



**Western Cape
Government**

**Peter-Jon Thebus
Enterprise Development**

Peter-Jon.Thebus@westerncape.gov.za
Tel: +27 21 483 9026 Fax : +27 21 483 4892
80 St George's Mall, Cape Town, 8001
www.westerncape.gov.za

or

**Gcotyelwa Ngqela
Enterprise Development**

Gcotyelwa.Ngqela@westerncape.gov.za
Tel: +27 21 483 9159 Fax : +27 21 483 4892
80 St George's Mall, Cape Town, 8001
www.westerncape.gov.za

Department of Economic Development and Tourism

CAPE CAPITAL FUND

APPLICATION FORM

2015

Application Closing Date: **12 June 2015**

Application/ Reference Number: _____

(Office use only)

Dear Sir / Madam

Thank you for your interest shown in the Cape Capital Fund.

Below please find the application form. Be sure to complete the application form and the attached annexure. Please submit the application form together with the supporting documents (listed below) to the official dealing with this request.

Please familiarise yourself with the terms and conditions (as listed below) when submitting an application to the Cape Capital Fund.

A. WHO MAY APPLY

1. Enterprises which have been trading for a minimum of 24 months with proof of trade via management accounts and annual financial statements which have been signed off by an accountant.
2. Enterprises operating in the priority sectors as identified by the Western Cape Government (agri-processing and oil and gas).
3. Enterprises based in the geographic boundary of the Western Cape.
4. Enterprises with a valid tax clearance certificate.
5. Applicants that are of legal age to own an enterprise.
6. Entities must be a small, medium or micro enterprise (SMME) 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.

B. PURPOSE OF THE FUND

The Fund itself is a cost-sharing grant where beneficiaries will be expected to contribute between 30% and 50% of the cost of the approved intervention. Interventions would be aimed at increasing access to markets and improving the ability to operate in the specified markets. The Fund will support interventions aimed at:

- Increasing market access: certification and accreditation requirements, trade missions and exhibitions; and
- Improving logistics and infrastructure: this will be limited to machinery and equipment only.

C. EXCLUSIONS

The Department will not fund:

1. Enterprises operating outside of the oil and gas and agri-processing sectors.
2. Enterprises not based within the Western Cape.
3. Enterprises that would cause damage to the environment, engage in exploitative labour practices, or cruelty to animals.
4. Applicants that are not up to date with their tax filings and that cannot obtain a tax clearance certificate.
5. Applicants applying for assistance to service outstanding debt.
6. Applicants requiring funding to supplement own contributions when applying to other government programmes.
7. Any costs incurred within the businesses before the approval of the application.
8. NGO's, CBO's and NPO's.

D. TERMS AND CONDITIONS

In submitting your application, please note the following:

1. This is **NOT** an application for direct financial assistance (approved funding will be paid to a third party service provider for the supply of goods and services).
2. Own contribution/s relating to the approved intervention must be fully paid prior to funds being released.
3. This is **NOT** a rescue fund and no applications for funding of financially distressed enterprises will be considered.
4. The maximum funding amount per business application is **R 150 000.00 (One Hundred and Fifty Thousand Rand)**.
5. **The full list of documents required must be submitted as prescribed in the checklist provided.**
6. A due diligence exercise will be conducted to ascertain the business viability, sustainability and relevance of the application to the business needs.
7. Only **fully completed** applications received by post, courier or hand delivered applications will be accepted and considered for funding. **Faxed or e-mailed applications will not be accepted.**

Postal address : **Attention: Mr Peter-Jon Thebus or Mr Sharief Davids**
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

8. The Department cannot be held liable for loss of mail via post.
9. All applications must be made in full, consisting of a fully completed application form and attachments as per the checklist (see page 8) contained herein.
10. Incomplete applications will be considered as invalid and will not be considered.
11. The application deadline is final and closes on the said day and time as indicated on this form.
12. 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.
13. The Department will not enter into any debate regarding the outcome of the application process. The Department reserves the right to review an application after a decision has been given on the status of the application.
14. On approval, only third party disbursements will be made to suppliers of goods and services.
15. It is the responsibility of the successful applicant to ensure that goods and services are delivered in the agreed upon state and time.
16. The Department cannot be held liable for any costs incurred due to an application being made to the fund.
17. The Department cannot be held liable for any costs and incidental tangible and intangible damages incurred as a result of the delay of the funds being disbursed.
18. The applicant agrees to the fund rules as set out in **Section A and C**.
19. On application to the fund, 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**).
20. The applicant can be contacted for a period of 12 to 24 months after the disbursement of funds as part of the monitoring and evaluation programme.
21. 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.
22. The Department reserves the right **NOT** to disclose the contents of the due diligence report or information regarding the approval processes.
23. The Department reserves the right to prescribe additional conditions as part of the approval of the application.

