

WESTERN DEPARTMENT OF AGRICULTURE POPI ACT COMPLIANCE NOTICE

The Western Cape Department of Agriculture (WCDoA) as a public service institution is required to collect, process and store information from members of the public for the purpose of rendering of services to the citizens of this province. The POPI Act, Act 4 of 2013 regulates and controls the processing, use and storage of personal information. In order to be compliant with POPI ACT, Act 4 of 2013, the WCDoA commit not to share your information with any third party outside Provincial & National Departments of Agriculture, implementing agencies, co-workers and associates / partners as per our business approval and evaluation processes. We at the Western Cape Department of Agriculture respect your privacy and will always continue to do so. By signing this form you are giving us consent to collect, process and store your information for the purpose of rendering a service to you as a citizen.

NAME & SURNAME:

LEGAL ENTITY/ SOLE PROPRIETOR:

DATE:



REQUEST FOR ASSISTANCE OF FOOD SECURITY INITIATIVES

	This section is for offic	ial use only	
Office of submission:		Date:	
Received by: (Name in print)		Signature:	
Extension Officer Assigned:		Reference no.:	
Category of Farmer:	Sub-Category	Mark with	n (X) where applicable
Food Security Projects	School		
rood security Projects	Community		
	Subsistence		

REQUEST FOR ASSISTANCE of FOOD SECURITY INITIATIVES

PLEASE NOTE:

- COMPLETION OF THIS FORM IS VOLUNTARY. COMPLETION ALSO DOES NOT MEAN THAT YOU
 WILL AUTOMATICALLY QUALIFY FOR ANY FORM OF FINANCIAL ASSISTANCE.
- INCORRECT OR MISINFORMATION SUPPLIED ON THIS FORM WILL AUTOMATICALLY DISQUALIFY YOUR APPLICATION.
- INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.
- MUST COMPLETE DECLARATION OF PREVIOUS GOVERNMENT SUPPORT. FAILURE TO DO SO WILL LEAD TO AUTOMATIC DISQUALIFICATION.
- THERE IS NO GUARANTEE THAT THE APPLICATION WILL BE APPROVED OR FUNDED IN FULL. THE DEPARTMENT RESERVES THE RIGHT TO ONLY APPROVE CRITICAL ITEMS DEEMED NECESSARY.
- NB: FOREIGNERS, CIVIL SERVANTS, PUBLIC OFFICE BEARERS AND THOSE WORKING FOR PARASTATALS ARE EXCLUDED FROM THE GRANT SUPPORT LISTED ABOVE AND MAY NOT APPLY FOR ANY FINANCIAL ASSISTANCE

INSTRUCTION FOR COMPLETION:

- 1. Please supply and complete ALL information required.
- 2. Please write legible, using a pen.
- 3. Please ensure that the application is signed by all the authorized parties.
- 4. Please supply documents as per the checklist guideline.
- 5. Mark tick boxes with (X).

			GENERAL INFORMATION
Project Name:			
Legal Entity:	Yes	No	Type of legal entity:
Registration Number:			Number of beneficiaries:
			Own: (attach title deed)
Access to Land:	Yes	No	Lease: Term: (attach lease agreement)
			Right of use: Term: (attach letter from owner)
Farm Name:			
Farm register no.			
GPS Coordinates:			
Farm Description:			
Postal/Residential Address:			
Contact Person: Name			Contact details: Cell,
			Landline:
Identity Number			Email:
District Municipality:			Local municipality:
Nearest Town:			Distance to nearest
			town

1. GROUP/INDIVIDUAL DETAILS (attach I.D. copies)											
				Analysis of	beneficia	ries					
Total number of beneficiaries			Male			Fe	emale				
	Α	С		W	Α	С	ı	W			
<35 youth:											
>35:											
Disabled:											
Military Veterans											
TOTAL											

2. LABOUR (attach I.D. copies/wage register/UIF records)								
Number of Permanent Workers:		Specify the number of seasonal employees required over a year/annual cycle						
Availability of skilled labour in your farming enterprise	Good	Moderate	Poor					

				Analysis	of labou	r			
Number of skilled permanent employees			Male			Fe	emale		
employees	Α	С	I	W	Α	С	I	W	
Age<35 youth:									
Age>35:									
Disabled:									
TOTAL									
Number of skilled seasonal			Male		Female				
employees	Α	С	I	W	Α	С	I	W	
Age<35 youth:									
Age>35:									
Disabled:									
TOTAL									

