DISABILITY ECONOMIC EMPOWERMENT TRUST

APPLICATION FORM

DEET DISABILITY EMPOWERMENT FUND – EASTERN CAPE

Implemented by DEET in partnership with the Eastern Cape Department of Economic Development, Environmental Affairs and Tourism

IMPORTANT: This Fund provides approved materials and/or equipment only. No cash will be paid to successful applicants. Only one successful applicant will be selected in each category. A business plan, a motivation of at least two full pages and all applicable supporting documents must be attached. Incomplete applications will be regarded as non-compliant.

Office use: Application reference	
Date received	
Received by	

1. Application Category

Select one category only:

☐ Category 1: Individual Entrepreneur Support – maximum value R30,000.00
☐ Category 2: Youth Entrepreneur Support – maximum value R40,000.00
☐ Category 3: Women Entrepreneur Support – maximum value R50,000.00
☐ Category 4: Disability-Owned Company or Cooperative – maximum value R75,000.00
☐ Category 5: Disability NPO Support – maximum value R100,000.00

Selected category	
Amount/value requested	R

2. Applicant Type

☐ Individual entrepreneur
☐ Informal business
☐ Registered company
☐ Registered cooperative
☐ Registered nonprofit organisation

3. Individual Applicant Details

Full names and surname	
South African ID/passport number	
Date of birth	
Gender	☐ Female ☐ Male ☐ Other/Prefer not to state
Youth applicant, 18–35 years	☐ Yes ☐ No
Residential address	
Municipality	
District	

Postal code	
Telephone/cellphone	
Email address	
Preferred communication method	☐ Telephone ☐ Email ☐ SMS/WhatsApp

4. Disability Information

Nature/type of disability	
Disability is permanent	☐ Yes ☐ No
Proof of disability attached	☐ Yes ☐ No
Reasonable accommodation required during assessment	☐ Yes ☐ No

If yes, describe the reasonable accommodation required:

_____

_____

_____

Disability information will be treated as confidential and used only to assess eligibility and provide reasonable accommodation.

5. Registered Entity Details

Complete this section if applying as a company, cooperative or NPO.

Registered name	
Trading name	
Registration number	
Entity type	☐ Company ☐ Cooperative ☐ NPO
Date of registration	
Years actively operating	
Income tax number	
Registered address	
Operational address	
Municipality and district	
Contact person	
Position	
Telephone/cellphone	
Email address	

5.1 Ownership, control and management

Company/cooperative is 100% owned by Persons with Disabilities	☐ Yes ☐ No ☐ Not applicable
Company/cooperative is controlled and managed by Persons with Disabilities	☐ Yes ☐ No ☐ Not applicable
NPO has a majority of trustees/board members who are Persons with Disabilities	☐ Yes ☐ No ☐ Not applicable
Persons with Disabilities represented in NPO day-to-day management	☐ Yes ☐ No ☐ Not applicable

5.2 Owners, directors, members, trustees or board members

Full name	ID number	Role	PWD? Yes/No	Ownership %	Proof attached

6. Business or Project Information

Business/project name	
Sector or industry	
Year operations commenced	
Number of permanent employees	
Number of temporary employees	
Number of employees with disabilities	

Current monthly turnover/income, if applicable	R

6.1 Describe the business or project and its main activities:

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6.2 Describe the products or services provided:

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_____

6.3 Describe the customers, beneficiaries or market served:

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_____

_____

6.4 Explain the main challenges currently experienced:

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6.5 Compulsory Motivation and Business Plan

Attach a separate, detailed motivation of no fewer than two full pages explaining why the applicant should be supported, the need for the requested materials/equipment, the expected economic and disability impact, and how the business or project will remain sustainable. A complete business plan must also be attached. The motivation and business plan do not replace any section of this form.

7. Support Requested

List the materials and/or equipment requested. The total value must not exceed the maximum for the selected category. Attach three comparable supplier quotations.

