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**CFP 003/08/27/2024 (application template)**

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

**Instructions:**

* Submit the completed application/proposal via email to:
	+ Nombulelo Setlai
	+ Tel.: 012 841 4960
	+ Email: bmooketsi1@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 Programme in Additive Manufacturing (CPAM)**

**2023/24–2024/25 FY**

CFP 003/08/27/2024 (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.

|  |  |
| --- | --- |
| 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 B-BBEE information (include B-BBEE status and attach the B-BBEE certificate).

|  |  |
| --- | --- |
| Factor | Level/Achievement |
| B-BBEE level (attach B-BBEE 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’s understanding of the technical problem/s. Provide a background and motivation for the support required from the CPAM programme (project). Please complete the table below.

|  |  |
| --- | --- |
| **Factor**  | **Information**  |
| Do you have a CAD model for the part? |  |
| Is further design for AM required? |  |
| Has the material for the parts been determined?  |  |
| If YES, please specify. |  |
| Has an AM 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 did the company identify with which the programme could assist? |  |

# Market need

Please provide a description of how you identified the need(s) and requirements for your project within the relevant market(s). You can use the parameters in 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 for the product? | YES [ ] | NO [ ] | Price:  |
| Do you have an estimated selling price for the product to the market? | YES [ ] | NO [ ] | Price: |
| What is an estimated quantity per month? |  |
| Why do you feel AM 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 4960 / bmooketsi1@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 one to two weeks after commencement of the project and a final report upon completion of the project.

# Notes and appendix

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