

 <p><b>LIMPOPO</b> PROVINCIAL GOVERNMENT REPUBLIC OF SOUTH AFRICA</p> <p><b>DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT</b></p>	<p><b>APPLICATION FOR PRODUCTION INPUTS &amp; MECHANIZATION SUPPORT - HOUSEHOLD PRODUCERS ( VULNERABLE AND SUBSITENCE) 2026-27</b></p> <p><b>CLOSING 31 OCTOBER 2025</b></p> <p>Complete section A, B, C, D, E and sign at the bottom</p>	<p>Application number</p> <p>_____</p>		
<p>Attach a certified copy of ID, affidavit confirming that you generate less than R 50 000 per year and completed form of indigent signed by municipality</p>				
<p><b>A. APPLICANT INFORMATION</b></p>				
<p>Surname: Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> _____</p> <p>Full names: _____</p> <p>ID Number: _____ Telephone Number: (____) _____</p> <p>Postal address: _____ Code: _____</p> <p>I am a female <input type="checkbox"/> I am a male <input type="checkbox"/> I have a disability: Yes <input type="checkbox"/> / No <input type="checkbox"/> I am younger than 35 Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>I am a Military Veteran <input type="checkbox"/> Attach proof <input type="checkbox"/></p> <p>I am applying in my capacity as a: sole member <input type="checkbox"/> or delegated member <input type="checkbox"/> of a project. (tick the appropriate box) (if you are applying on behalf of a group, attach the resolution letter appointing you to apply on behalf of the group)</p> <p>The annual turnover of my farming activities are less than R50,000 Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p><i>I, the undersigned, hereby apply for production input and/ or mechanization support as provided through the LDARD Farmer Support Programme</i></p>				
<p><b>B. BENEFICIARY RELATED INFORMATION</b></p>				
<p>Project Name: _____ Main commodity: _____</p> <p>Number of project beneficiaries (attach ID copies) _____ Youth <input type="checkbox"/> Women <input type="checkbox"/> Disability <input type="checkbox"/></p>				
<p><b>C. PROJECT INFORMATION</b></p>				
<p>District: _____ Municipality: _____</p> <p>Ward: _____ Service Centre: _____</p> <p>Village: _____ Farm name: _____</p> <p>This land is owned by: _____</p> <p>Enter: the name of the Project, traditional authority, legal entity... _____</p> <p>Land tenure type (PTO, Lease, Private, Communal and etc): _____</p> <p>Do you have security of tenure (this is compulsory returnable/disqualifying factor) Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Was this land or structure previous in production?(attach records of previous production) Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Have you received assistance from government for this commodity in the last 5 years? Yes <input type="checkbox"/> / No <input type="checkbox"/></p> <p>Value of assistance received in the past 5 years? R _____ If unknown, leave empty.</p> <p>Is the land/ structure ready for production? Yes <input type="checkbox"/> / No <input type="checkbox"/> 2. Water Source (Borehole/river etc.): _____</p> <p>Type of production practices: dry land cropping / irrigation cropping / poultry / livestock on open field</p> <p>Do you have water use authorization? Yes <input type="checkbox"/> / No <input type="checkbox"/> (If Yes, attach a copy)</p>				
<p><b>D. PRODUCTION INPUT REQUIRED SUPPORT:</b></p>				
<p>a. Please note that the department might support you with less quantity and alternative related item due to limited budget. b. Support will be limited to production capacity where budget allows</p>				
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p>1. Crop and Horticulture:</p> <p>Commodity _____</p> <p>1.2 Items 1.2 Provide details</p> <p>Seeds _____</p> <p>Seedlings _____</p> <p>Chemicals _____</p> <p>Fertilizer _____</p> <p>Other _____</p> </td> <td style="width: 50%; vertical-align: top;"> <p>2. Animal production</p> <p>Commodity _____</p> <p>2.1 Items 2.2 Provide details</p> <p>Feed _____</p> <p>Day old's _____</p> <p>Pullet _____</p> <p>Medicine _____</p> <p>Other _____</p> </td> </tr> </table>			<p>1. Crop and Horticulture:</p> <p>Commodity _____</p> <p>1.2 Items 1.2 Provide details</p> <p>Seeds _____</p> <p>Seedlings _____</p> <p>Chemicals _____</p> <p>Fertilizer _____</p> <p>Other _____</p>	<p>2. Animal production</p> <p>Commodity _____</p> <p>2.1 Items 2.2 Provide details</p> <p>Feed _____</p> <p>Day old's _____</p> <p>Pullet _____</p> <p>Medicine _____</p> <p>Other _____</p>
<p>1. Crop and Horticulture:</p> <p>Commodity _____</p> <p>1.2 Items 1.2 Provide details</p> <p>Seeds _____</p> <p>Seedlings _____</p> <p>Chemicals _____</p> <p>Fertilizer _____</p> <p>Other _____</p>	<p>2. Animal production</p> <p>Commodity _____</p> <p>2.1 Items 2.2 Provide details</p> <p>Feed _____</p> <p>Day old's _____</p> <p>Pullet _____</p> <p>Medicine _____</p> <p>Other _____</p>			
<p><b>E. MECHANIZATION SUPPORT REQUIRED (max. 10Ha):</b></p>				
<p>1. Ripping: _____ Ha (Require additional motivation) 4. Disking: _____ Ha</p> <p>2. Ploughing: _____ Ha 5. Planting: _____ Ha</p> <p>3. Ridging: _____ Ha 6. Application of chemicals: _____ Ha</p>				
<p>I undertake to abide by the provisions of the Conservation of Agricultural Resources Act (Act 43 of 1983). I will be responsible for weeding, security of the crop, harvesting and transportation of the crop. I will abide by the conditions which may be applicable. The information provided is correct to the best of my knowledge.</p>				
<p>Signature of applicant: _____</p>		<p>Date: _____</p>		

**F. SELECTION CRITERIA**

Score	Youth ( 0-3 )	Women ( 0-3 )	Disability ( 0-3 )	Market Arrangements (0-2)	Land/Structure previous used with records/Production records ( 1-3)
Weight %	1	1	1	3	5
100	3	3	3		Proof of production/ Livestock card=3
51-99	2	2	2	Record of sales/Market records/produce storage record=2	Land Structure previously utilised with no records=2
1-50	1	1	1	Offtake agreement/ letter of intent=1	Land Structure not previously utilised=1
0	0	0	0	No record of sales=0	

The applicant should score a minimum of 50% in order to be considered further. All records must not be older than two years

In order to score points under disability provide medical certificate or proof from relevant authority

*Disability means person living with disability*

**G. LOCAL AGRICULTURAL OFFICE ADMINISTRATION COMMITTEE (LAOAC)**

1. The application is captured in the schedule (database) Yes / No Number:  Date:

2. The application was completed in full and administrative compliant? Yes / No

If Not, reason: \_\_\_\_\_

3. Referred for physical verification Yes / No 4. Comply with CARA and Water Acts.? Yes / No (comment below)

5. Comment by LAOAC: \_\_\_\_\_

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\_\_\_\_\_  
LAOAC Officers

\_\_\_\_\_  
Date

**H. RECOMMENDATION BY THE DISTRICT SCREENING COMMITTEE**

The District Screening Committee considered this application and the score is:

Comments: \_\_\_\_\_  
\_\_\_\_\_

Name of committee member: \_\_\_\_\_

Signature: \_\_\_\_\_

Designation \_\_\_\_\_

Date: \_\_\_\_\_