 

PROPOSAL FOR PARTICIPATION IN INNOVATION PROJECT

Viability and Validation of Innovation for Service Delivery Programme

This template must be completed in full by municipalities responding to the call for expressions of interest in the Viability and Validations of Innovation for Service Delivery Programme. It is to be completed once the municipality is thoroughly familiar with the requirements of the call and the project in which they want to participate. Details on the specific inputs to be provided by the municipality in each section are explained in the call and in the notes provided in the template below.***Municipalities should tick on which innovation project (s) they desire to participate in and can participate in more that one Innovation Project if they desire to.***

**SECTION A**

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| **Name of municipality** | |  | | | | | | |
| **Name of contact person\*** | |  | | | | | | |
| **Position in municipality** | |  | | | | | | |
| **Location (city)** | |  | | **Province** | |  | | |
| **Contact details** | | **Tel.** |  | | **Fax** | |  | |
| **Alternative tel.** |  | | **Email** | |  | |
| **Did your municipality participate in the Innovation Partnerships for Rural Development Programme?** | | | | | | | **Yes** | **No** |
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| **If yes, which project?** | | |  | | | | | |
| **Which innovation project (s) is your municipality interested in?** | | | | | | | | |
| **Project 1** | **Innovative Technology Solutions** | | | | | | |  |
| **Project 2** | **Decision-support Tools** | | | | | | |  |
| **Project 3** | **Innovation Capacity and Capability** | | | | | | |  |
| **Project 4** | **Integration of Innovation** | | | | | | |  |
| **Project 5** | **E-Participation and Policy Modelling** | | | | | | |  |

**\****The municipality must appoint a high-ranking project manager to liaise with the Department of Science and Innovation on matters relating to the project.*

**SECTION B: PROJECT BRIEF**

*Please read the project brief on your chosen innovation project carefully before completing this section.*

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| **Municipal challenges related to the project brief** |
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| **How will your chosen innovation project assist the municipality to achieve its strategic objectives?** |
| *Please explain in detail how the selected innovation project will assist the municipality to achieve one or more of its strategic objectives. Give details on the strategic objective or objectives and indicate how the innovation project may help the municipality implement its integrated development plan, meet the Back to Basics objectives or improve the capacity, functioning or performance of the municipality.* |
| **How will the chosen innovation project support the District Development Model?** |
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**SECTION C: MUNICIPAL PROFILE**

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| **What is the municipality's development profile?** |
| *Please provide a brief profile of the municipality.* |

**SECTION D: MUNICIPALITY CAPACITY PLAN**

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| **What operational, financial and human resources can the municipality provide to support the project?** |
| *Indicate what resources the municipality will provide towards the project if it is selected for participation.* |
| ***Sustainability of the project beyond the pilot phase*** |
| *The municipality will be contractually obliged to take ownership of the project assets after the pilot project funding from the Department of Science and Innovation ends. How does the municipality plan to sustain and maintain project assets, or dispose of them if the pilot is unsuccessful?* |

**SECTION E: INNOVATION FOR INCLUSIVE DEVELOPMENT**

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| **Youth participation, woman empowerment and entrepreneurship** |
| *How does the municipality envisage the impact and outcome of the selected innovation project in terms of local employment/entrepreneurship, and specifically in terms of benefits to the youth, women and people living with disabilities?* |
| **Partnership and stakeholder management** |
| *Indicate in detail how the municipality will create partnerships or find synergies to support the implementation of the project with other public or private sector projects and programmes in the municipality.* |
| **Additional supporting documents** |
| **The following documents must be submitted with this form:**   * The municipality should provide a link to be used by the DSI to download the most recent municipal integrated development plan. * The municipality's innovation plan (if this exists). |

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| **DECLARATION** |
| I declare the following:   * I have read and understood the Viability and Validation of Innovation for Innovation for Service Delivery Programme call for expressions of interest and guidelines. * I am aware that the Department of Science and Innovation may require further information in respect of this expression of interest, and that my failure to provide any information requested may lead to a rejection of this application. * The information contained in this expression of interest and all supporting information is to the best of my knowledge true, accurate and complete. I accept that the Department of Science and Technology has the right to terminate this application and/or any project funding that may ensue in instances where the information provided is found to be false, or where instances of fraud are detected.   Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |