



24 June 2021

Dear Marielle

PROCEDURE FOR THE PROPAGATION PROCESS ON ERF 18354 BRACKENFELL

This letter provides guidance for the collection of seeds and cuttings from Bracken Nature Reserve for the purposes of propagation on Erf 18354, Brackenfell. The procedure serves to guide the appointed sub-contractor through the application process to get permission to collect seeds and cuttings from Bracken Nature Reserve.

Scope of operating procedure

- Appointment of sub-contractor
- Application form
- Alternative planting list

Responsibility

- It is the responsibility of the project manager or client representative to appoint a specialist sub-contractor to manage the propagation processes.
- It will be the responsibility of the appointed sub-contractor to submit all the necessary documentation to City of Cape Town for permission to collect seeds and cuttings from Bracken Nature Reserve.
- It will be the responsibility of the appointed sub-contractor to collect seeds from the Bracken Nature Reserve and to germinate the collected seeds for use on site.
- It will be the responsibility of the appointed sub-contractor to collect cuttings from the Bracken Nature Reserve and propagate the cutting at an offsite nursery.

Procedure

Step 1: Sub- contractor appointment

The appointment of a suitably experienced qualified sub-contractor to oversee the propagation process, e.g. Landscape contractor with propagation experience or a botanist

Step 2: Application for permission to collect seeds and cuttings.

The appointed sub-contractor to complete and submit the application form along with a indemnity form. See Annexure A and B

Information that will be required to complete the application form:

- Project title

- Applicant/ lead agent
- Project manager
- Project location with specific reference to the protected area, conservation area or stewardship of the site.
- Project duration, start and end
- Brief project description
- Project attributes
- Ward number and ward councillor's name of the location of the project
- Project status
- Project objectives
- Project strategic alignment with the Biodiversity Management Branch and / or CoCT priorities
- Project Operational Alignment with Biodiversity Management Branch policies, guidelines, or SOPs
- Approvals and permits
- Project stakeholder information
- Project risk

The application to be submitted to:

Penny Glanville

Senior Professional officer: Knowledge Manager

Conservation Services Unit (CSU)

Biodiversity Management Branch (BMB)

Environmental Management Department

Spatial Planning and Environment Directorate

Contact number: 021 444 9264

Email address: penelope.glanville@capetown.gov.za

If the application is successful a landowners permission permit will be issued.

Step 3: Collection and establishment of seeds and cuttings on site.

If the application is successful, the appointed sub-contractor must collect sufficient seeds from Bracken Nature Reserve. The sub-contractor will then have to germinate the seeds according to best practice for the species.

The appointed sub-contractor must also collect sufficient cuttings from Bracken Nature Reserve. The sub-contractor will then have to propagate the cutting at an offsite nursery to establish a mother stock. The selected plants will then be transplanted to site once they have suitably matured.

Seeds and cuttings from the following plan species to be collected from Bracken Nature Reserve:

Veld Grass Seeding Mix

- Eragrostis curvula
- Melinis nerviglumis
- Ficinia nigrescens
- Themeda triandra



Succulent Mix 1 @ 5/m²

- Senecio elegans
- Drosanthemum hispidifolium
- Arctotis hirsuta

Succulent Mix 2 @ 5/m²

- Lampranthus emarginatus
- Gazania Krebsiana
- Pelargonium capitatum

Tall Mix @ 3/m²

- Stoebe plumosa

Step 4: Unsuccessful application or failure of propagation establishment on site

If it should happen that the application is unsuccessful, or the propagation fails the following commercial plant list should be used as alternative:

Veld Grass Seeding Mix

- Eragrostis curvula
- Digitaria eriantha
- Cenchrus ciliaris
- Cynodon dactylon
- Chloris guyama
- Panicum maximum

Groundcover Mix @ 5/m² (Alternative to Succulent Mix 1)

- Felicia amoena
- Gazania rigens
- Arctotis acaulis

Succulent Mix @ 5/m² (Alternative to Succulent Mix 2)

- Cotyledon orbiculata
- Drosanthemum floribundum
- Drosanthemum floribundum
- Senecio serpens

