# Winnie Madikizela-Mandela Local Municipality

Physical Address 51 Winnie Madikizela Mandela Street Postal Address P O Box 12 Bizana



Office of the Municipal Manager Tel: 039 251 0230 Fax: 039 251 0917 Imahlaka@mbizana.gov.za

NOTICE NO: DP/LED AGRIC 02/07/25

### CANNABIS DEVELOPMENT PROGRAMME

Winnie Madikizela-Mandela Local Municipality is inviting interested farmers to apply for Cannabis Development Funding.

### Eligibility Criteria;

- It must be a business that has been operating for a minimum of 1 year.
- The programme is strictly cannabis related.
- Affiliation or registration to any existing cannabis structure will add an advantage.
- The applicants must operate within Bizana jurisdiction.

**NB**: First preference will be given to vulnerable groups (Women, Youth & people with disability) subjected to the compliance requirements. All applicants will be screened and vetted. Shortlisted growers will be notified telephonically or via sms.

Applicants are expected to provide the following to be considered:

- Completed application form.
- Motivation letter outlining why your business should benefit from the program.
- Be a registered or non-registered entity (CIPRO/CIPC Certificate)
- Letter of intent (Off-take agreement)
- Valid tax clearance/Pin number.
- Certified ID copies of all members or directors.
- Letter from ward councilor confirming existence of the project/business (not proof of residence)
- 3 months bank statement or book keeping records.
- Proof of land ownership or lease agreement.
- Supporting quotations.
- No persons in the service of the state will be considered.

Vision: A vibrant socio economic growing municipality that creates sustainable communities with equal opportunity for all.

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## **Application form 2025/26**

### **CANNABIS DEVELOPMENT PROGRAMME**

NB: Deadline for receipt of applications is 28th Aug 2025 at 12H00.

Company/ Project Name (if re	egistered)
Village	_
Ward	_
Contact Number	Alternative Contact Number
Vision: A vibrant socio econon	nic growing municipality that creates sustainable communities
	with equal opportunity for all.

Type of business entity (Coop, CC, (PTY) Ltd etc.)  How long has the company been in operation? Land Size  Company registration number (if registered)  Tax Clearance number  Contact number (01)  Contact number (02)  Email address	•		
Ltd etc.)  How long has the company been in operation?  Land Size  Company registration number (if registered)  Tax Clearance number  Contact number (01)  Contact number (02)  Email address  Business address?  Deerview of the organization.  of overview of the applicants: Vision, Mission, objectives and organizational structure		Type of business entity (Coop, CC, (PTY)	
operation? Land Size  Company registration number (if registered)  Tax Clearance number  Contact number (01)  Contact number (02)  Email address  Business address?  Overview of the organization.  of overview of the applicants: Vision, Mission, objectives and organizational structure			
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Contact number (01) Contact number (02) Email address  Business address?  Description of the organization. Of overview of the applicants: Vision, Mission, objectives and organizational structure		Company registration number (if registered)	
Contact number (02)  1. Email address  2. Business address?  Overview of the organization.  ef overview of the applicants: Vision, Mission, objectives and organizational structure		Tax Clearance number	
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Overview of the organization.  ef overview of the applicants: Vision, Mission, objectives and organizational structure	1.		
ef overview of the applicants: Vision, Mission, objectives and organizational structure	2.	Business address?	
	ef ov	verview of the applicants: Vision, Mission, obje	

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. Balance sheet of o	enterprise/Project:	
Assets	Specify	Estimated value
Fixed property (Tunnels, Borehole etc.)		
Equipment		
Other(specify)		
Total	n on current activities pe	rformed by the entity
Total	n on current activities pe	rformed by the entity
Other(specify)  Total  1. Provide information	n on current activities pe	rformed by the entity

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Cannabis Production Cannabis License/ Perr		k with x)		
Cannabis License/ Perr				
	nit			
Cannabis off-take agree	ement			
State how the request	ed funds will be use	ed and estim	nate value of each it	em
				<u></u>
			NAME OF THE PROPERTY OF THE PR	
. Trainings completed (	Capacity building)			
Institution Ty	pe of training	Year	Contact Person	Contact Number
1				

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Institution	Type of tra	ining	
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	<u> </u>		
. Company associates/			
Associate/ partner	Role and contribution	Contact person	Contact
			Number
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9. Provide a motivatio funding by the Municir	n on prospects for the sustainability o pality. Indicate how the project will be	of the company/project beyond e financially sustainable.
10. DECLARATION		
CORRECT. I ACCE	E INFORMATION FURNISHED C	ON THIS DECLARATION FORM IS MAY ACT AGAINST ME AND THI RATION PROVE TO BE FALSE.
Signature	Position	Date

### 11. Support document checklist (Please mark X)

Completed application form with declaration	
Registration certificate/CK	
Valid original tax clearance	
Certified ID Copies of all members or Directors	
Proof of land ownership, lease agreement or	
rental agreement (lease must 5 years or more)	
Book keeping records	
Letter from ward councillor confirming existence	
of company/project.	
Letter of intent (off-take agreement)	
Proof of affiliation to any cannabis structure	

Submission of all required information does not guarantee approval of the fund or assistance applied for. A decision made by Winnie Madikizela-Mandela Local Municipality will be binding with no obligation to enter any subsequent correspondence. It remains the responsibility of the applicant or organization to submit the application on time at the Municipalities LED Offices (Closing date 28th Aug 2025 at 12H00). No late applications will be accepted.

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