



DISCRETIONARY GRANT EMPLOYER APPLICATION

This form is for private sector employers, public training institutions including public TVET colleges, CBO's, NGO's, Cooperatives and Trade Unions to apply for discretionary grants nationally and provincially.

Project Name (As per the advert)			
Closing Date for Submission (Please tick the applicable box)	18 June 2019 at 12h00 (midday)		
		Urban	Rural
Please indicate what type of project you are applying for (Please tick)	Candidate Attorneys		
	Unemployed Learnerships		
	Employed Learnerships		
	Unemployed Skills Programmes		
	Employed Skills Programmes		
	Lecturer Development		

Preferred Providers must attach all relevant documents as per the requirements of the advert. Applying with an employer, CBO, NGO, Cooperative or Trade Union that prefers you as a training provider does not guarantee you an automatic recommendation. All applicants will be evaluated as per SASSETA policies. Preferred training providers do not need to complete a separate form and should jointly complete this application form with the applicant employers, CBO's, NGO's, Cooperatives or Trade Unions

For SASSETA Use:	
Date Application Captured	: _____
Application Reference	: _____
Date Feedback provided	: _____

DG 2nd Funding Window Employer Application 2019/20

GUIDELINES: APPLYING FOR DG FUNDING

- Only ONE application must be completed, this will include ALL programmes applied for
- This application must be completed together with the preferred training providers
- Ensure that you are familiar with the SASSETA Discretionary Grants Policy version 8.
- Where possible, TYPED applications are preferred to assist with the evaluation
- 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 **Funding Window**

COMPULSORY APPLICATION AND SUPPORTING REQUIREMENTS:

The below required documents are included in EACH application.

1. It is compulsory that all applicants comply with the SASSETA Discretionary Grant Policy Version 8 when applying
2. Private sector employers, public training institutes including public TVET colleges, CBO's, NGO's, Cooperatives and Trade Unions must complete **ONE Employer** Application that will include all learning programmes applied for.
3. Training Providers must complete **ONE Provider Application** form for each programme they wish to apply for from the above
4. Applications must be placed in an envelope and marked as follows **DG 2ND FUNDING WINDOW 2019/2020**
5. The Training provider envelope should specify the name of the LEARNING PROGRAMME under which the application is being made
6. A commissioner of oaths certified the copies and they are not older than three months from the date they were certified.
7. Company registrations documents (CIPC) for both employers and preferred providers
8. Skills Development Levy Number / Proof of registration for levies under SETA 19 / Proof of Exemption by SARS
9. Valid PSIRA registration (applicable only to the Private Security Sub Sector applicants) or Law Society registration (applicable only to the Legal Sub Sector applicants) or relevant other professional Body Registration documents for both employers employers and preferred providers
10. Valid COID Certificate or relevant insurance for any employer who are applying to take on unemployed learners.
11. Valid Original Tax Clearance Certificate/ Certificate of Good Standing issued by SARS (Original only, no copies will be accepted) for both employers employers and preferred providers
12. Valid BBBEE Certificate / Affidavit for both employers employers and preferred providers
13. A detailed budget clearly stipulating the breakdown cost of training per line item to be completed on the application form
14. Employers to complete the prescribed SASSETA Pivotal Plan (Template is on the SASSETA website)
15. Proof of accreditation, program approval, assessors and moderators for all programmes
16. Ensure that the employer and a labour/staff representative sign off the application form.

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Applicant Registered Name:			
Trading as:			
Skills Development Levy (SDL) Number: (Where applicable)			
Do you Contribute levies (If Yes, please specify which SETA you contribute to.)	Yes		
	No		

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EMPLOYER ADMINISTRATIVE DETAILS

A1 Details of the Applicant (employer, CBO, NGO, Cooperative or Trade Union)

Registered Name: _____
Trading As: _____

Postal Address: _____

Postal Code: _____

Company Registration Number _____

Skills Development Levy Number _____

Size of the Organization/Company: 0- 49 50 – 149 150+ **Mark with an X**

Percentage of Women Ownership _____

Percentage of Black Ownership _____

Contact Person

Name _____ Email _____
Telephone _____ Cell _____

Banking Details

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

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Is your Company in a good liquid state?	Yes	No

(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
Capacity to provide training (Tick the applicable box with X)	National	
	Provincial	
If Provincial, please specify the provinces.		

