



## DISCRETIONARY GRANT: TRAINING PROVIDER APPLICATION

This form is for private and public training providers who are applying to offer training against the learning programmes that SASSETA intends to offer to government departments and public entities. The intended government departments will provide the learners to be trained. Training will be delivered nationally and provincially.

<b>Project Name (As per the advert) e.g.</b> <b>FET: Specialist Security Practices</b> <b>57713</b>		
<b>Closing Date for Submission</b>	<b>01<sup>st</sup> June 2020 at 12h00 (midday)</b>	
<b>Please indicate what type of project you are applying for (Please tick)</b>	Unemployed Learnerships	
	Employed Learnerships	
	Unemployed Skills Programmes	
	Employed Skills Programmes	
	Artisan Training <b>NB!!</b> Must be in partnership with public TVET Colleges	

<b>For SASSETA Use:</b>	
Date Application Captured	: _____
Application Reference	: _____
Date Feedback provided	: _____

# DG 1st Funding Window Training Provider Application 2020/21

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## GUIDELINES:

- It is compulsory that all applicants complete **ONE** application form per project applied for
- Only Accredited training providers should complete this application form.
- Ensure that you are familiar with the SASSETA Discretionary Grants Policy version 8.
- Where possible, TYPED applications are preferred to assist with the evaluation
- Applications should be hand delivered or couriered to SASSETA, Building 2 Waterfall Corporate Campus, 74 Waterfall Drive, Midrand on or before the closing date. All Queries to be sent to the SASSETA DG mailbox; [dq@sasseta.org.za](mailto:dq@sasseta.org.za) 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**

## COMPLETING THE DG APPLICATION

- It is compulsory that the following documents are included in **EACH** application
  1. Certified Company registration (CIPC) documents
  2. National Treasury's Central Supplier Database (CSD). Please attach the CSD report
  3. 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 and preferred providers
  4. 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.
  5. Valid COID Certificate or relevant insurance
  6. Proof of registration for Assessors and Moderators. MOUs for the applicant with assessors and moderators or copies of their employment contracts
  7. Certified Tax Clearance Certificate/ Certificate of Good Standing issued by SARS with a one-time pin for preferred providers
  8. Certified Valid BBBEE Certificate / Sworn Affidavit for preferred providers. Proof of Banking Details, stamped by the bank
- All copies must be certified by a commissioner of oaths and not be older than Six (6) months.
- Ensure that each relevant field in the application is completed. Fields not applicable must be crossed through indicating Not Applicable (N/A)

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## PART A: ADMINISTRATIVE DETAILS

### A1 Details of the Applicant (Training Provider)

Registered Name:

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Trading As:

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Physical Address:

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Postal Address

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Postal Code:

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Company Registration Number

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Skills Development Levy  
Number

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Accreditation Number:

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Quality Assuring Body:

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# DG 1st Funding Window Training Provider Application 2020/21

Size of the Organization/Company:  
**Mark with an X**

0- 49	<input type="checkbox"/>	50 – 149	<input type="checkbox"/>	150+	<input type="checkbox"/>
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Percentage of Women Ownership \_\_\_\_\_

Percentage of Black Ownership \_\_\_\_\_

Is your Company in a good liquid state?	<b>YES.</b>	<b>NO.</b>
	<input type="checkbox"/>	<input type="checkbox"/>

## A1 Details of the Applicant (Training Provider)

Contact Person Name; \_\_\_\_\_

Email Address : \_\_\_\_\_ Cell: \_\_\_\_\_

Telephone : \_\_\_\_\_

### Banking Details

Account Holder:

Bank:

Account Number:

Branch Code:

# DG 1st Funding Window Training Provider Application 2020/21

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## CAPACITY TO DELIVER

Accreditation Expiry Date: \_\_\_\_\_

Project Manager Name: \_\_\_\_\_

Registered Assessor(s): (An assessor for every 25 learners applied for is recommended)

Name of Assessor	Assessor Registration No.	Registration Expiry Date

Registered Moderator(s):

Name of Moderator	Moderator Registration No.	Registration Expiry Date

## Discretionary Grant First Funding Window 2020/21 Training Provider Application

Project Name	NQF level	No of Learners	Cost per Learner	Total Cost of Project

**Breakdown of line item Budget:**

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

# Discretionary Grant First Funding Window 2020/21 Training Provider Application

## **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:** \_\_\_\_\_

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

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

## Discretionary Grant First Funding Window 2020/21 Training Provider Application

No.	Check List	Applicant to tick :		
		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 six months.			
5	The application is an original (not a copy)			
6	The application is signed and dated in the designated spaces			
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 <b>01<sup>st</sup> June 2020 at 12h00 (midday)</b>			
10	A separate application form has been completed for each project being applied for			



## Discretionary Grant First Funding Window 2020/21 Training Provider Application

11	Certified Company registration (CIPC) documents have been attached			
12	National Treasury's Central Supplier Database (CSD) report is attached			
13	Certified copy of valid PSIRA registration Law Society registration or relevant other professional Body Registration documents have been attached			
14	Proof of accreditation and <b>Programme approval (detail of programmes approved for</b> from the relevant SETA or Quality Assurance Body for the specific learning programme being applied for have been attached. No SETA IT Reports.			
15	Proof of registration for Assessors and Moderators attached with details of qualifications/unit standards they are qualified to assess/moderate.			
16.	Copies of employment contract/ Memorandum of Agreement of applicant with Assessors and Moderators			
17	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	Proof of Banking Details, stamped by the bank attached			