



DISCRETIONARY GRANT: PUBLIC SECTOR APPLICATION

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

Project Name (As per the advert)		
Closing Date for Submission		
Specify who you are applying on behalf of (Please tick)	Employer	
	Provider	
	Both	
Please indicate what type of project you are applying for (Please tick)	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 Department falling under the primary scope of SASSETA and making financial contributions to SASSETA may apply
- The Department must have submitted their Workplace Skills Plan and or Pivotal Training Plan
- Each application should respond to the advertisement.
- 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. Skills Development Levy Number/Proof of registration for levies under SETA 19/Proof of Exemption
 2. 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.
 3. Original Valid Tax Clearance Certificate/Certificate of good standing issued by SARS/ Tax compliance status with one time pin number (Where applicable)
 4. A detailed budget clearly stipulating the breakdown cost of training per line item to be completed on the application form
- 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**

DepartmentName:			
Skills Development Levy (SDL) Number: (Where applicable)			
Are you an Employer	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
Do you Contribute levies (If Yes please specify which SETA do you contribute to)	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	

PART A: ADMINISTRATIVE DETAILS

A1 Details of the Applicant (The Department/Public Entity)

Department:

Postal Address:

Postal Code: _____

Size of the Organization/Company:

0- 49	<input type="checkbox"/>	50 – 149	<input type="checkbox"/>	150+	<input type="checkbox"/>	Mark with an X
	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Contact Person

Name	_____	Email	_____
Telephone	_____	Cell	_____

Details of the Mandated Representative

Name	_____	Email	_____
Telephone	_____	Cell	_____

A1 Details of the Applicant (The Department/Public Entity)

Details of the relevant project management team

1. Name	_____	Email	_____
Telephone	_____	Cell	_____
2. Name	_____	Email	_____
Telephone	_____	Cell	_____
3. 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 e.g. Tax clearance, Company registration and Accreditation etc.**

Preferred Provider Name: _____

Accreditation Number: _____

Quality Assuring Body: _____

Programme Approval Details: _____

Tele No: _____ Fax No: _____

Cell: _____ E-mail: _____

Reasons for the choice of preferred provider by the employer		
Capacity to deliver	Qualified and experienced Project Team	
	Qualified and experienced facilitators	
	Qualified and experienced assessors and moderators	
Costing	Within the budget	
	Reasonable Cost Per Learner	
First time applicant	Had not previously been awarded a SASSETA Discretionary Grant training project?	
Project plan	Well-structured Project / Implementation plan	
Vulnerable Group	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
Total Cost:	

Company Details of the Accredited Training Provider (if Applicable)

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

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: atleast 80% Black, atleast 20% other, Women 54%, Men 46% and atleast 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																

APPLICANT'S 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' 'under any grounds

I/We are duly authorized to submit this application on behalf of _____ (name of applying Department/organization)

Department 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						