporters or potential exporters, in the following sub-sectors but not limited to:

- 1. Processed food;
- 2. Beverages;
- 3. Cosmetics
- 4. Jewellery;
- 5. Transport equipment;
- 6. Computer, electronic and optical products;
- 7. Rubber and plastic products;
- 8. Machinery and equipment and
- 9. Wearing apparel.

The Fund is designed to provide support to exporters as it relates to market access, in the following categories:

- 1. Product reformulation and refinement;
- 2. International packaging, labelling and printing;
- 3. International product certification and market access standards;
- 4. Product registration with relevant international bodies in the markets;
- 5. International nutritional analysis and

6. Specialized shipping requirements.

The Fund excludes the following:

- 1. Operational and working capital.
- 2. Contributing to production costs or the purchase of stock.
- 3. Building any kind of infrastructure.
- 4. Enterprises not based in the Western Cape.

The period of application to the Fund is open until 31 March 2024 and is subject to budget availability, whichever comes first. It is in the best interest of the applicant to submit funding applications as soon as possible. The allocation of funds will be at the discretion of the Department and will be based on evaluation process and the availability of budgetary resources.

Applications received will be evaluated on a monthly basis against the evaluation criteria. All applicants to the Fund will be informed of the outcome of their application.

Notes

- 1. Closing this browser tab will clear your response. Please complete and submit **before** closing this screen.
- 2. Text can be cut from another source and pasted into text response areas.
- 3. Please provide accurate and true information. Should you wish to amend the information that you have entered before submitting, use the 'back' button to return to the previous page.
- 4. Questions marked with an asterisk (*) are compulsory to be completed before you can advance to the next section of the form. While other questions are non-compulsory, it is highly recommended that you consider submitting a response as all information gathered will be used in the assessment of your application.
- 5. An email with your reference number will be sent to the email address you provide.
- 6. All personal information provided here will be kept confidential between the Department and partner organisations. It will only be used should further information be required from you. For further information on our POPIA compliance please see the privacy notice accessible at https://www.westerncape.gov.za/general-publication/popia-privacy-notice.

Contact Information

These are the details of the person that we will contact should we need clarification on the company information given in this section. Please provide personal rather than general contact details here e.g. joe@company.co.za rather than info@company.co.za

1.	First name(s) [*]	k			

2.	Surname *				
3.	Job Title *				
4.	Telephone number *				
	Please begin the number with a South African code without the plus sign and the area code e.g., 27213456789.				
	The value must be a number				
5.	Mobile number *				
	Please begin the number with a South African code without the plus sign e.g., 27713456789.				
	The value must be a number				
6.	E-mail address *				

7.	7. Confirm e-mail address *					
	Please provide your e-mail address again so that we can check it against the above.					

Business information

8.	Reg	istered name of the business *
9.	Тур	e of business entity *
	\bigcirc	Private Company (Pty) Ltd
	\bigcirc	Close Corporation (CC)
	\bigcirc	Public Company (Ltd)
	\bigcirc	Sole Proprietorship
	\bigcirc	Not for profit organisation
	\bigcirc	Community Co-op
10.		ling name information is required if the business does not operate under its registered name.

11.	Business registration number				
12.	Year in which the business was established *				
	Number must be between 1685 ~ 2023				
13.	What is the current annual turnover of the business? *				
	Less than R10 million				
	More than R10 million but less than R20 million				
	More than R20 million but less than R50 million				
	More than R50 million				
14.	Number of current employees? * Please specify with permanent, casual, youth, women and/or persons living with disability				

15.	Tax reference number *
16.	Core business activity *
	Please select the relevant areas
	Processed food
	Beverages
	Cosmetics
	Jewellery
	Wearing apparel
	Computer, electronic and optical products
	Rubber and plastics products
	Machinery and equipment
	Transport equipment
	Other

17.	Physical address *			
18.	Postal address			
	Please leave out if the physical address is the same as the postal address.			
19.	Business telephone number *			
	This will be the general telephone number used to contact the company. Please begin the number with a South African code without the plus sign and the area code e.g., 27213456789.			
	The value must be a number			
20.	Business e-mail address *			
	This will be the e-mail for general enquiries for the business e.g., info@buzexport.co.za			

