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## THEMBISILE HANI LOCAL MUNICIPALITY



DEPARTMENT: DEVELOPMENT AND TOWN PLANNING

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## THEMBISILE HANI LOCAL MUNICIPALITY

### CALL FOR PROPOSALS FOR BUSINESS IMPROVEMENT AND SUPPORT FOR SMME`s, COOPERATIVES AND INFORMAL TRADERS IN THEMBISILE HANI LOCAL MUNICIPALITY APPLICATION FORM 2023/2024

#### Overview

Thank you for your interest in Thembisile Hani Local Municipality's (THLM) call for proposals for business improvement for SMMEs, Cooperatives and Informal Traders.

The call for proposals for business improvement and support for SMMEs, Cooperatives and Informal Traders has been established by the THLM in order to provide limited grant funding to SMMEs, Cooperatives and Informal Traders within the municipality that require capital grow and improve their businesses. The funding will mainly be allocated in the form of a grant in-kind, for example through the purchasing of equipment or tools on behalf of the SMME by the municipality. The THLM does not transfer money directly to the SMME.

#### General Eligibility Requirements for SMMEs, Cooperatives and Informal Traders

To be eligible for the funding, SMMEs, Cooperatives and Informal Traders must have been in operation for the last 12 months.

#### General criteria for selecting SMMEs, Cooperatives and Informal Traders

In determining which applicants among all those submitting applications will be considered for funding, THLM considers and weighs those SMMEs, Cooperatives and Informal Traders that submit evidence of the following criteria:

1. SMMEs, and Cooperative current business registration documents;
2. SMME, Cooperative and Informal Trader has clearly defined, measurable and achievable goals and objectives;
3. Applicant adequately describes the managerial, financial and technical capability of the SMMEs, Cooperatives and Informal Trader to be viable;
4. All supporting documents are attached to the application.
5. Each applicant **must** complete and attach a Declaration of Interest form. If not completed, your application will not be considered.

**CLOSING DATE: 25 July 2023**

**-SECTION A: VERIFICATION**

**CONTACT INFORMATION**

1. Name of business: \_\_\_\_\_
2. Address:  
\_\_\_\_\_  
\_\_\_\_\_
3. Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_
4. The Ward where business is located: \_\_\_\_\_
5. Are you, your staff or business partner/s currently employed by Government?  
Yes/No: \_\_\_\_\_  
  
If yes please provide details  
  
Name of Official: \_\_\_\_\_  
  
Employer: \_\_\_\_\_
6. Are you, your staff or business partner/s currently related to anyone employed at  
Thembisile Hani Local Municipality?  
  
Yes/No: \_\_\_\_\_

**BACKGROUND INFORMATION ON BUSINESS**

1. Indicate the year and month on which your business was established  
\_\_\_\_\_
2. Is your business registered?  
Yes \_\_\_\_\_ No \_\_\_\_\_ In process \_\_\_\_\_  
2.1 Please indicate the category of your business registration: (circle relevant  
category)  
Company/ Cooperative/ Trust and other. If other, please specify.....
3. If answer is yes, please attach a copy of the business registration document.
4. Who started/established the business?  
\_\_\_\_\_



5. Who manages the business? List the manager's name, title and educational background.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. How many owners are there?

Men \_\_\_ Age(s) \_\_\_\_\_ Women \_\_\_ Age(s) \_\_\_\_\_ Disabled \_\_\_

How many full time employees are there?

Men \_\_\_ Age(s) \_\_\_\_\_ Women \_\_\_ Age(s) \_\_\_\_\_ Disabled \_\_\_

How many part time employees are there?

Men \_\_\_ Age(s) \_\_\_\_\_ Women \_\_\_ Age(s) \_\_\_\_\_ Disabled \_\_\_

7. In chart below provide the requested information about your staff:

Name	Title	Full time	Part time	Educational Background

8. How long has your business been in operation? (State years and months)

\_\_\_\_\_

The undersigned persons acknowledge that the information provided is correct

Please write the names in print.

Name: .....

Signature:.....

Date:.....























**SECTION D: PROJECT DESCRIPTION**

1. Why is the business needed? Please state the developmental problem(s) you plan to address as a community member with your business and the proposed business location and/or address.

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2. State the objectives of the business and explain how the proposed business will address the developmental problem(s) in your community as stated above?

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3. Has the business previously received funding from government? If yes, what type, under which programme, and how much?

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5. List two references who can vouch for the integrity, reliability and usefulness of your business.

