**Khalid Khan Agri-processing Unit** Khalid.Khan@westerncape.gov.za

Tel: +27 21 483 9134

80 St Georges Mall, Cape Town, 8001 [www.westerncape.gov.za](http://www.westerncape.gov.za/)

**or**

**Almarie Klink Agri-processing Unit** Almarie.Klink@westerncape.gov.za

Tel: +27 21 483 9946

80 St Georges Mall, Cape Town, 8001 [www.westerncape.gov.za](http://www.westerncape.gov.za/)

**Department of Economic Development and Tourism**

# HALAL VALUE CHAIN CLUSTER DEVELOPMENT SUPPLIER DEVELOPMENT PROGRAMME

**APPLICATION FORM 2019/20**

## Application/ Reference Number:

**Application Date:**

**(OFFICE USE ONLY)**

**CLOSING DATE: 22 November 2019**

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## Dear Sir / Madam

Thank you for your interest shown in the Halal Value Chain Cluster Programme 2019/20.

Below please find the application form. Be sure to complete the application form and the attached annexures. Please submit (hand deliver or email) the application form together with the supporting documents (listed below) to the officials dealing with this request.

Please familiarise yourself with the terms and conditions (as listed below) when submitting an application to the Agri-processing Supplier Development Programme.

## PURPOSE OF PROGRAMME

The Halal Value Chain Cluster Programme aims to facilitate the development of businesses with growth potential in the Halal Food and Beverages, Halal Cosmetics and Halal Nutraceutical sector. Businesses will be developed through a structured process (business turnaround or business improvement) to ensure upward movement in the value chains of the agri-processing sector and grow exports.

The Halal Value Chain Cluster Programme will focus on improving the competitive position of the business (scale and efficiency) which will improve their ability to grow export and expand into new export markets. This will be achieved through focused business development support services, by means of a full business diagnostic, an implementation strategy and implementation of agreed upon interventions.

The programme offers **non-financial** support to qualifying businesses in order to:

* + Create opportunities (prepare the business to access market opportunities),
	+ Expand and grow existing operations (with the aim of contributing to job creation), and
	+ Enhance productivity and competitiveness.

## WHO MAY APPLY

**The following application and eligibility criteria for enterprises will apply:**

1. Trading for a minimum of two years (24) months with proof of trade via management accounts and annual financial statements which have been signed off by an accountant.
2. Operating in the Halal Food and Beverages, Halal Cosmetics and Halal Nutraceutical sector.
3. Based in the geographic boundary of the Western Cape.
4. Valid tax clearance certificate.
5. Applicants that are of legal age to own an enterprise.
6. Entities must be a small, medium enterprise (SME) as defined in the National Small Business Act, with a formally registered business structure (sole proprietorship, partnership, co- operative, company, closed corporation, or trust) and comply with all statutory requirements governing the type of entity.
7. Only business owners that are involved full-time in the operations and management of the entity may apply.

## EXCLUSIONS

**The Department will not support enterprises who:**

1. Enterprises which operate outside of the Halal Food and Beverages, Halal Cosmetics and Halal Nutraceutical sector.
2. Enterprises not based within the Western Cape.
3. Organisations that are registered as NGO’s, CBO’s and NPO’s.
4. Enterprises not owned by South African citizens.

## TERMS AND CONDITIONS

In submitting your application, please note the following:

1. This is **NOT** an application for financial assistance.
2. Each participating business would have to set aside a maximum of six (6) months for the complete implementation of the identified interventions.
3. The selection of programme participants will be done by the Department. The selection of the participants is not subject to further review.
4. All costs relating to the business assessment and implementation of the required interventions will be borne by the Department.
5. A due-diligence exercise will be conducted to ascertain the businesses position and an action plan will be developed and implemented to address the business needs.
6. Only **fully completed (inclusive of supporting documents)** applications received by the Department via registered post, courier, hand delivery or e-mail will be accepted and considered for support.
7. Any costs incurred within the businesses before the approval of the application will not be considered.

