



UMZIMVUBU
LOCAL MUNICIPALITY

MUNICIPAL NOTICE

"CALL FOR SUBMISSION OF PROPOSALS /APPLICATIONS " FROM INTERESTED SMME'S FOR ASSISTANCE THROUGH LED MENTORSHIP PROGRAMMES (FARMER, DESIGNER, CULINARY BEE KEEPING , CHARCOAL, SHEEP SHEARING)

Umzimvubu Local Municipality hereby invites local SMME's to submit comprehensive proposals/ applications for assistance through LED mentorship programmes. which are as follows, Farmer mentorship programme, (**Designer mentorship programme Culinary mentorship programme. , Bee Keeping Mentorship Programme , Charcoal mentorship programme & Sheep shearing mentorship programme)**

Terms and conditions for the applicants to apply:

- ✓ South African residents residing within the Umzimvubu Local Municipality
- ✓ Certified Copy of South African Identity Document
- ✓ Recommendation letter obtained from the Ward Councillor

Umzimvubu Local Municipality Supply Chain Management policy will apply. No couriered, faxed, e-mailed and late applications will be accepted. Certification of documents must be within a period of 90 days. Umzimvubu Local Municipality reserves the right not to appoint and value for money will be the key determinant of appointment. All applications must be submitted to Umzimvubu Local Municipality Offices at Dabula Street Sophia Kwa-Bhaca not later than 12h00 on **19 August 2024**. All proposals must be clearly marked "Name of the project indicated above. **The municipality will not make any award to a person or persons working for the state.**

NB: Application forms are obtained from the website or from LED Office.

Enquiries: All technical enquiries may be directed to Mr Makanda @ 039 255 8500


GPT NOTA
MUNICIPAL MANAGER



67 Church Street, Mt Ayliff, 4735
Tel: +27 (0)39 254 6000
Fax: +27 (0) 39 255 0167
Web : www.umzimvubu.gov.za



813 Main Street , Mount Frere
P/ Bag 9020, Mt Frere , 5090
Tel: +27 (0)39 255 8500 /166
Fax: +27 (0) 39 255 0167

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**"CALL FOR SUBMISSION OF PROPOSALS/APPLICATIONS " FROM INTERESTED
LOCAL SMMEs FOR ASSISTANCE THROUGH ULM LED MENTORSHIP PROGRAMMES
2024/2025**

BID NUMBER: UMZ/2024-25/LED /018/LED MENTORSHIP PROGRAMME

1. INTRODUCTION.

The purpose of these Terms of Reference is to clearly state and guide the SMMEs/ Projects to apply for enrolment on LED Mentorship programmes. The application letter should outline the numbers of years on the selected field. The municipality accordingly invites interested SMMEs to submit applications in order to be considered for the benefiting on the LED Mentorship programmes. SMMEs must submit the recommendation letter from the 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 , Charcoal production, Farmer Mentorship, Sheep shearing mentorship programmes.)** 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
- ☐ Bee keepers
- ☐ Charcoal Producers

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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

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**UMZIMVUBU 2024/25
LED MENTORSHIP PROGRAMME
APPLICATION FORM.**

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

DEADLINE FOR RECEIPT OF APPLICATION...19 AUGUST 2024.

Application Form Submission (FOR OFFICE USE ONLY)					
Date of submission		Submitted By		Signature	
		Received By		Signature	

Company/ Entity Name	
Local Municipality	
Village & Ward No	

1. ASSOCIATION NAME/ COMPANY/BUSINESS/ENTITY/FARMER'S DETAILS	
Association name	
Commodity name /business type	
Desired Mentorship Programme	
Legal Status (i.e. Co- Operative)	
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

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2.2 Objectives Of The Company

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

2.4 Does the entity have market for the produced product?

2.5 Total number of employment opportunities created.

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

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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?

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)

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.

SIGNATURE

DATE

POSITION