



**DISCRETIONARY GRANT: PRIVATE SECTOR APPLICATION**

(This form is for a private sector employer applying for a grant where they themselves are accredited to provide the training or if they are applying with another preferred provider)

<b>Project Name (As per the advert)</b>		
<b>Closing Date for Submission</b>		
<b>Specify who you are applying on behalf of (Please tick)</b>	Employer	
	Provider	
	Both	
<b>Please indicate what type of project you are applying for (Please tick)</b>	Employed Bursaries	
	Unemployed Learnerships	
	Employed Learnerships	
	Unemployed Skills Programmes	
	Employed Skills Programmes	
	Internships	
	TVET Placements	
	University Graduate Placements	
	Artisans	
	AET	

**NB!**

Preferred Providers must attach all relevant documents as per the requirements of the advert. Applying with an employer that prefers you as a training provider does not guarantee you an automatic recommendation. All applicants will be evaluated as per SASSETA policies.

**Guidelines: Applying for DG funding by private providers**

- Any employer falling under the primary scope of SASSETA may apply
- The employer must have submitted their Workplace Skills Plan and or Pivotal Training Plan
- The employer must attach proof of registration under SASSETA (SETA 19) for Skills Development Levy or Proof of Exemption. If the employer is not exempt for levies, then the employer should be contributing levies.
- Each application should respond to the advertisement.
- Accredited training providers should complete the Training Provider application form.
- Ensure that you are familiar with the NSDS III document of the Department of Higher Education; the SASSETA Sector Skills Plan and SASSETA Discretionary Grants Policy.

**Completing the DG Application**

- It is compulsory that all applicants complete **ONE** application form per project applied for. It is also compulsory that the following documents are included in **Each** application. The certified stamp on the copies must not be older than **THREE** months:
  1. Certified Company registration documents.
  2. Skills Development Levy Number/Proof of registration for levies under SETA 19/Proof of Exemption
  3. Certified PSIRA registration for 2018 or Law Society registration or relevant other professional Body Registration documents. This must be for both the employer and accredited training provider if the accredited training provider is different from the employer.
  4. Proof of accreditation and **Programme approval** from the relevant SETA or Quality Assuring Body for the specific learning programme being applied for. Also provide Assessors and moderators registration documents.
  5. Original Valid Tax Clearance Certificate/Certificate of good standing issued by SARS/ Tax compliance status with one time pin number
  6. If you are registered on the CSD; please attach the CSD report
  7. A detailed budget clearly stipulating the breakdown cost of training per line item to be completed on the application form.
  8. In order to obtain Discretionary grant funding for Pivotal programmes under this advertisement, Employers who are legal person falling into categories set out in sub- regulation (10) must complete and submit a PIVOTAL training plan and report using the template attached to the Funding Grant

Regulations no.35940 of 3 December 2012. Companies employing less than 50 employees **will be required** to complete the prescribed PIVOTAL training plan and report, but will be asked to provide information on participation in PIVOTAL programs and the impact of these programs. In this regard they should complete the SASSETA Pivotal Plan Template form which will be posted on the SASSETA website.

- All copies must be certified by a commissioner of oaths and not be older than three months.
- Ensure that each relevant field in the application is completed.
- Each application to be signed off by the employer and a labour /staff representative.
  
- All submissions must either:
  - be hand delivered to the mailroom at the SASSETA Office: Riverview Office Park, Janadel Avenue (off Bekker Road) Midrand; or
  - Posted to SASSETA at PO Box 7612 · Halfway House · 1685.
- Please indicate on the outside of the envelope, as indicated in the DG Advert, the following:
  - **Funding Window**
  - **Project Applied for**

<b>Employer Registered Name:</b>			
<b>Trading as:</b>			
<b>Skills Development Levy (SDL) Number: (Where applicable)</b>			
<b>Are you an Employer</b>	Yes		
	No		
<b>Do you Contribute levies</b> (If Yes please specify which SETA do you contribute to )	Yes		
	No		

**PART A: ADMINISTRATIVE DETAILS**

**A1 Details of the Applicant (The Employer)**

Company/Organization: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postal Code: \_\_\_\_\_

Company Registration Number \_\_\_\_\_  
 \_\_\_\_\_

PSIRAReg /Law Society Reg: \_\_\_\_\_  
 \_\_\_\_\_

Size of the Organization/Company:

0- 49	<div style="border-bottom: 1px solid black; height: 50px;"></div>	50 – 149	<div style="border-bottom: 1px solid black; height: 50px;"></div>	150+	<div style="border-bottom: 1px solid black; height: 50px;"></div>	<b>Mark with an X</b>
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**\*\* If less than 50 please complete the pivotal plan template!!**

Is your Company in a good liquid state?	<b>YES.</b>	<b>NO.</b>

**\*(Applicable to security firms for security related programmes)**

How many sites do you currently guard?	No. of Sites	
How many guards do you employ?	Permanent no.	Contractual

**A1 Details of the Applicant (The Employer)**

**Contact Person**

Name \_\_\_\_\_ Email \_\_\_\_\_  
Telephone \_\_\_\_\_ Cell \_\_\_\_\_

**Banking Details**

Account Holder: \_\_\_\_\_  
Bank: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Branch Code: \_\_\_\_\_

**Preferred Providers/providers partnering with  
\*Attach all supporting documents for the preferred provider**

Preferred Provider Name: \_\_\_\_\_  
Accreditation Number: \_\_\_\_\_  
Quality Assuring Body: \_\_\_\_\_  
Programme Approval Details: \_\_\_\_\_  
Tele No: \_\_\_\_\_ Fax No: \_\_\_\_\_  
Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

