

**Identification of Beneficiaries of the Marine Manufacturing and Repairs Supplier Development Programme – Standards and Certifications Intervention**

*EoI No: 001/23/09/2019*

Response Template

|  |  |
| --- | --- |
| Contact Details of Applicant | |
| Organisation: |  |
| Address: |  |
| Contact Person: |  |
| Telephone No: |  |
| Fax No: |  |
| Email: |  |

*Organisation Name*

*Please enter your organisation name in heading above and remove this text…*

Compiled by:

Authors:

Date:



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# Introduction

## Organisational Profile

*Please provide a brief profile of your organisation (i.e. typical information found on a company website).*

Enter your organisational profile here…

# Qualifying Criteria

## Qualification Evaluation Factors

*Please confirm that your organisation meets the qualification evaluation factors by indicating compliance with the requirements in Table 1 below. Please provide supporting documents (e.g. sworn affidavits, (tax and other) certificates, etc.) to verify compliance in Section 5 of this document.*

**Table 1:** Qualification evaluation factors

|  |  |  |
| --- | --- | --- |
| **Qualification Evaluation Factors** | **Yes** | **No** |
| South African registered company |  |  |
| Valid tax clearance certificate |  |  |
| B-BBEE compliant |  |  |

## Critical Evaluation Factors

*Please confirm that your organisation meets the critical evaluation factor by indicating compliance with the requirement in Table 2. Please briefly discuss the role of your organisation in the marine (manufacturing) industry. Otherwise, if your organisation is not currently active in the marine industry, please discuss how the products that your organisation offers could support the marine industry.*

**Table 2:** Critical evaluation factors

|  |  |  |
| --- | --- | --- |
| **Critical Evaluation Factors** | **Yes** | **No** |
| Provision of components (i.e. component manufacturer) that support or could support the marine industry |  |  |

Briefly motivate the selection in Table 2 here…

## Declaration of Additional Funding Received or Applied For

*Please declare all additional funding applied for or received for this project. (Only projects which are not already receiving funding from other government programmes are eligible.)*

Additional funding applied for or received if applicable…

# Standards and Certifications Intervention

Assistance is being sought for: *(Please indicate which intervention in Table 3.)*

*Please provide details on the selection. What is the nature of the assistance required? Note: only interventions that can be implemented and completed before March 2020 will be considered. Please also provide a list of certifications that your organisation already has.*

**Table 3:** Standards and certifications enhancement intervention

|  |  |  |
| --- | --- | --- |
| **Standards and Certifications Intervention** | **Yes** | **No** |
| Classification society certification(s) |  |  |
| Other marine certification(s) |  |  |
| Quality system certification(s) |  |  |
| Engineering support for certification(s) |  |  |
| Testing and related services for certification(s) |  |  |

Details of the accreditations, certifications and/or support being sought, as well as certifications already held, here …

# Differentiation Factors

## SMME Status

*If your organisation qualifies as an SMME, please complete Table 4 as accurately as possible. Please provide supporting evidence in Section 5 of this document where applicable. (Note: A manufacturing SMME according to the National Small Business Amendment Act, No 26 of 2003, is defined as having less than:*

* *200 full time employees;*
* *R51 million annual turnover; and*
* *R19 million total gross asset value (fixed property excluded).)*

**Table 4:** SMME details

|  |  |
| --- | --- |
| **SMME Criterion** |  |
| Number of full time employees : |  |
| Annual turnover [in ZAR] : |  |
| Gross asset value (fixed property excluded) [in ZAR] : |  |

## Percentage black owned

*Please provide the percentage of your organisation which is black owned. Please provide supporting evidence in Section 5 of this document.*

Percentage black owned: \_\_%.

## B-BBEE Level

*Please provide the B-BBEE level of compliance for your organisation. Please provide supporting evidence in Section 5 of this document.*

B-BBEE level : \_\_.

## Experience in Marine or Related Industry

*Further to Section 2.2, please state the number of years your organisation has been involved in the marine (or related) industry. Evidence to support this motivation (e.g. letters of reference, successfully complete projects, etc.) would be helpful.*

Details of experience (number of year, examples of projects, etc.) in the marine or related industry…

## Impact of intervention

*Please provide a narrative motivating the requested intervention(s), as well as the impact that the intervention(s) would likely have on your organisation. The motivation should include information related to new (or additional) business opportunities which could result from the proposed intervention (e.g. local opportunities, export opportunities, localisation of imported technology, etc.). If possible, please provide letters of support from third parties in the marine value chain that have expressed an interest in the product that the intervention applies to. If it is not possible to provide letters of support, please provide a detailed motivation which is fact- and evidence-based, and quantitative rather than qualitative. (Please note that a letter of support does not necessarily have to commit the third party in the marine value chain to specific sales or orders, but should indicate their interest in the product in question.) Please provide supporting evidence in Section 5 of this document.*

Details of impact here…

# Supporting Documentation

*Please provide any supporting documentation in this section.*

# Signatory

## Signature

I hereby confirm that the information provided in the proposal is accurate, and understand that the AISI is under no obligation to approve the proposal, should the management committee of the AISI conclude that the project does not meet the AISI mandate.

|  |  |
| --- | --- |
| Signature |  |
| Name: |  |
| Position: |  |
| Date: |  |
| Telephone number: |  |
| Email: |  |

# Appendices

*Please provide any additional information here if applicable.*