

67 Church Street, Mt Ayliff, 4735  
Tel: +27 (0)39 254 6000  
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Web : www.umzimvubu.gov.za



813 Main Street , Mount Frere  
P/ Bag 9020, M t Frere , 5090  
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**“CALL FOR EXPRESSION OF INTEREST” FROM INTERESTED LOCAL SMMEs FOR  
SUBMISSIONS OF APPLICATION FOR ASSISTANCE THROUGH ULM LED  
MENTORSHIP PROGRAMMES 2025/2026  
BID NUMBER: UMZ/2025-26/LED /018/LED MENTORSHIP PROGRAMME**

**1. INTRODUCTION.**

The purpose of these Terms of Reference is to provide clear guidance to SMMEs and projects seeking enrolment in the Local Economic Development (LED) Mentorship Programmes. Interested SMMEs are invited to submit a formal application letter, which should include the number of years of experience in their respective field. To be considered for participation in the LED Mentorship Programmes, applicants must also submit a **recommendation letter from their Ward Councillor.**

**2. BACKGROUND INFORMATION.**

Beneficiary : Community of Umzimvubu Local Municipality

Contracting Authority : Umzimvubu Local Municipality (LED Department)

Umzimvubu Local Municipality has identified a need to assist local SMMEs through LED mentorship programmes thus **(Culinary, Designer, Bee Keeping, Farmer Mentorship, Sheep shearing mentorship programmes & Poultry rearing programme.)** therefore SMMEs are encouraged to submit applications to be considered for these mentorship programmes of the of Umzimvubu Local Municipality.

**OBJECTIVES**

- To get the maximum exposure for local SMMEs
- Job Creation & poverty alleviation
- To improve skills for production of quality produce
- To instil the culture of creativity and innovation
- To boost local economic development

**1. Categories eligible to apply for the LED Mentorship Programmes include the following:**

**2.**

- ☐ Farmers
- ☐ Designers
- ☐ Caterers
- ☐ Beekeepers

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### 3. QUALIFYING CRITERIA

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- 3.1 SMMEs must be within the Umzimvubu Local Municipality area.
- 3.2 Must be in the selected industry for the past 3 years
- 3.3 Must provide proof of income generated or the supply contracts. (Bank statements) or spread sheets.
- 3.4 The Association should have the supplier number / code. ( **wool producers only**)
- 3.5 Must be able to producer 3 bails or more / proof must be provided.
- 3.6 Farmers applying should be affiliated to with the well-known National Associations or Provincial Associations.
- 3.7 The applying farmers should be able to provide the list of farmers affiliated on the Association with their number of livestock per each farmer.
- 3.8 Proof of livestock cards should be attached per each farmers.
- 3.9 Farmers on application should have attached copies their branding certificates and identification copies.

### 2. CONTACT PERSON FOR TECHNICAL QUERIES

Name : Mr. T Matola  
Telephone : 039 255 8541  
Email : [Matola.Thembalethu@Umzimvubu.gov.za](mailto:Matola.Thembalethu@Umzimvubu.gov.za)

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**UMZIMVUBU 2025/26  
LED MENTORSHIP PROGRAMME  
APPLICATION FORM.**

**CALL FOR APPLICATIONS TO PARTICIPATE IN THE LED MENTORSHIP  
BENEFICIARY PROGRAMME.**

**DEADLINE FOR RECEIPT OF APPLICATION 28 AUGUST 2025.**

| Application Form Submission ( <b>FOR OFFICE USE ONLY</b> ) |  |              |  |           |  |
|--|--|--------------|--|-----------|--|
| Date of submission   |  | Submitted By |  | Signature |  |
|  |  | Received By  |  | Signature |  |

|                              |  |
|------------------------------|--|
| <b>Company/ Entity Name</b>  |  |
| <b>Local Municipality</b>    |  |
| <b>Village &amp; Ward No</b> |  |

**1. ASSOCIATION NAME/ COMPANY/BUSINESS/ENTITY/FARMER'S DETAILS**

|  |  |
|--|--|
| Association name                               |  |
| Commodity name<br>/business type               |  |
| Desired Mentorship<br>Programme                |  |
| Legal Status ( <i>i.e. Co-<br/>Operative</i> ) |  |
| Years In Operation                             |  |

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|   |  |
|---|--|
| Company Registration Number             |  |
| Tax Clearance No                        |  |
| VAT Registration Number (If Registered) |  |
| Contact Person                          |  |
| Tell Number                             |  |
| Cell Number (01)                        |  |
| Cell Number (02)                        |  |
| Email Address                           |  |
| Business Address                        |  |

## 2. COMPANY INFORMATION

**2.1 Total number of registered business members:** \_\_\_\_\_

**2.1.1 Total number of livestock :** \_\_\_\_\_

| Male | Female | Youth | Disabled | Members not in the certificate |
|------|--------|-------|----------|--------------------------------|
|      |        |       |          |                                |

## 2.2 Objectives Of The Company

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**2.3 Does the Association/ SMME owns the land for future development and how many hectares?**

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**2.4 Does the entity have market for the produced product?**

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**2.5 Total number of employment opportunities created.**

| Type of employment      | Male | Female | Youth | Disabled | Total |
|-------------------------|------|--------|-------|----------|-------|
| Short- Term Jobs        |      |        |       |          |       |
| Seasonal/ Temporal jobs |      |        |       |          |       |
| Permanent Jobs          |      |        |       |          |       |

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**2.6 Number of livestock (Sheep production), number of wool tons and amount generated. (Attach spread sheet for 3 years on the application)**

| Total of sheep | Commodities         |                  |
|----------------|---------------------|------------------|
|                | Number of wool tons | Amount generated |
|                |                     |                  |

**2.7 Does the entity have the Shearing shed? Mark X on Yes or No.**

Yes: .....

No: .....

**2.8 State or list other available equipment for production?**

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**2.9 Does the company currently have a loan or grant with any institution?**

YES

☐

NO

☐

If, yes please provide details of the loan or grant.

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## 2.10 Previous support received from the municipality, government and private institutions.

| INSTITUTION | TYPE OF SUPPORT | YEAR |
|-------------|-----------------|------|
|             |                 |      |
|             |                 |      |
|             |                 |      |

## 2.11 Training previously received by Association or Cooperative members.

| Institution | Type Of Training | Year | No. Of People Trained |
|-------------|------------------|------|-----------------------|
|             |                  |      |                       |
|             |                  |      |                       |
|             |                  |      |                       |

## 2.12 Association or Cooperative Members

| Association or Cooperative Members | Role And Contribution | Contact No |
|------------------------------------|-----------------------|------------|
|                                    |                       |            |

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### 3. DECLARATION

**I, The undersigned (Name and Surname)**

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**Declare that the information furnished on this application form is valid and correct. I accept that the Municipality may act against me should this certification be false.**

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SIGNATURE

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DATE

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POSITION