21.	Busi	ness website URL
		is the website address for the business. If there is no address, you can provide a I feed e.g., Facebook or Instagram profile link.
22.	VAT	registration number (If any)
23.	B-BI	BEE level
	\bigcirc	Level 1 - 100 points and above - 135% procurement
	\bigcirc	Level 2 - 85 to 99.99 points - 125% procurement
	\bigcirc	Level 3 - 75 to 84.99 points - 110% procurement
	\bigcirc	Level 4 - 65 to 74.99 points - 100% procurement
	\bigcirc	Level 5 - 55 to 64.99 - 80% procurement
	\bigcirc	Level 6 - 45 to 54.99 - 60% procurement
	\bigcirc	Level 7 - 40 to 44.99 - 50% procurement
	\bigcirc	Level 8 - 30 to 39.99 - 10% procurement
	\bigcirc	Non-compliant contributor - Less than 30% - 0%

Application Information

24.	4. Under which category are you submitting this application? *		
	\bigcirc	Product reformulation and refinement	
	\bigcirc	International packaging, labelling and printing	
	\bigcirc	International product certification and standards for market access	
	\bigcirc	Product or service registration with relevant international bodies in export markets	
	\bigcirc	International nutritional analysis	
	\bigcirc	Specialised shipping requirements	
	\bigcirc	Other	
25.	Nan	ne of the project *	
	used	e provide a short name for the project that you are proposing. This will later be to identify the project. For e.g., Market Access, Food Certification Standards, aging, International Product Registration etc.	

26.	Summary description of the project *				
	Please limit your response to two paragraphs or less.				
27	M/h an will the project commence? *				
21.	When will the project commence? *				
	Use the calendar function to select and enter the actual or expected date that the project will start.				
28.	When will the project be completed? *				
	Use the calendar function to enter and select and enter the anticipated date of				
	completion.				
		<u></u>			
29.	Describe how the project will be managed and what project management				
	resources are, or will be, in place. *				
	Please limit your response to two paragraphs or less.				

30.	Describe the envisaged project impact for exports. * Please limit your response to two paragraphs or less.			
	Trease minit your response to two paragraphs or less.			
31.	As an estimate, how many new jobs will this project create?			
	The value must be a number			
32.	Please specify whether these new jobs will be permanent, seasonal or temporary.			
	If appropriate, provide a split between the jobs that will be created.			
33.	Describe who the project partners are, if any.			
	Please limit your answer to two paragraphs or less.			

groups. Please select from the categories below.	e following
Women	
Youth	
People living with disabilities	
35. Describe any project activities conducted to date, if any. Please limit your response to two paragraphs or less.	
36. Does the project require any statutory or other approvals in place?	that are not yet
If yes, please furnish us with more details.	
37. Describe how the project will be monitored. *	
Please limit your answer to two paragraphs or less.	

38.	Describe your experience implementing similar projects
	Please limit your answer to two paragraphs or less

Project budgets

In the following section, please indicate the total budget required for the project and how much will be your own contribution.

39.	Total project budget (R) *
	Please detail the total project budget (overall). This includes the funding you seek plus your own funding. Provide the number only e.g. 455000 for four hundred and fifty-five thousand Rands.
	The value must be a number
40	Total project budget in words *
40.	Total project budget in words *
	Please express the total project budget (overall) in words. This includes the funding you seek and your own funding, e.g. four hundred and fifty-five thousand Rands.
41.	Funding required from the Department (R) *
	Please detail the funding required from Department that you are applying for. Provide the number e.g., 350000 for three hundred and fifty thousand Rands.
	The value must be a number

42.	Funding required from the Department (R) in words *
	Please express the total funding from Department that you are applying for in words
	e.g., three hundred and fifty-five thousand Rands.
43.	Value of own budget contribution (R) *
	Please detail the amount of funding that you will be providing or sourcing. Provide the number e.g., 105000 for one hundred and five thousand Rands.
	The value must be a number
44.	Value of own budget contribution (R) in words *
	Please express the value of your own budget contribution in rands and words e.g., one hundred and five thousand Rands .
45.	Value of third-party budget contribution (R) in words, if any.
	Please express the value of third-party budget contribution in words e.g., four hundred
	and fifty-five thousand Rands.