				3. NA	TUI	RAL RESOURC	CES					
					L	AND:						
NB Please provide soil analysis and a farm map with size of camps.												
Cape Farm Mapper is available at: https://gis.elsenburg.com/apps/cfm/												
Land Units: ha												
Natural grazing (Veld)						Irrigated perennial crops						
Dryland (rain-fed)						Irrigated pasture						
Irrigated annual crops						Area not suita	able for farming)				
TOTAL FARMABLE LAND)					TOTAL FARM S	SIZE					
Chemical Soil Analysis	Availab	le:	Yes	No	So	il type:	Clay		Loam	Sand		
Occurrence of Frost:	Rare	Mode	erate	High	_	ccurrence of Rare		Moderate		High		

			WAT	ER:					
NB. Please provide water analy	sis and offici	al proof of	legal	water user right	ts allocat	lion: LICEN	CE/LISTI	NG/LE	ASE
Dam	ıs:				Source	e (% contri	bution):		
Dam (Private)	Capacity (n	n³-cubic m	etre)	Runoff	River			heme	
1.									
2.									
Other private water sources (bo points, water tanks etc.):	oreholes, fou	ntains, well				Quality:			
Description Capacity (litre per t			our)	Good		Moderate		Poor	
1.									
2.									
3.									
Other Water Sc	ources:		,	Volume Available:	Cost: (Rand)				
Irrigation Scheme: (e.g. ZWUA or Water users association)	Yes	No							
Municipal Water:	Yes	No							
Water analysis for crop suitability is available:	Yes	No		ater suitable for crops?		Yes			No
Does land have mainline network?	Yes	No	Con	dition of mainlii	nes:	Good	Mode	rate	Poor

4. CURRENT LAND USE (Crops – perennial and annual)											
Crop	Cultivar	Area (ha)	Average Yield (ton/ha)	Average Price (Rand/ton)	Production System (e.g. flood, sprinkle, micro, drip, pivot, dry land)						

5. LIVESTOCK												
Type (sheep, goats, Pigs, cattle, fish, etc.)	Breed	Number of Breeding Stock (hens, ewes, sows, cows, etc.)	Number of Market- able Animals/ Eggs Per Year/wee k	Average Price per unit	Production from INTENSIVE animal housing, SEMI- INTENSIVE and/or EXTENSIVE pastures/free- range (specify)	Cheap Source of Animal feed (sweeping s, milk whey) Specify	Mixing of own feed (Availabilit y of hammer mill) Specify					
Chicken Broilers												
Chicken Layers												
Pigs												
Sheep												
Goats												
Cattle												
Rabbits												
Other												

6. LIVESTOCK FACILITIES												
Number of camps:	Averag (ha):	e size	Drinking (numbe	•			er distribut ers whole f	ion network arm:	Yes	No		
Water analysis available:	Yes	No	Water suitable f livestock :	Yes	No	Aquaculture: Phosphorous analysis		Yes	No			
Handling facilities are adequate:	Yes	No	Condition of ho	andling fa	cilities:		Good Mode		Po	oor		
Condition of fencing:		G	ood		Moderate			Poor				
Branding registration	Y	es/es	No	If Yes:	Registrat	tion Nu	ımber					

7. FARM INFRASTRUCTURE											
Access roads:	Yes	No	Cor	ndition:	Good	Moderate	Poor				
Electricity:	Yes	No		ribution network and adition:	Good	Moderate	Poor				
Structure		Number		Total size (e.g. 50m²)		Condition					
Housing:					Good	Moderate	Poor				
Storage:					Good	Moderate	Poor				
Packing/Processing:					Good	Moderate	Poor				
Animal housing:					Good	Moderate	Poor				
Other:					Good	Moderate	Poor				
Other:					Good	Moderate	Poor				

8. MOVEABLE ASSETS												
Vehicles, machinery and implements	Number		ole for oose									
		Yes	No	Good	Moderate	Poor						
		Yes	No	Good	Moderate	Poor						
		Yes	No	Good	Moderate	Poor						
		Yes	No	Good	Moderate	Poor						
		Yes	No	Good	Moderate	Poor						

9. FINANCIAL RECORD AND BOOKKEEPING					
Do you have a book keeping system?	Yes	No			
Do you keep monthly record of income and expenses?	Yes	No			
If yes, what type of system do you use (e.g. manual, Excel, Pastel, FRK)?		•			
Should the Department assist you, are you willing to provide monthly records to	Yes	No			
monitor progress?					
Does the project have a bank account?	Yes	No			
Financial liabilities, Loans (total in Rand): Where?					
Amount of annual repayments, and are these being met?					
Please provide financial statements and cash flow projections.					

