**THRIP CLAIM CHECKLIST**

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| **APPLICANT/ENTITY NAME** | (PTY)LTD |
| **PROJECT NAME** |  |
| **REFERENCE NO.** |  |
| **YEAR & MILESTONE NUMBER** | MILESTONE 1 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NO** | **DOCUMENTS SUBMITTED WITH THE CLAIM** | **YES** | **NO** | **Comment** |
| **1** | **Signed payment Advice and claim calculator (Original) ( For Office Use Only)** |  |  |  |
| **2** | **Claim request letter** - Requesting milestone payment, a confirmation that the applicant contribution to the project in a separate THRIP account has been created for the purpose of this project. And also, a confirmation that the applicant has not received any funding from any government institution or state entity for the purpose of executing any of the project milestone activities. (**On company letterhead and signed by the senior authorised company official).** | **x** |  | letter in the letterhead |
| **3** | **Milestone progress report and proof of expenditure and invoices (from second milestone and thereafter).** |  |  |  |
| **4** | Proof of contribution into a separate bank account created for the purpose of THRIP Project  **(Proof of payment of funds from the bank to the THRIP account of the client).** | **x** |  |  |
| **5** | A letter confirming that your company implements effective, efficient and transparent financial management and internal control systems (as stipulated in terms of Section 38  (a)(i) of the PFMA) (Act 1 of 1999, as amended).  **(Signed by the senior authorised company official and must be on company letterhead).** | **x** |  |  |
| **6** | Original Signed Banking details form (CREDIT ORDER FORM), stamped by the bank and signed by the authorised company official.  **(The Stamp should not be older than 3 months Old).** | **x** |  |  |
| **7** | Valid Tax Compliance Status PIN issued by the SARS.  **(PIN Issued, should be active and compliant and not be expiring within three months from the date of submitting the claim pack, when verified against SARS E-filing Facility).** | **x** |  |  |
| **8** | Valid BBBEE Certificate or affidavit.  **For NPO/NPO or EME’s and 51% black owned QSE’s a valid BEE affidavit is required. For QSE and QSE that are not at least 51% black owned, a valid BBBEE certificate if required. The B-BBEE certificate should be issued by a SANAS accredited company and reflect the BVA verification page. (For Office use only).** |  |  |  |
| **9** | Copy of the signed valid Memorandum of Funding Agreement (not expired)  **(Between the dtic and the claimant).** |  |  |  |
| **10** | Approval Letter (Copy)  Minutes of the AC Meeting (For **Office Use Only).** |  |  |  |
| **11** | Signed project Plan confirming the project management structure, team and students involved in the project. The Project Plan should reflect the most recent team and students that are involved in the project.  **(Copy Signed by the claimant).** | **x** |  |  |
| **12** | **Certified ID Copies** and proof of registrations of student/s involved in the project.  **(Computer generated Proof of registration should either be stamped, signed and dated and or be a certified copy of the Original).** | **x** |  |  |
| **13** | **For graduate stipend Certified ID Copies, certified copies of qualifications and appointment letters/contract.** |  |  |  |
| **14** | Copy of the Certificate of incorporation for the approved entity. | **x** |  |  |

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| **15** | For TIPTOP, Researchers, Admin fees or payments: invoices, proof of payment, appointment letters/contract, CVs, summary of duties per Tip Top candidate, and any other supporting documents should be included. |  |  | **NA** |
| **16** | Copy of the most recent Independently Reviewed/Audited Financial Statements of the claimant.  (S**hould not be older than 12 months).** | **x** |  |  |
| **17** | Copy of signed Partnership Agreement between HEI/SEI and other collaborating partners involved in the project.  **Minimum requirements that must be contained in the partnership agreement are the following points:**   * Duration of the contract must be clearly stipulated and meet section 4.2.1 of the THRIP Guidelines, * Roles and Responsibilities of all parties involved i.e. It could have an annexure that has the project management structure * Financial Arrangement: This will clearly indicate how the funds will be used and how the funds will be distributed amongst the parties involved. * Intellectual property: Section 6.3.2 (b) must be clearly adhered to.   **(The Partnership agreement should be valid and not expired when submitting any claim).** | x |  |  |

**For Office Use Only**

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| **Level** | **Processor: THRIP** | **Reviewer: THRIP** | **Authorizer: THRIP** | **Notes** |
| **Name** |  |  |  |  |
| **Declaration of Interest** |  |  |  |  |
| **Signature** |  |  |  |  |
| **Date** |  |  |  |  |

**NB: Please note that a claim can only be processed and paid if fully completed claim documents have been submitted to** thripclaims@thedti.gov.za **as stipulated in the THRIP guidelines.**