

## Export Competitiveness Enhancement Programme (ECEP) Fund: Intermediaries Application Form

The Department of Economic Development and Tourism (DEDAT) is requesting intermediaries or organisations 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 sell products to overseas markets.

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. Specialised 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 an 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 submitted, 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 provided.
- 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 <u>https://www.westerncape.gov.za/general-publication/popia-privacy-notice</u>.

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## **Contact information**

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

1. First name(s) \*

#### 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. Confirm e-mail address \*

## **Organisation information**

8. Registered name \*

This is the formal name of the company registered with CIPC e.g., ABC (Pty) Ltd.

#### 9. Trading name

This information is only required if the organisation does not operate under its registered name.

10. Company registration number \*

The value must be a number

11. Year in which the business was established? \*

Number must be between 1685 ~ 2023

12. Core organisational activity \*

#### 13. Physical address \*

#### 14. Postal address

Please leave out if the physical address is the same as the postal address.

#### 15. Company 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

16. Organisation's e-mail address \*

17. Organisation's website URL

## 18. VAT registration number

- 19. B-BBEE level \*
  - Level 1 100 points and above 135% procurement
  - Level 2 85 to 99.99 points 125% Procurement
  - Level 3 -75 to 84.99 points 110% procurement
  - Level 4 65 to 74.99 points 100% procurement
  - ) Level 5 55 to 64.99 points- 80% procurement
  - Level 6 45 to 44.99 pints- 60% procurement
  - ) Level 7 40 39.99 points 50% procurement
  - () Level 8 30 to 39.99 points 10% procurement
  - ) Non-compliant contributor Less than 30% 0%

## **Application Information**

- 20. Under which category are you submitting this application?
  - Product reformulation and refinement
  - ) International packaging, labelling and printing
  - International product certification and standards for market access
  - Product registration with relevant international bodies in export markets
  - ) International nutritional analysis
  - Specialised shipping requirements

#### 21. Name of the project \*

Please provide a short name for the project that you are proposing. This will later be used to identify the project. e.g., Market Access, Food Certification Standards, Packaging, International Product Registration etc.

#### 22. Summary description of the project \*

Please limit your response to two paragraphs or less as the detail will be captured in the project proposal.

#### 23. When will the project commence? \*

Use the calendar function to select and enter the actual or expected date that the project will start.

#### 24. When will the project be completed? \*

Use the calendar function to select and enter the anticipated date of completion.

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25. 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.

26. Describe the envisaged project impact for exports. \*

Please limit your response to two paragraphs or less.

27. As an estimate, how many new jobs will this project create?

The value	must	be a	number

28. In which part of the province will the project be implemented? \*

Cape Metro
Cape Winelands District
Garden Route District
Central Karoo District
West Coast District

Overberg District

29. Please specify whether these jobs will be permanent, seasonal, or temporary.

If appropriate, please provide a split between the jobs that will be created.

30. Describe who the project partners are, if any.

Please limit your response to two paragraphs or less.

31. Please describe whether this project will benefit any of the following groups. Please select from the categories below. \*

Women
Youth
People living with disabilities
Community co-operatives
Other

32. Describe any project activities conducted to date.

Please limit your response to two paragraphs.

33. Does the project require any statutory or other approvals that are not yet in place?

If yes, please furnish us with more details.

34. Describe your experience of implementing similar projects. \*

Please limit your response to two paragraphs.

35. Describe how the project will be monitored. \*

Please limit your response to two paragraphs.

## **Project Budgets**

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

36. Total project budget (R) \*

Please express the total budget required in rands only e.g., **455000.** 

The value must be a number

37. 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.** 

#### 38. Funding required from the Department (R) \*

Please express the total budget required from the Department in rands only e.g., **355000.** 

#### The value must be a number

39. Funding required from the Department (R) in words \*

Please express the total funding from the Department that you are applying for in words e.g., **three hundred and fifty-five thousand Rands**.

40. Value of own budget contribution (R) \*

Please express the total funding that you will be providing or sourcing in rands e.g., **105000.** 

The value must be a number

41. Value of own budget contribution (R) in words \*

Please express the total funding from the Department that you are applying for in words e.g., **One hundred and five thousand Rands**.

42. Is there any expectation of a third-party budget contribution to the project?

Please express the total budget required in rands and words e.g., **R455000 (four hundred and fifty-five thousand Rands).** 

43. If any, please specify expected value of third-party budget contribution (R) in words.

Please express the value of third-party budget contribution in words e.g., **four hundred and fifty-five thousand Rands.** 

44. Please describe any non-monetary (in kind) contribution to the project, if any.

Please limit your answer to two paragraphs.

# 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.

#### 45. Title (Prof/Dr/Mr/Ms) \*

#### 46. First name(s) \*

#### 47. Surname \*

48. Designation / Role: \*

e.g. CEO, MD, Managing Director, Export Manager, Sales Manager etc.

49. 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

50. Cell number \*

Please begin the number with a South African code without the plus sign e.g., 27713456789.

The value must be a number

51. E-mail address \*

52. Fax number (Optional)

The value must be a number

## **Required documents**

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

Documents must be uploaded to the following link <u>https://bit.ly/G4JECEPOpenFundDocuments-Intermediaries</u> 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).

#### 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.

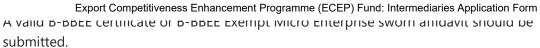
The company must have obtained an unqualified audit opinion during the latest financial year period and audited financial statement for the last financial year must be submitted (the guidelines in the Companies Act will be strictly applied). Alternatively, independently reviewed or independently compiled 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 intermediary/organization can be based anywhere in South Africa; however, the beneficiary businesses must be based in the Western Cape.

#### **Recommended supporting documents:**

The business to be supported should have an export permit.



## **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 <u>https://www.westerncape.gov.za/general-publication/popia-privacy-notice</u>.

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

#### 54. General comments

Please use the space below to let us know any additional information that you have regarding your application.

55. I declare that, to the best of my knowledge, the information provided above is true. \*

) Yes

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