



COMPREHENSIVE AGRICULTURAL SUPPORT PROGRAM
APPLICATION FORM
2024-2025

FOR OFFICE USE	
APPLICATION NUMBER/Project file no.	
DATE APPLICATION IS RECEIVED	
NAME OF PROJECT OFFICER	

CHECKLIST FOR THE PROJECT APPLICATION SUBMISSION

NAME OF PROJECT/FARMER:

REGION: **MUNICIPALITY:**

COORDINATES:

Date of submission:		
Are the following attached to the submission?		
1. Annexure A: Certified copies of identity documents	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Annexure B: Signed and verified project application form	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Annexure C: Copy of certified legal entity and constitution	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Annexure D: Copy of tenure arrangement (Lease agreement more than 5 years/ Title deed/ Council Resolution)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Annexure E: Municipal Rates (Tax Invoice not older than 2 months)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Annexure F: Environmental Impact Assessment (EIA) Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Annexure G: Zoning Certificate from Municipality	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Annexure H: Approved Building Plans (on Existing Infrastructure)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Annexure I: Does the farmer have water rights (water source on the farm)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Annexure I: Tax Clearance Certificate	YES <input type="checkbox"/>	NO <input type="checkbox"/>

SECTION 1: PROJECT BACKGROUND

FULL PROJECT NAME AND/OR FARMER'S NAME

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Local Municipality	
Region	
Ward	

FARM DESCRIPTION IN FULL (e.g. Rietfontein IR 363, Portion No)

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TENURE ARRANGEMENTS

Type of arrangement	Extent of farm	Lease period/ Period occupation if owned
Owned		
Leased		
Communal		

SECTION 2: PROJECT BENEFICIARY DETAILS

1.1. A. FOR AN INDIVIDUAL MEMBER

Full name (s) and surname of project members

Name	Gender F/M	Disability Y/N	Youth Y/N	*Race B/C/W/A	Military Vet Y/N	ID Number	Contact details

*Race: B- Black, C-Coloured, W-White, A-Asian

B. FOR A REGISTERED ENTITY e. g. Agricultural cooperative number and valid certificate and constitution attached)

Name of registered entity and registration number

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LIST OF BOARD MEMBERS

Name of board member	Designation as Board Member	Gender F/M	Disability Y/N	Youth Y/N	*Race B/C/W/A	Military Vet Y/N	ID Number	Contact details

*Race: B- Black, C-Coloured, W-White, A-Asian

1.2. RESIDENTIAL ADDRESS (CONTACT ADDRESS) FOR CORRESPONDENCE

SECTION 3: TYPE OF ENTERPRISE

Type	Current hectares utilized	Potential hectares for expansion
1. Horticultural		
2. Pork production		
3. Poultry (Layer/ Broiler)		
4. Sheep/ Goat production		
5. Beef production		

6. Floriculture		
7. Other		

CROP PERENNIAL AND ANNUAL

List	Current hectares utilized	Potential hectares for expansion

LIVESTOCK

Type	Semi-intensive	Extensive	No of breeding stock	No of marketable animals/ year	Average price per year
1					
2					
3					
4					

Number of Camps			
Water distribution network on the farm	Yes	No	
Handling facilities are adequate	Yes	No	
Condition of fencing	Good	Moderate	Poor
Condition of handling facilities	Good	Moderate	Poor

SECTION 4: JOB CREATION

CURRENT NUMBER OF JOBS:

Contract	Female	Male	Total
Seasonal	Female	Male	Total
Temporary	Female	Male	Total
Permanent	Female	Male	Total

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NUMBER OF POTENTIAL JOBS TO BE CREATED AFTER INTERVENTION:

Contract	Female	Male	Total
Seasonal	Female	Male	Total
Temporary	Female	Male	Total
Permanent	Female	Male	Total

SECTION 5: STATE OF NATURAL RESOURCES ON THE FARM

Average rainfall (mm)	Summer (%)	Winter (%)

Soil type	Clay	Loam	Sand

Soil classification map	Yes	No

Chemical soil analysis	Yes	No

*Attach report

Water analysis report	Yes	No

*Attach report

Soil conservation structures (dongas, soil erosion)	Good	Moderate	Poor

Existence of wetland	Yes	No

Condition of wetland	Good	Bad

If bad give brief explanation	

Occurrence of frost	Rare	Moderate	High

Occurrence of hail	Rare	Moderate	High

List of declared alien vegetation and extent (tick the extent)	Low	Medium	High
1.			
2.			
3.			
4.			

