**REQUEST FOR PROPOSALS: PILOT PROJECT TO MONITOR THE EXPANSION OF INFORMAL SETTLEMENTS AND LAND INVASION IN KWAZULU-NATAL**

***Closing Date: 19 November 2020 at 12:00pm***

***Email all applications to*** ***ashaal.roopchan@tia.org.za***

*The application form captures the applicant’s proposal details in response to the Request for Proposals from Small, Medium and Micro Enterprises (SMMEs) for the Remotely-Piloted Aircraft System (RPAS) / Drone Pilot Project on Monitoring of Housing Delivery Projects Boundaries, Illegal Land Invasion and the Expansion of Informal Settlements and must be accompanied by a* ***full / detailed proposal.***

1. **INFORMATION ON APPLICANT(S)**

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| **Project Name** |  |
| **Name of Applicant / Entity** |  |
| **Location** | **Street Address** |  |
| **City / Town** |  |
| **Municipality** |  |
| **Province** |  |
| **Contact Details** | **Name of Person** |  |
| **Position** |  |
| **Tel / Cell No.** |  |
| **Email** |  |
| **Official registration number of applicant** *(complete whichever is applicable)* | **ID Number** |  |
| **CSD Number** |  |
| **CIPC Number** |  |
| **VAT Number** |  |

1. **CAPACITY OF SERVICE PROVIDER TO UNDERTAKE THE WORK**

*Please provide concise responses to each of the questions below.*

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| * 1. **Please provide full details of the resources (e.g. personnel, equipment, hard- and software, facilities etc.) to be used for the completion of the services or to participate in the pilot as specified in the scope.**
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| * 1. **Indicate whether you have any resource / equipment already have in your possession to execute the work outlined in this call.**
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1. **SERVICE PROVIDER REQUIREMENTS**

*Please provide concise responses to each of the questions below.*

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| * 1. **For any undertaking of RPAS and Geographic Information System (GIS) related activities as described in the project scope of work. It will be required that the service provider be a local SMME and has a minimum one (1) person who is registered with the South African Geomatics Council (SAGC) as a Professional GIS Practitioner. Please indicate full details of this individual (Name, Surname, ID Number and Registration Details)**
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1. **TRACK RECORD AND EXPERIENCE**

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| * 1. **Indicate the track record, roles and responsibilities of the individuals /team and that of the SMME in conducting work of a similar nature**
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1. **COMPETENCE, EXPERTISE AND CAPABILITY**

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| * 1. **Clearly indicate the competence, expertise and capability of the team executing the project.**
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1. **APPROACH & METHODOLOGY**

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| * 1. **Describe the approach & methodology you will execute to participate in the project**
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1. **PROJECT TEAM**

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| * 1. **List the core team members, their area of expertise and role in the project**
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| **Name of Team Member** | **Gender (M/F)** | **Race** | **Disabled****(Y/N)** | **Youth (<35yrs)****(Y/N)** | **Institution / Affiliation** | **Area of Expertise** | **Role in Project** |
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1. **DECLARATION**

I declare that:

* I am duly authorised by the organisation or Consortium, as applicable, named in this application to complete this form and to sign and submit this declaration, and in doing so the organisation or Consortium, as applicable, is bound by this declaration.
* The organisation or Consortium has familiarised itself with the Intellectual Property Rights from Publicly Financed Research and Development Act, 2008 (Act 51 of 2008) and understands the implication of this Act on intellectual property derived from projects funded by TIA.
* I am aware that there may be further information required by TIA in respect of this application, and that my failure to provide requested information timeously may lead to a rejection of this application.
* I authorise TIA to utilise external experts and advisers as part of the application evaluation process, under suitable non-disclosure agreements, as TIA deems appropriate.
* I will submit a detailed funding application form to TIA within the stipulated timeframe of receiving feedback letter requesting me to do so. TIA has the right not to accept my application if submitted after the given submission period.
* I am aware that there may be further information required by TIA in respect of this statement of interest. Failure to submit additional information as requested by TIA in this regard may result in my expression of interest not being considered for funding.
* The information contained in this statement of interest is to the best of my knowledge true, accurate and complete. TIA reserves the right to not consider this expression of interest if the information is found to be false, and where instances of fraud are detected.

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|  |  |  |
| **Full Name**  |  | **RSA ID No:**  |
|  |  |  |
| **Signature** |  | **Date** |