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LIST OF ALL PROGRAMMES APPLYING FOR

#No	Learning Programme Name (as per SASSETA scarce and critical skills list, national skills priority list and generic trades attached))	Type of Project (Artisans, Learnerships & Skills Programs)	NQF level	No of learners (populate the number of learners targeted under the applicable category)		Total Amount Requested
				18.1(Employed)	18.2 (Unemployed)	
Example	National Certificate: General Security Practices	Learnerships for Unemployed	NQF 3		10	R120 000 (R12 000 x 10)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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Breakdown of line item Budget – **MAKE COPY FOR EACH LEARNING PROGRAMME APPLIED FOR**

Project 1 -

#No.	Item	Costing
1		
2		
3		
4		
5		
	Total Cost:	

Project 2 -

#No.	Item	Costing
1		
2		
3		
4		
5		

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Total Cost:	
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Company Details of the Accredited Training Provider (Make copies for each project applying for)

A1 Details of the Preferred Training Provider)

Registered Name: _____

Trading As: _____

Postal Address: _____

Postal Code: _____

Company Registration Number _____

Skills Development Levy Number _____

Accreditation Number: _____

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A1 Details of the Preferred Training Provider)

Quality Assuring Body: _____

Size of the Organization/Company:

0- 49 50 – 149 150+

Mark with an X

Percentage of Women Ownership _____

Percentage of Black Ownership _____

Is your Company in a good liquid state?	YES.	NO.

Contact Person

Name _____ Email _____

Telephone _____ Cell _____

Banking Details

Account Holder: _____

Bank: _____

Account Number: _____

Branch Code: _____

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A1 Details of the Preferred Training Provider)

REASONS FOR THE CHOICE OF PREFERRED PROVIDER BY THE EMPLOYER (Make copy for EACH PROVIDER)

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	

TRAINING PROVIDER EXISTING PROJECTS WITH SASSETA

#No.	Employer name	Project Code	Contract Amount	Start date	End Date	Status to Date
1						
2						

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3						
4						
5						
6						
7						
8						

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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																

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The exit strategy				
The programme exit strategy is supported by the Economic Sector of the Safety and Security	Safety & Security Sub Sector's	Potential Opportunities	Demographic data	Job Opportunities
	Corrections	<input type="checkbox"/> Secure contract with new employer/client.	<input type="checkbox"/> Youth	<input type="checkbox"/> Number of jobs created
	Defence	<input type="checkbox"/> Further education and training.	<input type="checkbox"/> Women	<input type="checkbox"/> Duration of jobs created
	Justice	<input type="checkbox"/> Qualified individuals with a record of accomplishment.	<input type="checkbox"/> People with disabilities	<input type="checkbox"/> Cost per job
	Legal Services	<input type="checkbox"/> Establishment of Co-Operatives, NGO's, CBO's and NLPE.		
	Policing	<input type="checkbox"/> Establishment of SMME's		
	Private Security	<input type="checkbox"/> Selection of Learner and Short-listing them for vacant post.		
		<input type="checkbox"/> Securing WIL programmes		

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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 chain 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)

Applicant Representative (Duly Authorised or Delegated to sing on behalf of the company/organization)

Full Name: _____

Designation: _____

Date: _____

Signature: _____

Employee (Labour)

**Representative:
(Where applicable)** _____

Full Name: _____

Position in Union: _____

Signature: _____ **Date:** _____

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No.	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 Policy version 8 was considered in completing this application.						
3	The application has been completed in full.						
4	The certified documents are not older than three months.						
5	The application is an original (not a copy)						
6	The application is signed and dated (where appropriate)						
7	A cover sheet clearly stating the project applied for is pasted on the back of the envelope.						
8	An independent person has checked this application for compliance with each requirement.						
9	The application is posted / hand delivered to reach SASSETA by 18 June 2019 at 12h00 (midday)						
10	A separate application form has been completed for each project being applied for						
11	Certified Company registration (CIPC) documents have been attached						
12	National Treasury's Central Supplier Database (CSD) report attached, if applicable						
13	Certified copy of valid PSIRA registration for 2019 or Law Society registration or relevant other professional Body Registration documents have been attached						

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No.	Check List	Applicant to tick :			SASSETA Official to tick:		
		Yes	N/A	No	Yes	N/A	No
14	Proof of accreditation and Programme approval (detail of programmes approved for from the relevant SETA or Quality Assurance Body for the specific learning programme being applied for have been attached						
15	Proof of registration for Assessors and Moderators attached						
16	Detailed CV of the Project Manager who will oversee the implementation of this project attached						
17	Original Valid Tax Clearance Certificate/Certificate of good standing issued by SARS/ Tax compliance status with one time pin number attached						
18	Valid BBBEE Certificate / Affidavit attached						
19	Proposed Project Implementation Plan clearly indicating timeframes. (It is not necessary to include exact dates) attached						
20	Proof of Banking Details, stamped by the bank attached						