# GEES CFP Checklist and Annexures A-E

# Annexure A – Required Documents Checklist – to be included in response pack

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| **Documentation List** | **Compulsory** | **Not Compulsory** | **Included (Tick)** |
| 1. **Annex A** – Document Checklist (this document)
 | X |  |  |
| 1. Funding proposal with budget breakdown for a 12-month period)
 | X |  |  |
| 1. **Annex** **B** - Entity Information
 | X |  |  |
| 1. **Annex C** - Supportive evidence
 | X |  |  |
| 1. **Annex D** - An **original** completed and signed 38(1)(j) certificate
 | X |  |  |
| 1. Memorandum of Incorporation
 | X |  |  |
| 1. Audited Financial Statements for last 5 years (Signed by all parties)
 | X |  |  |
| 1. Original Valid SARS Tax Clearance Certificate/report (including pin nr)
 | X |  |  |
| 1. **Annex E** - Capacity of Respondent - Staff members experience & qualifications (incl CVs)
 | X |  |  |
| 1. **Annex F** - stamped bank entity form (scanned copy of the original)
 | X |  |  |

# Annexure B - Entity Information

*Respondents are advised to use an electronic version of this form to expand the boxes as needed. Please complete all sections and mark N/A where needed.*

***Please make sure to go through the checklist at the end of this document to ensure that all the required information and documents have been provided.***

# 1. Entity Information

## 1.1 **Contact Information**

Provide the name, title, address, email address and telephone of the primary contact for this CFP

Name of entity

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Registration Number

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Contact Person Name

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Title

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Address

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Telephone

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E-Mail

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Website

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## 1.2 **Type of entity (please tick)**

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| О | Non-profit organisation |
| О | Non-governmental organisation |
| О | Other\* |  |

**\* If other (please specify)**

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## 1.3 **Establishment of entity**

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| --- | --- | --- |
| **Year** | **Month** | **CIPC Registration Number** |
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1.4 **Entity background** **-** Briefly provide the aims and objectives of the entity, along with the entity’s profile/description and the key areas of work that the entity has worked in and currently focuses on. **Do not complete if captured in funding proposal, please just note the page number and section below.**

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**Do not complete the items below if they are covered in the funding proposal provided - please just note the page number and section below.**

# Approach to delivery

* 1. the aims, objectives, profile and description of the entity.

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* 1. the approach towards acting as a trusted, ecosystem co-ordinated, independent, non-biased and responsive industry-facing body for the green economy. And how this role would be realised in a partnership between the responding non-profit/non-governmental organisation/entity and the Western Cape Government, other spheres of government, business and industry chambers and associations, research institutions, NGOS/NPOS, entrepreneurs, businesses, and multiple other stakeholders.

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* 1. the approach towards identifying economically viable green economy business opportunities focused on the energy and water sectors.

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* 1. the approach towards identifying and unlocking barriers that prevent green economy opportunities from being realised, focused on energy and water.

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* 1. the approach to aiding green economy businesses (i.e. supply side - green technology, product or service suppliers) with a focus on energy and water to help them grow, establish, invest and generate employment opportunities in the Western Cape.

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2.6 the approach to aiding the demand side of the green economy (with a focus on energy and water) – i.e., supporting businesses to green e.g. their design/ products/ operations/ logistics/ value chains.

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2.7 evidence of delivery capabilities (i.e. experienced people with the right skills set available to undertake the work) in the green economy as per the above e.g. provision of organogram, what potential capacity might be required; a minimum of 3 persons for each sector (energy and water) as well operational staff required which would equate to a minimum of 10 people or more, with good green economy experience. Skills set relevant/ related to the work being done, number of years’ experience of staff (CVs), or evidence of the projects they have done vs projects they have outsourced. Provide the table which gives a breakdown of staff with their experience and qualifications (**Annexure E**).

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2.8evidence ofthe entity having experience networking or working with national and international stakeholders in the green economy. The entity is expected to illustrate the extent of their networks and stakeholder liaison in the green economy.

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2.9 an overview of the proposed outcomes and impacts of interventions, how the outcomes and impacts of interventions would be assessed, and how overall work progress would be monitored and evaluated and used for any course corrections.

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2.10 track record of the entity’s ability to leverage additional funding to support green economy related work (including work areas / projects and amounts leveraged).

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2.11 The entity has operated for at least past 5 years in the green economy, particularly in the energy and water sectors, improving the resource resilience of businesses or organisations, and working with at least two of the three spheres of government. this should be provided in the form of a summary table of relevant projects as per **Annexure C**.

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# Past experience

## Describe the entity’s delivery capabilities in the green economy with a focus on energy and water as per the above.

## Provide a track record of the entity’s ability to leverage additional funding to support green economy related work.

## Provide any other information that you feel may support the proposal.

# Annexure C – Supportive evidence requirement (a minimum of 2 each must be provided)

## Provide evidence that the entity has operated for at for at **least the past 5 years** **in the green economy, particularly in the energy and water sectors**.

## Provide evidence of the entity’s track record of working with green economy industry stakeholders, improving the resource resilience of businesses or organisations, and working with at least two of the three spheres of government.

## Please provide summary of above evidence in the table below (a minimum of 2 each must be provided - you may use a project in more than 1 sub-category). Add rows where required.

