**Youth Technology and Innovation Programme**

**Inviting Implementing Partners to support implementation for the Youth Technology and Innovation Programme in Limpopo and Mpumalanga Provinces**

***Shortlisted Applicants will be invited to submit a detailed proposal***

**Please e-mail PDF versions of completed submission form to:** [**YTIP@tia.org.za**](mailto:YTIP@tia.org.za)

**Expression of interest round closes at 17h00 on 27 September 2024.**

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| Organisation / Department name |  | | | | | | | | |
| CIPC registration number (where applicable) |  | | | | | | | | |
| Type of an Organisation / Department |  | | | | | | | | |
| Location of Organisation / Department | Province:  Municipality:  Location: | | | | | | | | |
| Contact person(s): | Name and surname:  Position in enterprise: | | | | | | | | |
| Contact details | E-mail:  Landline:  Cell number:  Physical address of enterprise:  Postal address of enterprise: | | | | | | | | |
| Ownership arrangement (where applicable) |  | | | Demographic | | | | Gender | |
| Black | | White | | M | F | |
| Directors/members (where applicable) |  | | | Attach CIPC registration certificate | | | | | |
| Years in business (where applicable) |  | | | | | | | | |
| Number of current employees (where applicable) | Permanent: |  | | | Temporary: | |  | | |
| BBEEE status level (where applicable) |  | | Attach BBEEE certificate/ or affidavit | | | | | | |
| Type of Industry sectors supported by the Organisation / Department |  | | | | | | | | |
| Do you have appetite to support youth innovators and why? |  | | | | | | | | |
| Turnover in the last 3 years |  | | | | | | | | |

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| 1. Describe core business of your Organisation / Department. | | | | |
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| 1. Do you provide support to youth? Provide a list and type of youth programmes provided by your Organisation / Department. | | | | |
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| 1. Are the support services tailor-made to a specific group of youth? | | | | |
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| 1. How many years has your Organisation / Department been providing the above-mentioned support services? How many beneficiaries (organisations / youth) benefitted from your programmes and support services? | | | | |
| Programme | Nature of support (funding/training/mentorship etc.) | Value of support if known | Number of years providing support | Number of beneficiaries benefitted |
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| 1. What type of programmes and services your organisation can provide to youth innovators. | | | | |
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| 1. Which preferred province, location and institution your organisation can provide the programmes and services? | | | | |
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| 1. If successful, will you co-fund the proposed project? Indicate source and amount of funding. | | | | |
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| 1. Please attach short resumes / CV’s (1/2 page each) of key personnel in your organisation that will be delivering on the TIA’s YTIP | | | | |
| 1. Disclose any engagements or current agreement(s) you have with the TIA. | | | | |
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| 1. Team composition (business/innovation/multi-disciplinary technical expertise); if not identified, proposed):   *List your team: What is the team’s background, expertise & experience (business & technical)* | | | | | |
| Name | Highest academic qualification | Position in proposed entity | Experience in business management/technical positions | Experience in proposed programmes/ services | Experience in innovation/ product development/ commercialisation |
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*Attach CVs of project team and CIPC Registration (where applicable)*

**DECLARATION**

I declare that:

* I am duly authorised to complete this form and to sign and submit this declaration, and in doing so, I am bound by this declaration.
* I have read and understood the TIA Call for Expression of Interest.
* I am aware that there may be further information required by TIA in respect of this application, and that my failure to provide the requested information timeously may lead to the rejection of this application.
* The information contained in this application and any supporting information is to the best of my knowledge true, accurate and complete. I accept that TIA has the right to terminate this application and/or any funding that may ensue in instances where the information provided is found to be false, and where instances of fraud are detected.

**I, the applicant, confirm that I have read, understand and will adhere to this Declaration.**

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| **Name of Organisation/Department Representative:** |  |
| **Position of the Representative:** |  |
| **Signature:** |  |
| **Date:** |  |