EPWP INCENTIVE GRANT APPLICATION 2027/28

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF
AGRICULTURE AND RURAL DEVELOPMENT

NAME OF THE PROJECT:

EPWP PROJECT PLAN 2027/28

Tick (X) where applicable

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

EPWP INCENTIVE GRANT APPLICATION 2027/28

1 Project Identification

Project number

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

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

2.1.8. Time frame (duration of employment)

2.1.9. Governance and monitoring mechanisms

2.1.10. Summary of Achievements from Previous Years

Year	Activities	Jobs created (permanent and temporary / seasonal)	Budget allocated

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

2.2 Budget Summary

Budget summary	Own contributions (R)	Contributions from other sources (R)	EPWP Grant amount applied (R)	Work opportunities created/ reported	Total project costs

2.2.1. 2027-2028 Projections

Budget summary budget summary 2026/27	2027/28 Own contributions (R)	2027/28 EPWP Grant Amount applying for (R)	2027/28 Own work opportunities to create and report	2027/28 number of work opportunities applying for.	TOTAL Project Costs

3. Scope of the project

3.1. Detail Scope of work in 2027/28 (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

3.4. Cost breakdown structure

ACTIVITY	COST (R)

3.5. Resources

3.5.1. Project organogram

3.5.2. Responsibility Assignment as per organogram

Tittle	Surname and initials	Gender	Contact No.	Role

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)

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

3.8.2. Reporting

Type of report	Purpose	Frequency	Compiler

4. Project Plan Approval

4.1. Executive members of Project

We hereby declare that the information provided in this application form is true, accurate, complete, and correct to the best of our knowledge. We further confirm that all project members have been consulted and fully support the implementation of this project.

We understand and acknowledge that the information contained in this application form, excluding personal contact details, may be used, published, or released for public information, reporting, and communication purposes.

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

4.2. Traditional / Landowner's declaration

I hereby confirm that I have authority over the land on which the proposed activities will be implemented and give my consent for these activities to be carried out. I further confirm that the proposed activities are compatible with existing and planned land management practices and will not result in the degradation of environmental, cultural, or heritage resources associated with the land.

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

4.3. Deputy Director: Agro-Ecological Zone - Department of Agriculture and Rural Development.

I declare that the application be considered with the following inputs: _____

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

4.4. District Deputy Director: LandCare and Land Use Management (Department of Agriculture and Rural Development)

I declare that the application be considered / not considered with the following inputs:

_____

_____

I declare that the implementation of this project is part/not part of my performance agreement.

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

4.5. Director: District Office - Department of Agriculture and Rural Development

I hereby declare that the implementation of this application aligns with and supports the mandate and objectives of the Sub-Directorate, as outlined in the Annual Performance Plan (APP). I am satisfied that the proposed activities will contribute to the achievement of the Sub-Directorate's targets and therefore recommend this application for approval.

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

4.6. Approval/Disapproval by the Provincial Assessment Panel

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

_____

_____

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

LIMPOPO DEPARTMENT OF AGRICULTURE AND RURAL DEVELOPMENT

DECLARATION OF NON-PUBLIC OFFICIAL AND INDIGENT STATUS

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.

CONFIDENTIAL

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: _____