10. MARKETING						
Indicate the portion of the total production that is for:	Own consumption (%)		Selling (%)			
To whom do you sell your produce?						
Distance to markets and transport arrangem	ents:					

11. ENVIRONMENT AND REGULATIONS:				
Are there any current regulations or directives imposed by law on the property (e.g.: Conservation of Agricultural Resources Act, Waste Disposal, Zoning of land, Bylaws)?				
How do your agricultural activities impact on natural resources/other and what measur	os aro taka	on to minimizo		
the effects thereof? (e.g. EIA, Risks to commercial industries re animal diseases)	es die luke			
Do your current agricultural activities pose any threat to community health? (Specify)	Yes	No		
12. PROJECT DESCRIPTION				
Project objectives:				
<u>Planned initiatives</u> :				
Training Needs:				
Comments:				

13. PROJECT REQUIREMENTS

Please see the various categories of support below.

Please prioritise the items in total as per your needs.

Number the items from 1 - 8, with 1 as your highest priority and 8 as the lowest.

Categories where support might be needed	Description of item	Priority (1-3)	Amount (Rand) quotations must be attached(Less than 90 days old)
Infrastructure: (storage facilities, boreholes, water tanks, irrigation, fencing, animal housing, cooling facilities)			
Implements and Equipment:			
Establishment of perennial crops:			
Livestock:			
Production inputs:			
Contracting Services: (e.g. mechanisation,)			
Other:			
Total amount:			

14. SIGNATORIES

1 DECLARA	TION OF CRANTS I	DECEIVED (o	ompulsory with Applica	ution)	
			ompulsory with Applica d in good faith, all grants		ed by the applicant in
			il assets, plants, stock or in		
			om which direct or indire		
			gree have been obtained		
			arketing as well as training		
			l is not disclosed. It could		
funding and disqu	alification for any su	ch financing	in future.		
Name of project		Farm numb	her/nortion	Coordinates	
Name of project		Farm number/portion		Coordinates	
Year received	Source of grant	S	Items received		Total Amount
	(provide name,	s of other)			
	WCDoA				
	Other:				
	Other:				
	WCDoA				
	Other:				
	Other:				
	WCDoA				
	Other:				
	Other:				
	WCDoA				
	Other:				
	Other:				
	WCDoA				
	Other:				
	Other:				
	WCDoA				
	Other:				
	Other:				
Total received	Offier.				
Total received					
l,		(Name of du	uly Authorised Person), I	ID no	
	above informatio	n is true and	l correct. I understand t	hat it is an offen	ce to make a false
statement.					

SIGNATURE OF AUTHORISED PERSON ______ DATE: _____

2. MANAGEMENT OF THE BUSINESS						
Name and Surname:	Identity Number	Years of farming		Position and Portfolio(Production, Finance, Marketing, Labour, Administration and Information)		Signature
3. ACKNOWL	EDGEMENT OF RECEIPT AND	REVIEW OF TH	E APPI	LICATION ((Office Use)	
Agricultural Advisor			Date		Comments	
District Manager	Signature	С	Date		Comments	
Comments by D.M.	:					

NO.	CHECKLIST GUIDELINE (Attach documents where applicable)	APPLICANT: PLEASE TICK WITH √	DISTRICT: PLEASE TICK WITH √
1	Declaration of previous funds received		
2	Are all signatories in place (according to business entity's prescriptions)		
3	Proof of tenure security (title deed, rent/lease, right to occupy)		
4	Comprehensive <u>farm map</u> with labels (number/name and Size) of all camps and orchards. – Cape Farm Mapper		
5	Soil chemical analyses with comprehensive interpretations		
6	Water: Official Proof of water available (Confirmation of legal water use entitlement; License/Listing/Lease)		
7	Water (quantity): Yield tests for <u>each on-farm water resource</u> , clearly identified, geo-referenced (GPS). Water (quality): Most recent, full chemical and biological (when applicable) analysis with a comprehensive interpretation thereof for <u>each water source</u> (clearly identified, georeferenced) that is being used or potentially will be used (new development) for irrigation or livestock watering.		
8	Signed financial statements for the past 3 years or as long as farm has been operating		
9	Financial plan and a <u>holistic cash flow projection</u> for the farm/total business for at least the next 5 years. Must include assumptions, norms and standards and plan when negative cash flows are projected.		
10	Proof of all market contracts or letters of intent		
11	Proof of bank account in the name of the business		
	(copy of bank statements past three months)		
12	Copies of certified I.D.'s for applicants and employees		
13	Animal Registration Branding Certificate		