24. The Department reserves the right to make a provisional approval and set the conditions of the provisional approval, upon which the applicant will be requested to comply with the conditions before final approval and instruction for disbursement of funds are given.
 25. The applicant agrees to comply with any requests or conditions made as part of a provisional approval.
 26. All information provided to the assessors will be handled with the utmost confidentiality.
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E. ACCEPTANCE

I (Full names) _____ as the (Designation) _____ hereby declare that I have read and fully accept the above terms and conditions as set out in sections A, B, C and D relating to accessing the Cape Capital Fund.

Signature: _____

Date: _____

Place: _____

F. BUSINESS INFORMATION

1. PERSONAL DETAILS

ENTREPRENEUR NAME: Title _____
 Name _____
 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: _____

2. BUSINESS DETAILS

Registered Business Name: _____ Reg. No: _____

Trading Name: _____

BBBEE ownership status:

CLASSIFICATION	PERCENTAGE
White	
Black	

Business Type:

Pty (Ltd) CC SP Partner Other

Business Address: _____

_____ Code: _____

Postal Address: _____

_____ Code: _____

Core Business Activity: _____

Sector: _____

Vat Reg. No (if applicable) _____

Telephone No: _____ Fax No: _____

E-mail: _____ Cell No: _____

Tax Reference Number: _____

Tax Clearance Certificate: Yes No

3. COMMUNICATION

How did you hear of the Cape Capital Fund?

Newspaper Notice
 Via e-mail
 Word of mouth

Website/Online advertisement
 Departmental official
 Other

Application Process

The process for applying for funding is as follows:

1. Complete and submit the application form.
2. Compile a funding proposal related to the intervention. The following aspects must be addressed:
 - a. Business introduction (company and owner/s profile, core activities)
 - b. Business need (what is required, why is it required)
 - c. Potential impact (what impact would the intervention have on the business, i.e. how would it assist with capacity to operate within the sector or with access to markets)
3. Application reviews will begin approximately two weeks after the closing date of the fund.
4. Due diligence (including site visits) exercises will be performed on shortlisted applications during the review process.
5. Findings will be submitted to the relevant approval committee for their consideration.
6. Successful applicants must submit updated quotations upon approval.
7. Applicant reviews and signs the grant agreement on approval.
8. All legal/compliance documentation and conditions are checked and confirmed before disbursement.
9. Funds are released directly to suppliers/ service providers.
10. Post funding monitoring of the business is implemented.

APPLICATION DOCUMENTS CHECKLIST		YES	NO	Initial
1	COMPLETED APPLICATION FORM			
2	BUSINESS CASE / BUSINESS PLAN			
3	VALID TAX CLEARANCE CERTIFICATE (ORIGINAL)			
4	ANNUAL FINANCIAL STATEMENTS (SIGNED OFF) AND MANAGEMENT ACCOUNTS (SIGNED OFF)			
5	COMPANY REGISTRATION DOCUMENTS			
6	COPY OF OWNER(S) ID DOCUMENT(S) - CERTIFIED			
7	QUOTATIONS (FOR THE PURPOSES OF MARKET COST ESTIMATION)			
8	FICA – PROOF OF ADDRESS			
9	COMPLETED DECLARATION FORM (ANNEXURE A)			
10	BBBEE CERTIFICATE INDICATING OWNERSHIP PROFILE			

ANNEXURE A



**Western Cape
Government**
Economic Development
and Tourism

CAPE CAPITAL

I /We the undersigned hereby declare that the following business; _____
has been operational since _____ and that the Department has provided the following assistance:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

SITE VISIT REPORT – VERIFICATION OF BUSINESS DEVELOPED, SUSTAINED AND/OR EXPANDED

Business Name : _____

Ownership status (%) : woman owned black owned

Contact Person : _____

Contact Details : _____

Business Registration Number : _____

Business Address : _____

CONTACT DATE (pre-intervention):	SITE VISIT DATE (post intervention):
Rand value of turnover: R_____	Rand value of turnover: R_____ or _____%
Number of employees (Permanent & Temporary): _____	Increase in number of employees (Permanent & Temporary): _____
Rand value of assets : R_____	Increase in rand value of assets : R_____

Signed in my capacity as _____

Name & Surname

Signature

Date

Confirmed by (Name & Surname)

Signature

Date

**The information offered is treated as confidential and only requested for the purposes of record keeping on clients assisted.*

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