



DEPARTMENT OF AGRICULTURE: WESTERN CAPE

COMPREHENSIVE AGRICULTURAL SUPPORT PROGRAMME (CASP)

APPLICATION FORM FOR A CASP GRANT

1. PERSONAL DETAILS / GROUP REPRESENTATIVE

Surname: _____ Initials: _____

ID Number:

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Postal address:

District Municipality: _____
B-Municipality: _____

Contact numbers

Tel: _____
Fax: _____
Cell phone: _____
E-mail address: _____

Name of Group / Project / Farming Enterprise: _____

FOR OFFICIAL PURPOSES ONLY

Reference Number: _____ Date received: _____

Recommended CASP allocation: _____

FOR OFFICIAL PURPOSES ONLY

DEPARTMENT OF AGRICULTURE

Were the project and agricultural comments / report discussed with the group, and do they understand the conditions / implications thereof?

Brief summary of the project: _____

Departmental project leader: _____ Contact no: _____

Please complete in block letters as thoroughly as possible up to page 12.
Tick blocks [X] where applicable!

2. GROUP/ INDIVIDUAL DETAILS

Size of the group Number of females

Number of disabled persons Number of males

Number of applicants between the age of 18 – 35 years

Has the group already formed a legal entity? Yes No

If yes, what format?

Communal Property Association (CPA) Trust
 Co-operative Company
 Close Corporation Farmers Association

If no, do you require information regarding the formation of a legal entity? Yes No

Does the organisation / group have a management structure? Yes No

• Explain the structure. _____

• How long has the organisation been in existence? _____

• How often does the management meet? _____

Please complete Form 1 (List of applicants and please enclose certified copies of IDs)

3. EMPLOYMENT

Does any member of the group work full-time for the government of South Africa in a National or Provincial Department? Yes No

If yes, please state which department:

Does any member of the group hold Public Office, including a Member of Parliament, Member of the Provincial Legislature or a Municipal Councilor?

Yes No

5. CURRENT STATUS IN TERMS OF LAND

Does any member of the group own or have access to (e.g. lease) agricultural land?

Yes No

If yes, please tick the appropriate block.

Own

Lease

Right of Use

If yes, please indicate the following:

Farm name and number: _____

Nearest town, district: _____

Name of registered owner: _____

Terms of lease (for how long?), if applicable: _____

Area in hectares: _____

Farming activity: _____

Availability of water and its sources: _____

6. OWN CONTRIBUTION

Does any group member own assets that can be used in the project?

If yes, please complete Form 2a. pg 13

Yes No

7. DETAILS REGARDING THE CURRENT / PLANNED FARMING ACTIVITIES

7.1 Provide a description of current farming activities:

7.2 Provide a description of the proposed farming activities:

7.3 Describe how the requested funds will impact on the viability of the initiative:

<p><u>Farming activities:</u></p> <p>Are you going to produce goods for:</p> <p><input type="checkbox"/> Own consumption</p> <p><input type="checkbox"/> Market</p> <p>Describe the market: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>State the intended <u>short term (0 – 2 years) objectives</u> of the enterprise?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Who is going to participate in the farming activities:</p> <p><input type="checkbox"/> Applicants</p> <p><input type="checkbox"/> Let others farm for you</p> <p>Briefly indicate what type of farming activities you wish to pursue. _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>State the intended <u>medium term (2 – 5 years) objectives</u> of the enterprise?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	
<p><u>Land use:</u></p> <p>Dry land:</p> <p>Irrigated land:</p> <p>Grazing land:</p> <p>Grazing capacity:</p> <p>Unutilised land (roads / virgin land, etc.):</p>	<p>..... ha</p> <p>..... ha</p> <p>..... ha</p> <p>..... ha per large stock unit</p> <p>..... ha</p>	
<p>Crop</p>	<p>Current land under production (ha)</p>	<p>Current Income (R) per year/ cycle</p>

Livestock enterprise	Herd numbers/ Flock size	Current Income (R) per year/cycle

8. AGRICULTURAL EXPERIENCE

What level of technical agricultural experience do more than 50% of the applicant group have?

None Limited Extensive

If technical agricultural experience is limited or lacking, how do you intend to overcome it?

What type of training do members of the group already have? Describe e.g. when:

None _____

Financial _____

Agricultural _____

Marketing _____

Managing _____

Other _____

What type of training do you think is needed? Describe e.g. when & why:

None _____

Financial _____

Agricultural _____

Marketing _____

Managing _____

Other _____

9. PROJECT FINANCIAL PROJECTION	
Proposed breakdown of CASP funding requested	
Type of infrastructure requested: (eg. 1 X borehole)	R (in rands) (Eg.R20 000)
1.	
2	
3.	
4.	
5.	
Total CASP grant amount	R
Projected INCOME breakdown for the year the CASP Grant is received (Add all income from this point forward and subtract total costs to determine profit/loss)	
Other government subsidies / grants expected	R
Cash (from produce sales, etc.)	R
Loans: (Specify) Land Bank Financial institutions Other Banks	R
Other income expected from investors	R
Other income expected from shareholders	R
Donations expected	R
Other sources of income (Specify)	R
	R
	R
Total income for the year	R

Projected COST (Expense) breakdown for the year the CASP Grant is received	
Land use costs (Lease, etc)	R
Hired labour costs for the year	R
Own labour costs for the year (people that are not paid in cash- 'sweat capital')	R
Loan payments for the year	R
Establishment costs	R
Operational / running cost for the year (all expenses required to run the initiative, such as, services, seeds, grain, feed, etc.)	R
Equipment costs for the year (includes purchases and repairs and maintenance)	R
Other costs for the year (specify)	R
	R
	R
Total cost/expenses for the year	R
Total Income	R
LESS (subtract) Total Cost	-R
Total PROFIT/ LOSS	R

APPLICATION FOR A CASP GRANT

Please tick with [x] to indicate that the following documents have been completed and are attached:

- | | |
|--|--|
| <input type="checkbox"/> Form 1: List of beneficiaries | <input type="checkbox"/> Form 2: Declaration of own contribution |
| <input type="checkbox"/> Road map (directions to the farm) | <input type="checkbox"/> Proof of other financial support |
| <input type="checkbox"/> Certified copies of IDs | |

We / I hereby apply for CASP funds from the Department of Agriculture: Western Cape.

Signature of contact person / group representative: _____

Date: _____