Tall Mix @ 3/m²

- Elegia tectorum
- Juncus effusus



Important contact information

David Morris

Reserve Supervisor: Haasendal Nature Reserve – Biodiversity Management
Spatial Planning and Environment Directorate

Contact number: 021 444 7548

Email address: david.morris@capetown.gov.za

Penny Glanville

Senior Professional officer: Knowledge Manager
Conservation Services Unit (CSU)
Biodiversity Management Branch (BMB)
Environmental Management Department
Spatial Planning and Environment Directorate

Contact number: 021 444 9264

Email address: penelope.glanville@capetown.gov.za

Please do not hesitate to contact the writer should you wish to discuss any of the above.

Yours faithfully



René Brett Pr LArch SACLAP 20122

Director

Viridian Consulting (Pty) Ltd



ANNEXURE A

BMB Project Application Form and Definition Report



Biodiversity Management Branch Project Definition Report

Project Application Form



Project Title:

Applicant / Lead Agent:

Project Manager:

Project Location: *(Please indicate the protected area, conservation area or stewardship site specifically)*

Project Duration:

Start/End Dates:		Project Duration (months or years):	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project Description: (maximum 250 words)

Project Attributes: Please tick the relevant / correct box(es) below	
Environmental Restoration	
Threatened Species Conservation	
Environmental Education	
Heritage asset at risk or awareness creation	
Community partnership	
Poverty zone	
Service delivery innovation	
EPWP / job creation project	
If Other, please define:	

Ward number where project is located and name of Ward Councillor:

<https://www.capetown.gov.za/Family%20and%20home/Meet-the-City/City-Council/find-your-councillor-ward-or-subcouncil/show-subcouncils>

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Project Status:

Please tick in the correct box below				
	Not applicable	Required	In Process	Completed
Initial project scoping & planning				
Preliminary designs available				
EIA and/or General Authorisation / WULA				
Landowners permission				
CapeNature Permit				
SANParks Permit				
Land matters (Land Use Management, Building Plan or Property Management aspects)				
Funding: external				
Funding: internal				
SCM processes: QIF & RFQ				
Tender Required				
Project Commenced				

Project Objectives:

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Research:

Please specify whether the project includes a research component and/or whether it is in furtherance of existing research (if so, please specify with references):

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Choose Y/N for the following below:	Y/N
Alignment with Biodiversity Management Branch vision and LBSAP	
Compliance with all BM Guidelines, Standard Operating Procedures (SOP) and Policies	

Project Strategic Alignment:

Please specify the strategic alignment of the project with Biodiversity Management Branch and / or CoCT priorities (LBSAP, Policies, etc.):

Project Operational Alignment:

Please specify any conflicts with Biodiversity Management Branch policies, guidelines or SOPs:

Permissions:

Please indicate City Reserve Supervisor /other CoCT staff involved or approached for permissions to undertake project & outcome: *(please attach any correspondence to this effect as an Appendix)*

Please include Department, Name, Contact details & Date of correspondence

Approvals:

Please specify any permits and approvals in place <i>(please provide these as appendices)</i>	Dates	Issuing Authority	Terms & Conditions
Please specify any permits and approvals that will be required:	Date of application	Issuing Authority	Expected date of approval

Project flow and sequencing / Phases:

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Monitoring:

Project Phase	Measurable targets / deliverables:	Indicators:	Timeframe / Date:

Reporting lines and schedule:

	Name / Responsible person:	Frequency:	Method:
Reporting line:			
Proposed reporting to BMB / EMC / CoCT during project implementation			
Proposed reporting to BMB / CoCT on project outcomes			

<p>Steering Committee:</p> <p><i>(please tick relevant answer, If Yes, please complete adjacent table)</i></p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> <tr> <td> </td> <td> </td> </tr> </table>	YES	NO			<table border="1" style="width: 100%;"> <tr> <th style="width: 50%;">Member Name</th> <th style="width: 50%;">Organization</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Member Name	Organization										
YES	NO																
Member Name	Organization																

Accountability: Please define liabilities for project outcomes, implementation, public engagement, equipment, resources, project participants' security, etc.

