

EPWP INCENTIVE GRANT APPLICATION 2026/27



LIMPOPO
 PROVINCIAL GOVERNMENT
 REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

NAME OF THE PROJECT:

EPWP PROJECT PLAN 2026/27

Tick (X) where applicable

The project was funded through EPWP Grant?	YES (If yes state year/s	NO

1 Project Identification

Project number

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Project Name	
District	
Local Municipality	
Type of Land Ownership (Attach proof)	
Central Supplier Database Reference Number (Attach proof: CSD No.)	Reference No.
Registration with Unemployment Insurance Act (UIF). Attach proof of registration and contribution)	UIF reference NO.
Registration with Compensation of Occupational Injuries and Diseases Act (COIDA). Attach letter of good standing.	COIDA Reference No.
Is the project EPWP branded	Yes / No
Responsible Departmental Official involved with the application (Name and Directorate)	
Contact person for the application	
Contact details	
Partner Institutions	
Project location	Latitude:
	Longitude:
Area and/or distance covered by activities of this project. (Use unit of measurement)	

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2 Executive Summary

2.1. Project Summary

2.1.1. Background of the project

(Baseline of the problem)

2.1.1.1. Objectives

2.1.2. Rainfall

Summer		Winter	
Min	Max	Min	Max

2.1.4. Natural Resources:

2.1.4.1. Soil types

2.1.4.2. Water resources

2.1.5. Project purpose

2.1.6. Measurable outputs

2.1.7. Beneficiaries/Workers

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2.1.8. Time frame (duration of employment)

2.1.9. Governance and monitoring mechanisms

2.1.10. Achievements past years

Year	Activities	Jobs created (permanent and temporary / seasonal)	Budget allocated
2022/23			
2023/24			

2.1.11. Contribution (impact) of the project to economy and community

2.2 Budget Summary

Budget summary	Own contributi ons (R)	Contributions from other sources (R)	EPWP Grant amount applied (R)	Work opportunities created/ reported	Total project costs
2025/26					
2025/2026 (<u>until July 2025</u>)					
TOTAL					

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2.2.1. 2025-2026 Projections

Budget summary budget summary 2025-2026	2026/27 Own contributions (R)	2026/27 EPWP Grant Amount applying for (R)	2026/27 Own work opportunities to create and report	2026/27 number of work opportunities applying for.	TOTAL Project Costs
TOTAL					

3. Scope of the project

3.1. Detail Scope of work in 2026/27 (List of activities to be achieved with this application).

3.2. Work Breakdown Structure (WBS)

Project Phase	Deliverable/outcome	Duration (Start date and end date)	Reason for Milestone

3.3. Detailed project schedule

Activities	Duration (Start date and end date)

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3.4. Cost breakdown structure

ACTIVITY	COST (R)

3.5. Resources

3.5.1. Project organogram

“Paste here”

3.5.2. Responsibility Assignment as per organogram

3.6. Assumption and Risks

3.6.1. Risk identification and quantification (Semi quantitative Analysis)

No	Risk description	Probability (0-1)	Consequences (R)	Risk Value (Exp. Loss) (R)

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3.6.2. Risk mitigation plan

Critical Risk number and WBS number ()	Appropriate response	Action to be taken

3.7. Stakeholders

3.7.1. Stakeholder identification and their role/ impact

Stakeholder	Initiation phase	Planning Phase	Execution Phase	Closure

3.8. Communication

3.8.1. Meeting

Type of meeting	Purpose	Frequency	Who attend

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3.8.2. Reporting

Type of report	Purpose	Frequency	Who attend

4. Project Plan Approval

4.1. Executive members of Project

I declare that the information given on this form is complete and correct and that the project members are supportive of this project.

I understand that the information on this application form, excluding contact details, may be released for public information purposes.

Signatures of representatives	(1)	(2)
Printed names of representatives	(1)	(2)
Position	(1)	(2)
Date:		

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4.2. Traditional / Landowner's declaration

I am willing to have the activities described in this application carried out on land that I control, and this does not conflict with proposed land management practices or degrade environmental or cultural values.

Signatures of representatives		STAMP
Printed names of representatives		
Position		
	Date / / Phone	

4.3. Deputy Director: Local Municipal Office - Department of Agriculture and Rural Development

I declare that the implementation of this project is part of my performance agreement

Signatures of Deputy Director		STAMP
Printed names of Deputy Director		
	Date / / Phone:	

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4.4. District Director: Department of Agriculture and Rural Development

I declare that the implementation of this project is part of my performance agreement

Signatures of Director		STAMP
Printed names of Director		
	Date / / Phone:	

4.5 Approval/Disapproval by the Provincial Assessment Panel

This project has been assessed at Provincial Level and is hereby recommended as follows:

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Signatures of the Chairperson		STAMP
Printed name(s)		
	Date / / Phone:	