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**CFP 001/019/01/2024 (Application Template)**

*This document serves as a formal application/proposal from an SMME to the CPAM SMME Support Program for Additive Manufacturing Design and Printing.*

**Instructions:**

* Submit the completed application/proposal via email to:
  + Nombulelo Setlai
  + Tel.: 012 841 2913
  + Email: [nsetlai@csir.co.za](mailto:nsetlai@csir.co.za)
* Direct any technical queries to the CPAM Technical Lead:
  + Dr Washington Makoana
  + Tel.: 012 841 4016
  + Email: [nmakoana@csir.co.za](mailto:nmakoana@csir.co.za)

**Collaborative Program in Additive Manufacturing (CPAM)**

**2023/24 - 2024/25 FY**

CFP 001/019/01/2024 (Application Template)

|  |  |
| --- | --- |
|  |  |

Organisation:

Address:

Compiled by:

Contact person:

Telephone no:

Email:

|  |  |  |
| --- | --- | --- |
| **Signature** |  |  |
|  |  | |
| **Date** |  |  |

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# Introduction

## Organisational Profile

Please provide a brief profile about your organisation by completing the table below (Include B-BBEE status and attach the B-BBEE certificate).

|  |  |
| --- | --- |
| Factor | Information |
| Registered Company Name |  |
| Company Registration Number |  |
| VAT Registration Number |  |
| Company Address |  |
| In which industry/ies does the Company mostly operate |  |
| Company Website |  |
| Company Contact Person Name |  |
| Company Contact Person Position |  |
| Company Contact Person Email |  |
| Company Contact Person Contact Number |  |
| What is the Company’s exposure in Metal and/or Polymer Additive Manufacturing (AM) - Printing |  |
| What is the Company’s exposure in Metal and/or Polymer Additive Manufacturing (AM) - Design. |  |

Please provide BBBEE Information (include B-BBEE status and attach the B-BBEE certificate).

|  |  |
| --- | --- |
| Factor | Level/Achievement |
| BBBEE level (attach BBBEE certificate) |  |
| Percentage black ownership |  |
| Percentage woman ownership |  |
| Is there any youth ownership in the company (Y/N) |  |

# Technical Description

This section should demonstrate the company’s/team understanding of the technical problem/s. Provide a background and motivation for the support required from the CPAM program (project). Please complete the table below pertaining the project information.

|  |  |
| --- | --- |
| **Factor** | **Information** |
| Do you have a CAD model for the part? |  |
| Is further design for Additive Manufacturing required? |  |
| Has the material for the parts been determined? |  |
| If YES, please specify. |  |
| Has an additive manufacturing technology of choice been identified, i.e., FDM, SLA, DLP, SLS etc? |  |
| If YES, please specify. |  |
| Will post-processing of parts be required? |  |
| If YES, please specify. |  |
| What other needs does the company identify, with which the program could assist? |  |

# Market Need

Please provide a description on how you identified the need(s) and requirements for your project within the relevant market(s). You can use the parameters on the table below as a guideline.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Factor** | **Information** | | | | |
| Which industry would be a best fit for the product? |  | | | | |
| What is the current state/ progress of the product (mark with an X)? | Infancy [ ] | | Prototype [ ] | | Developed [ ] |
| Channel for sale of the product (mark with an X)? | Direct [ ] | | Reseller [ ] | | Retailers [ ] |
| Do you have an estimated manufacturing price you wish to manufacture the product? | YES [ ] | NO [ ] | | Price: | |
| Do you have an estimated selling price you wish to sell the product to the market? | YES [ ] | NO [ ] | | Price: | |
| What is an estimated quantity per month? |  | | | | |
| Why do you feel additive manufacturing is the correct manufacturing method for the product. |  | | | | |

## Business Case

(Provide Information)

# Project Management

## Scope of the Project

*Please provide a high-level description of the tasks/phases required to successfully complete this project (The CPAM technical team will also assist with the detailed scoping of the project if contracted or once contracted).*

Task 1: Description

Task 2: Description

## Deliverables

*Specify deliverables/outcomes per task expected upon completion of the project.*

## Schedules and Costs

*Please provide a timeline with milestones and estimated costs for the project.*

# General Contracting Information

## Management

Your contact persons at the CSIR are:

| Name | Contact Details | Job Description |
| --- | --- | --- |
| Nombulelo Setlai | 012 841 2913/ [nsetlai@csir.co.za](mailto:nsetlai@csir.co.za) | Project Coordinator |
| Dr Washington Makoana | 012 841 [4016/ nmakoana@csir.co.za](mailto:4016/%20nmakoana@csir.co.za) | Technical Lead |

## Reporting

Reporting guidelines will be provided by CPAM during contracting. The reports will include a workplan, submitted 1-2 weeks after commencement of project and a final report upon completion of project.

# Notes and Appendix

*List any other information or comments which may be important in consideration of this project.*