Aspect:	Responsible Party:	Contact Name & number:

Project Team:

Internal CoCT Team Members / Resources	External Team Members / Resources	Role / Responsibilities
1		
2		
3		
4		
5		
6		

Project Stakeholders and Interest Groups:

Name /Designation	Department/Company	Level of influence

Project Dependencies / Interdependencies:

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Project concerns and risks:

Risks / Gaps in information	How will these risks be managed?

Project Budget & Resource needs:

	Yes	No
Existing Operational CCT / BMB Budget required		
Additional CCT / BMB Budget required		
External funding being utilized or required		

Please provide details for Internal and external funding:

Source:	Monetary Amount: in ZAR	CAPEX or OPEX?	WBS number or GL Account (if existing)	Phase / Stage of Project when required

Other Resource required from BMB: (ie. Equipment, staff time, structures, etc.)

Please specify what other support (in your opinion) would be required from BMB	Date / Phase when required

Other resources provided by external / additional sources (i.e equipment, facilities, staff):

Item:	Source:	Phase when provided

Communication, Awareness Campaigns and Public Engagement:

Public Communications requirements:	Yes/No
• Media Release	
• Event/ Launch	
• Publication	
• Presentations / Talks	
• Social Media	
• Other (i.e. radio interviews etc.)	

Please provide details as per the above:

Responsible Party	Details of what is being proposed	Date

PLEASE NOTE: Depending on the above BMB may require the submission of a Communication Plan for approval if one is not provided as part of this submission.

Choose Y/N for the following below:	Yes/No
Communication Plan provided as Appendix	

Project End

Date	Informants & Actions to conclude project

Project Approval

Applicant / Project Manager	Manager	Ecological Management Committee (EMC)	BMB Branch Manager
Name:	Name:	Name:	Name:
Signature:	Signature:	Signature:	Signature:
Date:	Date:	Date:	Date:

Additional info attached:	Y/N	Number
Appendices		
Photographs		

ANNEXURE B

Indemnity Form for Adults





CONSENT AND INDEMNITY

ADULT

I, the undersigned _____ (full names), identity number _____, hereby indemnify the City of Cape Town (the City), it's Council, Council members, staff members, officials and other persons authorised by the City against any loss, expenses, damage, injury of whatsoever nature, or death, suffered by me (to my person or property) as a result, directly or indirectly, which may come about of my visit on _____ (insert date of visit) to a nature reserve or reserves owned or managed by the City. The indemnity extends to any activities which I may take part in during such a visit as well as being transported in a motor vehicle belonging to the City and/or any other motor vehicle under the control of an employee or person authorised by the City, whether authorised or not and in which I am passenger.

Allergies/ medications, other health issues: _____

If you have a medical aid, please provide the name: _____ and number: _____

Emergency contact person: _____ Emergency contact number: _____

Signed at Cape Town on the ____ day of _____ 20____.

PARTICIPANT SIGNATURE (WITNESS 1) (WITNESS 2)



CONSENT AND INDEMNITY

ADULT

I, the undersigned _____ (full names), identity number _____, hereby indemnify the City of Cape Town (the City), it's Council, Council members, staff members, officials and other persons authorised by the City against any loss, expenses, damage, injury of whatsoever nature, or death, suffered by me (to my person or property) as a result, directly or indirectly, which may come about of my visit on _____ (insert date of visit) to a nature reserve or reserves owned or managed by the City. The indemnity extends to any activities which I may take part in during such a visit as well as being transported in a motor vehicle belonging to the City and/or any other motor vehicle under the control of an employee or person authorised by the City, whether authorised or not and in which I am passenger.

Allergies/ medications, other health issues: _____

If you have a medical aid, please provide the name: _____ and number: _____

Emergency contact person: _____ Emergency contact number: _____

Signed at Cape Town on the ____ day of _____ 20____.

PARTICIPANT SIGNATURE (WITNESS 1) (WITNESS 2)