Reference (1)  
Name: \_\_\_\_\_  
Contact Information

Reference (2)  
Name: \_\_\_\_\_  
Contact Information

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**N.B: Exclusions**

1. No support will be provided for
  - (a) stock, perishable goods, vehicles, buildings, animals and
  - (b) items above the value of R100 000.00

6. **Supporting Documents.** Please tick the attached

1. Business Registration Document		
2. Proof of business/residential address not older than three (3) months.		
3. Certified ID Copies not older than three (3) months.		
4. Proof of banking details/ Letter from the bank.		
5. CVs of owner and managing staff.		
6. Signed Declaration of Interest Form.		

**N.B: For Informal Traders please provide documents as per 2, 3, 5 and 6 above.**

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SBD 4

DECLARATION OF INTEREST

- 1. Any legal person, including persons employed by the state<sup>1</sup>, or persons having a kinship with persons employed by the state, including a blood relationship, may make an offer or offers in terms of this invitation to bid (includes an advertised competitive bid, a limited bid, a proposal or written price quotation). In view of possible allegations of favouritism, should the resulting bid, or part thereof, be awarded to persons employed by the state, or to persons connected with or related to them, it is required that the bidder or his/her authorised representative declare his/her position in relation to the evaluating/adjudicating authority where-
  - the bidder is employed by the state; and/or
  - the legal person on whose behalf the bidding document is signed, has a relationship with persons/a person who are/is involved in the evaluation and or adjudication of the bid(s), or where it is known that such a relationship exists between the person or persons for or on whose behalf the declarant acts and persons who are involved with the evaluation and or adjudication of the bid.

2. In order to give effect to the above, the following questionnaire must be completed and submitted with the bid.

2.1 Full Name of bidder or his or her representative: .....

2.2 Identity Number:.....

2.3 Position occupied in the Company (director, trustee, shareholder<sup>2</sup>, member): .....

2.4 Registration number of company, enterprise, close corporation, partnership agreement or trust: .....

2.5 Tax Reference Number: .....

2.6 VAT Registration Number: .....

2.6.1 The names of all directors / trustees / shareholders / members, their individual identity numbers, tax reference numbers and, if applicable, employee / PERSAL numbers must be indicated in paragraph 3 below.

<sup>1</sup>"State" means –

- (a) any national or provincial department, national or provincial public entity or constitutional institution within the meaning of the Public Finance Management Act, 1999 (Act No. 1 of 1999);
- (b) any municipality or municipal entity;
- (c) provincial legislature;
- (d) national Assembly or the national Council of provinces; or
- (e) Parliament.

<sup>2</sup>"Shareholder" means a person who owns shares in the company and is actively involved in the management of the enterprise or business and exercises control over the enterprise.

2.7 Are you or any person connected with the bidder presently employed by the state? **YES / NO**

2.7.1 If so, furnish the following particulars:

Name of person / director / trustee / shareholder/ member: .....  
Name of state institution at which you or the person connected to the bidder is employed : .....  
Position occupied in the state institution: .....

Any other particulars:  
.....  
.....  
.....

2.7.2 If you are presently employed by the state, did you obtain the appropriate authority to undertake remunerative work outside employment in the public sector? **YES / NO**

2.7.2.1 If yes, did you attach proof of such authority to the bid document? **YES / NO**

(Note: Failure to submit proof of such authority, where applicable, may result in the disqualification of the bid.

2.7.2.2 If no, furnish reasons for non-submission of such proof:

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.....  
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2.8 Did you or your spouse, or any of the company's directors / trustees / shareholders / members or their spouses conduct business with the state in the previous twelve months? **YES / NO**

2.8.1 If so, furnish particulars:

.....  
.....  
.....

2.9 Do you, or any person connected with the bidder, have any relationship (family, friend, other) with a person employed by the state and who may be involved with the evaluation and or adjudication of this bid? **YES / NO**

2.9.1 If so, furnish particulars.

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**4 DECLARATION**

I, THE UNDERSIGNED (NAME).....

CERTIFY THAT THE INFORMATION FURNISHED IN PARAGRAPHS 2 and 3 ABOVE IS CORRECT.  
I ACCEPT THAT THE STATE MAY REJECT THE BID OR ACT AGAINST ME SHOULD THIS  
DECLARATION PROVE TO BE FALSE.

.....  
Signature

.....  
Date

.....  
Position

.....  
Name of bidder