Applications can be sent per below:

## For attention: Ms Almarie Klink (Almarie.Klink@westerncape.gov.za ) and Ms Adelaide Phillips (Adelaide.Phillips@westerncape.gov.za)

## Postal address: Department of Economic Development and Tourism

**P.O. Box 979 Cape Town 8001**

**Physical Address: 10th Floor**

**80 St George’s Mall Waldorf Building Cape Town**

1. The Department cannot be held liable for loss of mail via post or e-mail.
2. All applicants will receive a notification of receipt of application from the Department via email.
3. All applications must be made in full, consisting of a fully completed application form and attachments as per the checklist contained herein.
4. Approval for participation on the programme will be granted through a selection process which includes an initial site visit from a Departmental official to the business premises.
5. The information required in the checklist is the minimum information required. The Department may request additional information depending on the nature of the business and industry.
6. The Department cannot be held liable for any costs incurred due to an application being made to the programme.
7. The applicant agrees to the programmes rules as set out in **Section B and C.**
8. On application to the programme, the applicant agrees to enter into the Department’s monitoring and evaluation programme, in which the applicant agrees to disclose information such as, but not limited to, business information (see **Annexure A**).
9. The applicant can be contacted for a period of 12 to 24 months after the completion of the intervention as part of the monitoring and evaluation programme.
10. All information collected during the monitoring and evaluation process will be for the exclusive use of the Department and will not be made available to persons and / or organisations outside the Department without the permission of the applicant.
11. The Department reserves the right **NOT** to disclose the contents of the due diligence report or information regarding the approval processes.
12. All information provided to the assessors will be handled with the utmost confidentiality.

## ACCEPTANCE

I (Full names) \_

as the (Designation)

 hereby declare that I have read and fully understand and accept the above terms and conditions as set out in sections A, B and C above relating to accessing the Agri-processing Supplier Development Programme. Signature:

Date:

Place:

## BUSINESS INFORMATION

1. **PERSONAL DETAILS**

ENTREPRENEUR NAME: Title

Name(s)

Surname

ID Number: Nationality:

Gender: Male Female

Racial Classification: Black Col White Indian Other

Residential Address:

Code:

Postal Address:

Code:

Telephone No: Fax No:

E-mail: Cell No:

## BUSINESS DETAILS

Registered Business Name:

Reg. No:

Trading Name:

Vat Reg. No (if applicable)

Telephone No: Fax No:

Email: Cell No:

Tax Reference Number:

Tax Clearance Certificate: Yes No BBBEE ownership status:

|  |  |
| --- | --- |
| **CLASSIFICATION** | **PERCENTAGE** |
| White |  |
| Black |  |

 Halal Certificate Reference Number (if applicable):

Business Type:

Pty (Ltd) Close Corporation Sole Proprietor Partnership Other Sector:

Business Address:

Code:

Postal Address:

Code:

Core Business Activity:

Core Business Issues: (Please state the current challenges faced by the business)

Please indicate where you heard about this programme:

|  |  |
| --- | --- |
| Facebook |  |
| Twitter |  |
| Radio |  |
| Newspaper |  |
| Word of mouth |  |
| Email communication |  |
| Other – please specify |  |

## APPLICATION CHECKLIST

|  |  |  |  |
| --- | --- | --- | --- |
| **APPLICATION DOCUMENTS CHECKLIST** | **YES** | **NO** | **Initial** |
| 1 | COMPLETED APPLICATION FORM |  |  |  |
| 2 | TWO PAGE BUSINESS PROFILE (Explain primary target market, business concept, value proposition, supply arrangements, product sourcing, human resource capacity, production capacity and greatest business challenge(s) currently being experienced). Please explain challenge(s) and reason(s) for having to be part of the programme. |  |  |  |
| 3 | VALID TAX CLEARANCE CERTIFICATE |  |  |  |
| 4 | ANNUAL FINANCIAL STATEMENTS (SIGNED OFF) AND/OR MANAGEMENT ACCOUNTS (SIGNED OFF) |  |  |  |
| 5 | COMPANY REGISTRATION DOCUMENTS |  |  |  |
| 6 | COPY OF OWNER(S) ID DOCUMENT(S) - CERTIFIED |  |  |  |
| 7 |  COPY OF HALAL CERTIFICATE (IF APPLICABLE) |  |  |  |