<b>Reasons for the choice of preferred provider by the employer</b>		
<b>Capacity to deliver</b>	Qualified and experienced Project Team	
	Qualified and experienced facilitators	
	Qualified and experienced assessors and moderators	
<b>Costing</b>	Within the budget	
	Reasonable Cost Per Learner	
<b>First time applicant</b>	Had not previously been awarded a SASSETA Discretionary Grant training project?	
<b>Project plan</b>	Well-structured Project / Implementation plan	
<b>Vulnerable Group</b>	Company owned by Youth, Women and People with Disabilities	

No	Discretionary Grants Project as advertised	Type of Project as specified on the cover page	NQF level	No of learners		Total Amount Requested
				18.1 (Employed)	18.2 (Unemployed)	

**Breakdown of line item Budget:**

Item	Costing
<b>Total Cost:</b>	

**Company Details of the Employer**

<b>Full Name of Employer</b>							
<b>Trading as</b>					<b>BEE</b>	<b>Yes</b>	<b>No</b>
<b>Company Owned exclusively by</b>	<b>Youth</b>		<b>Women</b>		<b>People With Disability</b>		
<b>Management includes</b>	<b>Youth</b>		<b>Women</b>		<b>People With Disability</b>		
<b>Company Contact Details</b>	<b>Physical Address (including Postal Code)</b>						
	<b>Postal Address (including Postal Code)</b>						
	<b>Phone</b>				<b>Fax</b>		
	<b>E-mail</b>						
<b>Company Registration No.</b>			<b>Levy No</b>			<b>Company Tax No</b>	
<b>Location of company</b>	<b>Rural</b>		<b>Urban</b>			<b>Province</b>	
<b>Contact Person</b>	<b>Name &amp; Surname</b>						
	<b>Phone</b>		<b>Cell</b>			<b>E-mail</b>	



**Company Details of the Accredited Training Provider**

<b>Full Name of Provider</b>												
<b>Trading as</b>							<b>BEE</b>	<b>Yes</b>		<b>No</b>		
<b>Company Owned exclusively by</b>	<b>Youth</b>		<b>Women</b>		<b>People With Disability</b>							
<b>Management includes</b>	<b>Youth</b>		<b>Women</b>		<b>People With Disability</b>							
<b>Company Contact Details</b>	<b>Physical Address (including Postal Code)</b>											
	<b>Postal Address (including Postal Code)</b>											
	<b>Phone</b>						<b>Fax</b>					
	<b>E-mail</b>											
<b>Company Registration No.</b>			<b>Levy No</b>			<b>Company Tax No</b>						
<b>Location of company</b>	<b>Rural</b>		<b>Urban</b>			<b>Province</b>						
<b>Contact Person</b>	<b>Name &amp; Surname</b>											
	<b>Phone</b>			<b>Cell</b>			<b>E-mail</b>					

Please complete the following tables to indicate the equity spread of the learners across provinces

\*\*\*NB: It should be noted that as per the transformation imperatives of the NSDS III the learner split should be as follows: at least 80% Black, at least 20% other, Women 54%, Men 46% and at least 5% of learners with disabilities.

Provincial Distribution	Equity															
	Black				Coloured				Indian				White		Disability	
	M		F		M		F		M		F		M	F	M	F
	-35	+ 35	-35	+ 35	-35	+ 35	-35	+ 35	-35	+ 35	-35	+ 35	-35	+ 35	-35	+ 35
WC																
Gauteng																
NWP																
Limpopo																
KZN																
Mpumalanga																
FS																
EC																
NC																

APPLICANTS

**DECLARATION**

I/We the undersigned hereby declare and certify that:

- The information provided in this application is factually correct in all material respects
- That we don't have a relative or kinship with persons employed by SASSETA including a blood relationship
- That we do not have any unlawful past supply change management practises
- That there is no "Collusive bidding"
- I/We as applicants or any of our directors listed on the National Treasury's database as companies or persons are not prohibited from doing business with the public sector
- I/We are duly authorized to submit this application on behalf of \_\_\_\_\_ (name of applying organization)

**Employer Representative/Organization**

**Full Name:** \_\_\_\_\_

**Designation:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Employee (Labour)**

**Representative:  
(Where applicable)** \_\_\_\_\_

**Full Name:** \_\_\_\_\_

**Position in Union:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

N.O	Check List	Applicant to tick :			SASSETA Official to tick:		
		Yes	N/A	No	Yes	N/A	No
1.	We requested assistance from SASSETA where clarity was needed						
2.	The Discretionary Grant Guidelines were considered in completing this application.						
3.	Each relevant and required section of the application form has been duly completed.						
4.	Each supporting document is in line with the application requirements						
5.	The accreditation details requirements are in order.						
6.	The capacity requirements (assessors / moderator) requirements are in order and attached.						
7.	Each of the legal compliance (Tax clearance / CIPRO/PSIRA/ COID) requirements is in order.(Attached)						
8.	The certified documents are not older than three months.						
9.	The application is an original (not a copy of a copy)						
10.	Each relevant organisational party endorsed this application?						
11.	The applicable and authorised company representative signed-off the application form.						
12.	The application is a product of consultation with the relevant stakeholder parties?						
13.	The application is signed and dated (where appropriate) by each relevant party						
14.	The coversheet template is pasted on the back of the envelope.						
15.	This application is accompanied by a duly completed provider application form.						
16.	An independent person checked this application for compliance with each requirement.						
17.	The application is posted / hand delivered to reach SASSETA by the due date and time.						
18.	A separate application must be completed for each project being applied for						