Existence of fire belts	Yes	No
Fire belts need upgrade	Yes	No

Member of Fire Protection Association (FPA)	Yes	No
Name of FPA if yes		

SECTION 6: STATE OF INFRASTRUCTURE

WATER SOURCES

Source	Number	Good	Moderate	Poor
Dam				
Boreholes				
Fountain				
River				
Municipal water	Yes		No	
Other				

WATER ALLOCATION FOR IRRIGATION

Yes	No	Allocation/ Ha

Water analysis report is available	Yes	No	Is water suitable for crops/animal use	Yes	No

STRUCTURES

Storage facilities		
Packaging and processing facilities		
Other:		

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MOVABLE ASSETS

MACHINE LIST	TOTAL	SUITABLE FOR PURPOSE		CONDITION		
		Yes	No	Good	Moderate	Poor
		Yes	No	Good	Moderate	Poor
		Yes	No	Good	Moderate	Poor
		Yes	No	Good	Moderate	Poor
		Yes	No	Good	Moderate	Poor

ELECTRICITY CONNECTION

Is there electricity connection compatible with the envisaged enterprise related activities	Yes	No	Phase:
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SECTION 7: FINANCIAL RECORD AND BOOKKEEPING

Do you have bookkeeping system	Yes	No	What type
If proof of records/ future projections is needed, will provide to the department	Yes	No	No
Should department support you, are you willing to provide monthly records to monitor progress?	Yes	No	No
Do you use management accounts?	Yes	No	No
Do you have an enterprise budget and cash flow projections for your future farming activity	Yes	No	No
Does the project have a bank account?	Yes	No	No
Any farm financial liabilities?	Yes	No	No

SECTION 8: MARKETING

Type of market used	Formal	Informal	
Distance to market in Km?			
Transport arrangement	Own	Public	Rental

REGULATION AND CERTIFICATION (WHERE APPLICABLE)

Certified for global GAP	Yes	No
Other certification	Yes	No

Should you not have any all the necessary certification, do you have access to an accredited pack shed, milking parlour, etc, to supply your market?	Yes	No
Does business comply with fair labour practices	Yes	No
Skills audit done	Yes	No
Environmental Impact Assessment	Yes	No
Water Use licence	Yes	No
Give further clarity if there is any regarding any of the above, e.g. plans to get certification/EIA		

SECTION 9: FINANCIAL REQUIREMENTS

Has project received previous financial support from GDARD	Yes	No
Which program	Type of assistance received	Year

GIVE REASONS WHY REQUIRED DOCUMENTS ARE NOT ATTACHED TO THIS APPLICATION (IF ALL REQUIRED DOCUMENTS ARE ATTACHED, PLEASE IGNORE THE QUESTION)

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FINANCIAL ASSISTANCE REQUIRED FOR 2022/2023

TYPE OF GRANT	TYPE OF ACTIVITY	ESTIMATED BUDGET	ACTUAL AMOUNT (END OF DELIVERY)
CASP			
ECONIMICS AND MARKETING			
RESEARCH AND TECHNOLOGY SUPPORT			

Signatures

NB: As an applicant, I declare that none of the active project members is a Government Official.

I understand and accept the content of this application form:

Full Name of Applicant

Signature

Date

Full Name of GDARD Official

Signature

Date

QUALITY CHECKED BY

NAME OF SENIOR AGRIC ADVISOR

SIGNATURE

DATE

NAME OF REGIONAL MANAGER

SIGNATURE

DATE