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| **Categories of services** |  | **References (a minimum of 1 for energy and 1 water per category of service and working with at least two of the three spheres of government must be provided)** |
| **Sub-Categories (where applicable)** | **Client / funder** | **Project**  | **Date (start and end date)** |  |
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| *Working with green economy industry stakeholders* | *Working with green economy industry stakeholders* |  |  |  |  |
| *Improving the resource resilience of businesses or organisations* |  |  |  |  |
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| *Working with at least two of the three spheres of government* |  |  |  |  |
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# Annex D – Template Section 38 (1) (j)

**FA23.2**

**CERTIFICATE – OPERATIONAL SUPPORT FOR NPI’S**

The Accounting Officer

Department of Economic Development of Tourism

80 St George’s Mall

Cape Town

8000

Dear Sir/Madam

**COMPLIANCE WITH PFMA, ACT 1 OF 1999 (as amended) – SECTION 38 (1) (j)**

I, **ABC**, the **CEO of XYZ**, do hereby certify that in terms of section 38 (1)(j) of the Public Finance Management Act, this entity has implemented effective, efficient and transparent financial management and internal control systems, particularly regarding the disbursement of and accountability for funds transferred to our organisation.

To give effect to the above and to provide assurance in terms of King IV, the following governance arrangements are in place and adhered to:

1. **Board of Directors**
	1. Memorandum and Articles of Association
	2. Composition and approval of the current board of directors
	3. Confirmation from the entity’s banking institution with regards to the approved signatories on all entity-related bank accounts submitted annually - attached).
2. **Audit Committee**
	1. Composition and approval of the audit committee by the Board of Directors.

*Disclaimer 1: If no audit committee exists, its functions and fiduciary duties are carried out by the Board and stipulated as such in its charter.*

1. **Compliance with applicable laws, rules, codes and standards**

**The following policies are herewith submitted:**

3.1 Delegation of Authority

3.2 Procurement Policy

3.3 Asset Management Policy

3.4 Human Resource Management Policy

3.5 Fraud Prevention Plan

3.6 Risk Management Policy Plans inclusive of a Business Continuity Plan and / or a Disaster Recovery Plan

3.7 Monitoring and Evaluation Framework

3.8 Travel and Subsistence Policy

The policies as listed above have been adopted and approved by the board or CEO for the current financial year.

*Disclaimer 2: If any of the policies submitted are revised during the current financial year and the duration of the contract, such policies will be duly approved for the year of transfer and proof thereof provided.*

I herewith confirm that the afore-mentioned governance requirements are implemented and operating effectively.

Yours sincerely

**CEO**

**Date:**

**Annexure E: Capacity of Respondent - Staff members experience & qualifications**

*Notes:*

* *Add rows as required*
* *CVs for all project team members listed below must accompany the submission*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sector (Energy / Water)** | **Name of project team members** | **Role within the project team** | **Qualification(s)** | **No. of years of relevant experience** | **Relevant experience (summarised)** |
| ***Energy*** |  |  |  |  |  |
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| ***Water*** |  |  |  |  |  |
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# Annexure F

**FA3**

 OFFICE

 **Green Economy**

Registered Name Trading Name

Enterprise Registration Number or SMME Number

VAT / Income Tax Number

Tax Clearance Certificate Number

# CREDIT ORDER INSTRUCTION FORM

**Supplier Details**

 (Please print clearly)

(If different from the Company / Supplier name)

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| **Year** | **Number** | **Type** |
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(Please attach a copy of the Registration Certificate)

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| **C** | **C** | **Y** | **Y** | **M** | **M** | **D** | **D** |
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Approved Date

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Expiry Date

(Please attach a copy of the Clearance Certificate)

Title, First Name & Surname Identity Number

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Business Address Street: Suburb: City:

Telephone and area code Fax number and area code

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Postal Address Street: Suburb: City: Code:

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Payment Address Street: Suburb: City: Code:

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# Please complete this form and forward to:

Department

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Attention

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# System Users Only

Captured By: Date Captured: Authorised By:

(I/Del.37)

Date Authorised: LOGIK Request #: LOGIS Supplier #: Filling #:

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|  **FA3****OFFICE** |
| **Credit Order Instruction** |
| 1. I / We hereby request and authorise you to pay any amounts which accrue to me / us to the credit of my / our account with the mentioned bank.
2. I / We understand that the credit transfer hereby authorised will be processed by computer through a system known as the "ACB Electronic Fund Service", and I / We also understand that no additional advice of payment will be provided by my / our bank, but details of each payment will be printed on my / our bank statement or any accompanying voucher. (This does not apply where it is not customary for banks to furnish bank statements.)
3. I / We also understand that a payment advice will be supplied by the Department in the

normal way, and that it will indicate the date on which funds will be available in my / our account.1. This authority may be cancelled by me / us by giving thirty day's notice by pre-paid / registered post.
2. I / We will not hold the Department liable for any payment not made into our bank account

if the bank account details are incorrect or were not supplied to the Department prior to payment. **Initials and Surname Authorised Signature Date** |
| **Supplier Banking Details** |
| (Please note that this account MUST be in the same name of the supplier. No 3rd party payments allowed.)**Account Name Bank Name Branch Name Branch Code Account Number Account Type****Identity Number Passport Number****Enterprise Registration Number** |
| **For Completion by Bank Official** |
| **Date Stamp of Bank** | **Bank account details are hereby certified as being correct. Name****ID Number Signature** |



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|  | **Cheque Account (Please attach a blank, cancelled cheque)** |
|  | **Savings Account** |
|  | **Transmission Account** |
|  | **Bond Account** |
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