

MINE HEALTH AND SAFETY COUNCIL

**PROPOSAL FOR A PROJECT TO BE FUNDED IN TERMS OF THE
MINE HEALTH AND SAFETY ACT**

BID NUMBER:

DETAILS OF THE RESEARCH SERVICE PROVIDER(S)

RESEARCH SERVICE PROVIDER(S)	
PROJECT TITLE	CoE XXXXXX "TITLE"
PROJECT LEADER	
POSTAL ADDRESS	
TELEPHONE:	+27-
EMAIL:	

SUMMARY OF THE PROJECT PROPOSAL

WHAT ARE THE EXPECTED RESEARCH OUTCOMES	
HOW WILL THE RESEARCH OUTCOMES IMPROVE HEALTH AND SAFETY IN THE SOUTH AFRICAN MINING INDUSTRY?	
HOW SHOULD THE RESEARCH OUTCOMES BE IMPLEMENTED?	
STUDY / CHAMPION MINE(S) THAT WILL BE USED IN THIS RESEARCH	

SUMMARY OF BUDGET

Total project cost (excluding VAT)					
VAT					
Total project cost (including VAT)					
Project Duration xx months	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%; text-align: center;">START</td> <td style="width: 20%; text-align: center;">Month 1</td> <td style="width: 20%; text-align: center;">END</td> <td style="width: 40%; text-align: center;">Month xx</td> </tr> </table>	START	Month 1	END	Month xx
START	Month 1	END	Month xx		

**Proof of VAT registration to be provided, if not VAT registered, then no VAT must be charged.*





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EXECUTIVE SUMMARY

Please provide an executive summary of the proposal.

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1 INTRODUCTION AND BACKGROUND

Please provide the introduction and background of the study.

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2 RESEARCH QUESTIONS AND/OR HYPOTHESES

Please list the key questions the study will answer and include the hypotheses, if applicable.

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3 RESEARCH AIM AND OBJECTIVES

Please provide the aim and objectives of the study.

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4 SIGNIFICANCE OF THE STUDY

Please explain who will benefit from the research outcomes and how.

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5 LITERATURE REVIEW

Please summarize the key studies on the topic, indicating what is already known and where gaps in knowledge remain.

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6 RESEARCH METHODOLOGY

Please provide a clear and detailed explanation of your approach, research design, techniques to be used, sample size (if applicable), sampling strategy, data analysis plan, ethical considerations and limitations as per the technical/functional criteria outlined in the Terms of Reference.

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7 RESEARCH OUTPUTS

Please describe in detail the primary and secondary outputs that are expected to be delivered based on the hypothesis and research methodology previously explained.

7.1 RESEARCH OUTPUTS

(Table below to be completed in full)

No.	MILESTONE	MILESTONE TIMELINES (months)		COST per MILESTONE (Rand) (incl. VAT)
		Start	End	
1	Project initiation (start-up presentation and report)			
2				
3				
N	Draft final report (submission)			
N+1	Final report and close-out presentation (approval)			

7.2 DETAILS OF ENABLING OUTPUTS

Please describe in detail the associated initiative or task and associated deliverables for the abovementioned project milestones

MILESTONE	SUPPORTING INITIATIVES PER MILESTONE	DELIVERABLE PER INITIATIVE
1. Project initiation (start-up presentation and report)		
2.	2.1	
	2.2	
3	3.1	
	3.2	
N	Draft final report (submission)	
N+1	Final report and close-out presentation (approval)	

7.3 SCHEDULE OF ACTIVITIES

Please provide the project schedule as per the template below. If project is scheduled for more than 12 months, please insert additional rows as required) (add or delete rows as per number of milestones)

Planned:



No.	Milestone	Timelines / months											
		1	2	3	4	5	6	7	8	9	10	11	12
1	Project initiation												
2													
3													
N	Draft final report												
N+1	Final Report												





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8 TRANSFER OF RESEARCH OUTCOMES FOR IMPLEMENTATION OR DISSEMINATION

Please provide a detailed description of how the research outcomes will be implemented or disseminated.

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9 FINANCIAL SUMMARY

Please provide a detailed summary of the project costs. Focus will be on:

- Human Resources (HR)
- Capital Costs
- Operating or Running Costs
- Sub-contractor Costs

No.	Milestone	Milestone timelines (mm/yy)		HR costs	Operating or running Costs	Sub-contractor costs	Capital costs	Total (incl. VAT)
		Start	End					
1	Project initiation							
2								
3								
N	Draft final report							
N+1	Final Report							
Total								

9.1 SUB-CONTRACTORS

If applicable, please list all sub-contractors

Name of sub-contractor	Activity	Sub-contractor amount (Rands) (incl. VAT)
Total		





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10 PROJECT RISK AND MITIGATION

Please include a list of key risks and their corresponding mitigations.

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11 SUMMARY OF QUALIFICATIONS AND EXPERIENCE OF THE PROJECT TEAM

- Please provide a short Curriculum Vitae (CV) providing details of the relevant qualifications and experience of the project team as per the technical/functional criteria outlined in the Terms of Reference.
- Please attach detailed CVs providing details of the relevant qualifications and experience of the project team as per the technical/functional criteria outlined in the Terms of Reference.
- Please attach copies of the qualifications as per the technical/functional criteria outlined in the Terms of Reference.
- If more resources will be involved in the project, please add more tables as required.

1. Name and Surname	
Role in Project	
Relevant Qualification(s)	
Relevance to the project	
Percentage of time/involvement in project	

2. Name and Surname	
Role in Project	
Relevant Qualification(s)	
Relevance to the project	
Percentage of time/involvement in project	

3. Name and Surname	
Role in Project	
Relevant Qualification(s)	
Relevance to the project	
Percentage of time/involvement in project	

4. Name and Surname	
Role in Project	
Relevant Qualification(s)	
Relevance to the project	
Percentage of time/involvement in project	





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12 REFERENCES

Please include a list of all references cited in the proposal.

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13 DECLARATION BY THE PROPOSING ORGANISATION

I, the undersigned, being duly authorised to sign this proposal, herewith declare that:

- The information given in this proposal is true and correct in every particular.
- This Organisation has the basic expertise and facilities required for satisfactory completion of the project and will adhere to the program of activities as set out in this proposal.
- The costs quoted are in accordance with the normal practice of this Organisation and can be substantiated by audit.

Signed on this _____ day of _____ 2026 for and behalf of

SIGNATURE:

NAME:

DESIGNATION