46.	Please describe any non-monetary (in kind) contribution to the project.
	If none, please state 'none'. Please limit your answer to two paragraphs or less

Description of the Business Activities and Export Capabilities

47.	List and name the products that your company / business is processing and producing. *
48.	Where are the products currently sold locally? *
	Indicate if the products are sold to retailers, wholesalers, etc. Do list and name these retailers, etc.
49.	Are the products currently sold locally and/or exported? Please select the correct choice. *
	Local market (only)
	Export markets
	Local and export markets

50. If not exporting please provide reasons or plans to export.
51. If exporting, please state the period of years the business is exporting. *
Under 3 years
3 - 5 years
5 - 10 years
10 - 15 years
15 plus years
52. List the products that the business is exporting? *
53. List the countries that the business is exporting to? *

Contact information of the executive authority that will be signing the agreement

Disclaimer

The issuing of this call for proposal must not be construed as acceptance of an offer or imply the existence of a contract between the parties. The Department reserves the right to reject all or any of the applications without assigning any reasons whatsoever.

54.	Title (Prof/Dr/Mr/Mrs/Ms) *
55.	First name(s) *
56.	Surname *
57	Designation/role *
J1.	e.g. CEO, MD, Managing Director, Export Manager, Sales Manager etc.

58.	Telephone number *
	Please begin the number with a South African code without the plus sign and the area code e.g., 27213456789.
	The value must be a number
59.	Cellphone number *
	Please begin the number with a South African code without the plus sign e.g., 27713456789.
	The value must be a number
60.	E-mail address *
61.	Fax number (Optional)
	The value must be a number

Required documents

62. Please confirm that you have the following documents which will be submitted electronically to DEDAT in compliance with the Fund requirements. *

Documents to be uploaded to the following link https://bit.ly/G4JECEPOpenFundDocuments at the completion of this application.

You will receive an automated response when you submit this online Form. Please make a note of your reference number as you will require this for further correspondence (refer to annexure A in Call For Proposal Document).

Minimum required documents:

	The organisation must be tax compliant at the time of application. A tax compliant status (TCS) letter with a valid (not expired) tax pin must be submitted. The tax pin must be valid for the duration of the application evaluation process up to a period of 60 days from the date of submitting your application.
	The organisation applying for support must be formally registered or incorporated. Company registration documents or documents of incorporation (NPO/NPC registration certificate, partnership agreements, sole proprietor tax certificate etc.) clearly identifying the director(s) of the company or organisation must be submitted.
	The business / intermediary must be SA registered and directorship should entail more than 50% SA citizenship. Include the ID's of directors that are SA citizens.
	The company must have obtained an unqualified audit opinion during the latest financial year period and audited financial statement for the last financial year must be submitted (the guidelines in the Companies Act will be strictly applied). Alternatively, independently reviewed or independently compiled financial statements for businesses not required to prepare audited financial statements in terms of the Companies Act. The financial statements will be assessed against the going concern principle and the opinion of the independent auditor or reviewer.
	The business or intermediary/organisation must demonstrate that it provides cofunding for the requested amount or more for the specific intervention. A signed letter by the Chief Executive Officer (CEO)/ Chief Financial Officer (CFO) or similar executive authority confirming the value of own funding committed for the implementation of the proposed intervention must be submitted.
	The applying business must be based within the geographic boundary of the Western Cape even if the main office is based in another province.
	Recommended supporting documents:
	The business to be supported should have an export permit.
nom/Dr	A valid B-BBEE certificate or B-BBEE Exempt Micro Enterprise sworn affidavit should be

ugue submitted.

Declaration and submission

Please confirm that the information that you have provided is accurate and true by selecting 'Yes' below.

Also, please review the POPIA note detailed above. The privacy notice is accessible at https://www.westerncape.gov.za/general-publication/popia-privacy-notice.

Should you wish to amend the information that you have provided before submission, please use the 'back' button to return to previous pages.

63. General comments	
Please use the space below to let us know any additional information that you have regarding your application.	
64. I declare that, to the best of my knowledge, the information provided above is true * Yes	

This content is neither created nor endorsed by Microsoft. The data you submit will be sent to the form owner.

Microsoft Forms