Item	Material/equipment description	Quantity	Unit price	Total	Quotation ref.
1					
2					
3					
4					

Item	Material/equipment description	Quantity	Unit price	Total	Quotation ref.
5					
6					
7					
8					
TOTAL VALUE REQUESTED				R	

7.1 Explain why the requested materials and/or equipment are needed:

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_____

_____

_____

_____

7.2 Explain how the requested support will improve or expand the business/project:

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_____

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7.3 Indicate where the materials/equipment will be installed and used:

_____

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_____

8. Economic and Disability Impact

Existing jobs that will be retained	
New jobs expected to be created	
New jobs expected for Persons with Disabilities	
Estimated number of Persons with Disabilities benefiting	

8.1 Describe the expected economic and community impact:

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8.2 Explain how the support will contribute to sustainable income or organisational sustainability:

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8.3 Explain how the business/project promotes the inclusion and empowerment of Persons with Disabilities:

_____

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9. Implementation and Sustainability

Expected implementation start date	
Person responsible for implementation	
Position and contact number	

9.1 Describe how the materials/equipment will be used and maintained:

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9.2 Describe the applicant's plan to sustain the business/project after receiving support:

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_____

10. Previous or Other Funding

Previously received business/project funding or equipment	☐ Yes ☐ No
Requested items funded by another source	☐ Yes ☐ No

If yes, provide the funder's name, year, amount/value and purpose:

Funder	Year	Amount/value	Purpose/items funded

Funder	Year	Amount/value	Purpose/items funded

11. Document Checklist

Tick each document included with the application:

☐ Completed and signed application form
☐ Detailed motivation of at least two full pages
☐ Complete business plan
☐ Certified identity document
☐ Proof of disability
☐ Proof of Eastern Cape residential address
☐ Business or organisational profile
☐ Detailed list of requested materials/equipment
☐ Three comparable supplier quotations
☐ Registration certificate and founding documents, where applicable
☐ Current list of owners/directors/members/trustees/board members
☐ Proof of disability ownership or majority disability control, where applicable
☐ Proof of more than three years of active operations, where applicable
☐ Proof of Eastern Cape registered and operational address
☐ Financial statements or management accounts, where applicable
☐ Tax compliance status, where applicable
☐ Relevant licences, permits or industry certificates, where applicable

12. Applicant Declaration

I, the undersigned, declare that the information provided in this application and its supporting documents is true, complete and correct. I understand that providing false or misleading information may result in disqualification, cancellation of support and recovery of materials or equipment.

I confirm that I have attached a detailed motivation of at least two full pages, a complete business plan and all supporting documents applicable to my application.

I confirm that I reside and operate, or that the applying entity is registered and operates, within the Eastern Cape. I confirm that the requested materials and/or equipment have not been funded by another organisation.

I understand that no cash payment will be made and that any approved support will be procured and provided directly by DEET. I agree that the materials and/or equipment will be used only for the approved purpose and may not be sold, transferred, pledged or disposed of without DEET's written approval.

I authorise DEET and DEDEAT to verify the information supplied, conduct due diligence and site visits, contact relevant institutions and process the personal information reasonably necessary to assess, monitor and report on this application, subject to applicable data-protection requirements.

Applicant/authorised representative	
Position, if applicable	
Signature	
Date	
Place	

13. Consent and Verification

☐ I consent to verification of my disability status and supporting documents.

☐ I consent to verification of entity registration, ownership, control and operational history.

☐ I consent to site visits and monitoring before and after the award.

☐ I agree to comply with the terms of the beneficiary support agreement if selected.

Applicant initials	
Date	

14. For Official Use Only

Application reference	
Category	
Administrative screening completed by	
Screening date	
Eastern Cape residency/operation verified	☐ Yes ☐ No
Disability eligibility verified	☐ Yes ☐ No
Three-year entity history verified	☐ Yes ☐ No ☐ N/A
Ownership/control requirement verified	☐ Yes ☐ No ☐ N/A
Three quotations attached	☐ Yes ☐ No
Minimum two-page motivation attached	☐ Yes ☐ No
Complete business plan attached	☐ Yes ☐ No
All applicable supporting documents attached	☐ Yes ☐ No
Application administratively compliant	☐ Yes ☐ No

14.1 Assessment summary

Assessment area	Maximum score	Score awarded	Comments
Eligibility and compliance	20		
Need and relevance of support	20		
Viability and sustainability	20		
Economic and disability impact	20		
Capacity, value for money and implementation	20		
TOTAL	100		

Recommendation	☐ Recommended ☐ Not recommended ☐ Further information required
Approved items/value	R
Assessor name and signature	
Assessment date	
Final decision and approval	☐ Approved ☐ Declined ☐ Deferred Authorised official/signature/date: _____