LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
AGRICULTURE AND RURAL DEVELOPMENT

AGROPROCESSING APPLICATION FORM FOR HOUSEHOLD /SUBSISTENCE PRODUCERS 2027-2028 FINANCIAL YEAR

Application number

Complete section A, B, C, D, E, F, G and sign at the bottom. Attach, certified copy of ID, affidavit, land tenu

A. APPLICANT INFORMATION

Official use by LAOAC

Surname: Mr. Ms.

Full names:

ID Number: Contact number: ( )

Declaration: Residential address: Code:

I am a female I am a male I have a disability: Yes / No (Attach proof) I am younger than 35 Yes / No

I am a registered military veteran. Yes / No Reg: number: (Attach proof of registration)

I am indigent: Yes / No (Attach proof of indigent status) I am a traditional leader: Yes / No (Attach proof)

I am a unemployed graduate: Yes / No (Attach means to verify) I am employed by government: Yes / No

I am currently employed by:

I am applying in my capacity as a: sole member or delegated member 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)

The annual turnover of my farming activities are les than R50,000 Yes / No Attach affidavit that you generate less than R50,000/annum

Attachments:
(Cert. ID)
Yes / No
Resolution attached?

B. PROJECT RELATED INFORMATION

Project No: (Farmer register)

Project category: ECD: Agric school: Other:

Project Name: Main processed product:

Number of project beneficiaries (attach certified ID copies) Youth Women Disability

C. PROJECT INFORMATION

District: Municipality:

Ward: Service Centre:

Village: Farm name/ site no:

This land/facility is owned by:

Enter: the name of the Project, traditional authority, legal entity...

Documents attached?

Land tenure type (e.g. PTO, Tittle deed, backyard, etc.):

Do you have security of tenure (this is compulsory returnable/disqualifying factor) Yes / No

Was this facility previously in production?(attach records of previous production) Yes / No

Have you received agroprocessing assistance before? Yes / No

Value of assistance received? R

R

Is the facility ready for production? Yes / No

Agroprocessing activity

D. AGRO-PROCESSING PRODUCTION INPUT REQUIRED SUPPORT:

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 or resources allow. c. Please attach all certificates of training, accreditation and product *test results, if available.*

1. Training and Capacity building requested – e.g Food safety and handling

1.1. 1.3.

1.2. 1.4.

2. Food safety and compliance (accreditation), CoA (R638), HACCP,etc

2.1.

2.2.

3. Product testing (i.e. microbial and nutritional tests) support requested

4.Production inputs (e.g raw materials, preservatives and packaging material) support requested

4.1.

4.2.

4.3.

4.4.

4.5.

4.6.

5.Marketing support (e.g. Branding, labelling, and barcoding) support requested

5.1.

5.2.

6. Small agro-processing equipment support requested

6.1.

6.2.

I will abide by the conditions which may be applicable. The information provided is correct to the best of my knowledge.

Signature of applicant: **Date:**

THIS SECTION IS NEEDS TO BE COMPLETED BY THE LAOAC AND DSC

E. SELECTION CRITERIA (Attach proof to claim points)

Score	Youth(0-1)	Women(0-1)	PWD (0-1)	*Prioritised Groups (0-1)	Market arrangements(1-2)	Production records(0-2)
Weight %	1	1	1	1	3	3
	Youth=1 Not Youth =0	Female=1 Male=0	PWD=1 Not PWD=0	Prioritised Group=1 Not Prioritised Group=0	2= Record of sales 1= No record of sales	2= with records 1= with no records

*Prioritised groups

Vulnerable YES/NO, Military Veterans YES/NO, Unemployed graduates YES/NO, Traditional leaders YES/NO, ECD YES/NO, Agric Schools YES/NO

All applicants shall be scored and ranked for possible funding

F. 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

Name of committee member: Signature:

Date:

G. RECOMMENDATION BY THE DISTRICT SCREENING COMMITTEE

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

The applicant is recommended to receive assistance with the _____ in the _____financial year.

Name of committee member: Signature:

Date:

Notes:

DECLARATION OF NON-PUBLIC OFFICIAL AND INDIGENT STATUS FOR AGROPROCESSORS (HOUSEHOLD/SUBSISTENCE)

Purpose

This declaration is made in support of an application for support under the Producer/Farmer Support Programme and serves to promote transparency, accountability, fairness, and compliance with applicable South African legislation and departmental requirements.

I, _____, holder of

Identity Number _____, hereby declare that:

1. I am applying/applied for support as a farmer under the Producer/Farmer Support Programme administered by the Limpopo Department of Agriculture and Rural Development.

2. I declare that I **am not** a public official or public office bearer as contemplated in applicable legislation, including but not limited to the Public Service Act, 1994, and the Public Administration Management Act, 2014.

3. I further declare that my household indigent status is as follows (tick the applicable box):

☐ My household is **registered** on the Municipal Indigent Register.

☐ My household is **not registered** on the Municipal Indigent Register.

Name of Municipality: _____

4. I confirm that all information and supporting documents submitted with my application are true, complete and accurate.

5. I understand that this declaration forms part of the assessment of my eligibility for support and that any false, misleading or incomplete information may result in:

    - Rejection or withdrawal of my application.
    - Termination of any assistance or funding approved.
    - Recovery of any financial or material benefits received unlawfully; and/or
    - Civil, criminal or administrative action in terms of applicable legislation.

6. I undertake to notify the Department immediately should my employment status, public office status or indigent status change after submitting this declaration.

7. I consent to the Limpopo Department of Agriculture and Rural Development to verify the information contained in this declaration with relevant government institutions, including municipalities and other organs of state, and to the processing of my personal information in accordance with the Protection of Personal Information Act, 2013 (Act No. 4 of 2013), for purposes of administration, verification, monitoring, reporting and compliance.

8. I make this declaration freely and voluntarily, knowing and understanding of the contents and its implications thereof and believing them to be true and correct.

APPLICANT DETAILS

Declared at: _____

On this _____ day of _____ 20_____

Full Name: _____

Identity/Passport Number: _____

Residential Address: _____

Contact Number: _____

Signature: _____