

**\*\*\*CONFIDENTIAL\*\*\***

**EASTERN CAPE INNOVATION CHALLENGE 2025**  
**APPLICATION FORM**

**IMPORTANT:**

- i. Shortlisted innovators should be prepared to make a brief presentation if requested by the Innovation Challenge Selection Committee to support their applications
- ii. Incomplete and late applications will NOT be accepted
- iii. Applicants can submit more than one application. If there is more than one project per applicant, separate application forms should be completed for each project
- iv. Attach copies of relevant documentation to the application:
  - a. Supporting documentation or prototype (if applicable, please include sketches/drawings)
  - b. A copy of the applicant/s CV and profile of team members
  - c. Detailed Budget
  - d. Certified copy of the company registration documents with clear members and/or shareholding and ID documents of team/company members or shareholders
  - e. Valid Original SARS Tax Clearance Certificate / Tax PIN Certificate

**A. PERSONAL INFORMATION**

	Team/company leader	Team member 1	Team member 2
Company VAT Registration Number:			
Surname:			
Full Name(s):			
Title (Mr/Ms/Dr):			
Nationality:			
Race:			
Gender:			
Age:			

TEAM SETUP			
	Team/company leader	Team member 1	Team member 2
Qualifying Competence, expertise and capability of the team executing the project (Attach profiles of team members):			
List the stakeholders and institutions that have been identified to help in this innovation:			
In which city/ town/ village do you live?			
Have you previously participated in any of ELIDZ STP programme (Yes/No) If yes which one			
CONTACT DETAILS			
Cell phone number:			
Alternative contact number:			
E-mail:			

## B. MOTIVATION

**TITLE OF INNOVATION:**

**PROBLEM IDENTIFIED AND MOTIVATION: (Length requirement: at least half a page). *(Clear identification and motivation for the problem to which the proposed innovation is intended to solve)***

**BACKGROUND INFORMATION/EXISTING KNOWLEDGE (maximum 1 page)**

*(Please provide any information you are aware of on other potential innovations directed at solving the identified challenge)*

**THE PROPOSED SOLUTION TO THE PROBLEM**

*(Please provide detailed description of your proposed innovative solution, how it will work and how it compares to other solutions. Clearly indicate what is new about the proposed solution.)*

**IMPLEMENTATION PLAN**

*(Please provide details of what would be required to develop the solution to a stage where it is ready for implementation. It is important to include all the resources that will be required to develop and implement the solution.)*

**BUDGET**

*(Please provide a detailed budget that will be required to develop and implement your proposed innovative solution. BE REALISTIC IN YOUR BUDGETING AND NOT LIMIT IT TO THE AWARD AMOUNT.)*

**IMPACT**

*(Please describe in detail the impact that the project is likely to have if implemented)*

**SUSTAINABILITY**

*(Please provide a detailed explanation of actions that will be undertaken to ensure that the project continues long enough to have the impact indicated)*

## C. ADDITIONAL INFORMATION

Provide any additional information which you regard as relevant in support of your application (*for example, your experience, bursaries and awards you received, extraordinary achievements, special knowledge, abilities, and skills*):

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## D. DECLARATION BY APPLICANT

I certify that the information supplied in this application is correct, and if my application is successful, I understand that I will be subject to, and will abide by the policies, requirements, and rules of the ELIDZ STP Innovation Challenge.  
I understand that my application will only be considered if I have met the requirements of the Innovation Challenge.  
The project shall be commenced and implemented within (12) months of the prize being awarded.  
ELIDZ Science and Technology Park has my permission to store and process my personal and research information electronically.

Signatures			
Team leader:		Date:	
Team member 1		Date:	
Team member 2		Date:	

### Check List

Section/Item	Completed/included (Yes/No)
Personal information of team leader	
Personal information of team members	
Number of team members	
Motivation	
Budget	
Implementation Plan	
CVs of team members	
Certified copy of the company registration documents with clear members and/or shareholding and ID documents of team/company members or shareholders	
Valid Original SARS Tax Clearance Certificate / Tax Pin Code Certificate	
Additional information	
Signatures	