|  |  |
| --- | --- |
|  | A close-up of a logo  Description automatically generated:  |
|    |
|  |
|  |

**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
* Direct any technical queries to the CPAM Technical Lead:
	+ Dr Washington Makoana
	+ Tel.: 012 841 4016
	+ Email: 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**  |  |   |

CONTENTS

[1 Introduction 4](#_Toc156467142)

[1.1 Organisational Profile 4](#_Toc156467143)

[2 Technical Description 4](#_Toc156467144)

[3 Market Need 5](#_Toc156467145)

[3.1 Business Case 6](#_Toc156467146)

[4 Project Management 6](#_Toc156467147)

[4.1 Scope of the Project 6](#_Toc156467148)

[4.2 Deliverables 6](#_Toc156467149)

[4.3 Schedules and Costs 6](#_Toc156467150)

[5 General Contracting Information 6](#_Toc156467151)

[5.1 Management 6](#_Toc156467152)

[5.2 Reporting 6](#_Toc156467153)

[6 Notes and Appendix 6](#_Toc156467154)

# 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 | Project Coordinator |
| Dr Washington Makoana | 012 841 4016/ nmakoana@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.*