



DISCRETIONARY GRANT: TRAINING PROVIDER APPLICATION

(The form is for standalone training providers who want to render their services to employers who will be recipients of discretionary grants)

Project Name (As per the advert)		
Closing Date for Submission		
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. Should you be a preferred training provider in the private sector you do not need to complete a separate form and should jointly complete the private sector employer application. E.G. Please note that this form cannot be used to apply for General Security practices as that field is for employers only.

Guidelines: Applying for DG funding by private providers

- Any private provider (including public universities and TVET Colleges who is accredited for any of the learning programs advertised may apply.)
- Each application should respond to the advertisement.
- Ensure that you are familiar with the NSDS111 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.

- 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**

Training Provider Registered Name:			
Trading as:			
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 Training Provider)

Company/Organization:

Postal Address:

Postal Code: _____

Company Registration Number

PSIRAREg /Law Society Reg:

Size of the Organization/Company:

0- 49 50 – 149 150+ **Mark with an X**

Contact Person

Name _____ Email _____
Telephone _____ Cell _____

Banking Details

Account Holder: _____
Bank: _____
Account Number: _____
Branch Code: _____

Capacity to provide training (Please indicate with x)	National	
	Provincial	
If Provincial, please specify the provinces.		

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

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					

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 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)

Provider Representative/Organization

Full Name: _____

Designation: _____

Date: _____

Signature: _____

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						