



**DISCRETIONARY GRANT EMPLOYER APPLICATION ( 3<sup>RD</sup> FUNDING WINDOW)**

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.

<b>Project Name (As per the advert)</b>				
<b>Closing Date for Submission</b>	<b>05 December 2019 at 12h00 (midday)</b>			
<b>(Please tick the applicable box)</b>			<b>Urban</b>	<b>Rural</b>
<b>Please indicate what type of project you are applying for (Please tick)</b>	Candidate Attorneys			

Where applicable, 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

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

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## GUIDELINES: APPLYING FOR DG FUNDING

(Where applicable)

- Only ONE application must be completed, this will include ALL programmes applied for
- 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 & Name of the Programme applying for**

## COMPULSORY APPLICATION AND SUPPORTING REQUIREMENTS:

The below required documents are to be 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.
4. Applications must be placed in an envelope and marked as follows **DG 3<sup>ND</sup> FUNDING WINDOW 2019/2020**
5. A commissioner of oaths certified the copies that requires certification. The certification stamp must not be older than 3 months from the date of the closing of the advert.
6. Certified company registrations documents (CIPC) for both employers and preferred providers. It should be reflecting that the company is 'in business' and 'not dormant'
7. Skills Development Levy Number / Proof of registration for levies under SETA 19 / Proof of Exemption by SARS
8. Valid certified copy of PSIRA registration (applicable only to the Private Security Sub Sector applicants) or Legal Practise registration (applicable only to the Legal Sub Sector applicants) or relevant other professional Body Registration documents for both employers and preferred providers
9. Valid Certified copy of COID Certificate or relevant insurance for any Employer/ Provider who are applying to train on unemployed learners
10. Valid Original Tax Clearance Certificate/ Certificate of Good Standing issued by SARS (Original only, no copies will be accepted) for both employers and preferred providers
11. Valid Certified copy of BBBEE Certificate / Affidavit for both employers and preferred providers
12. A detailed budget clearly stipulating the breakdown cost of training per line item to be completed on the application form
13. SMME Employers (0- 49 Employees who have not submitted WSP) to complete the prescribed SASSETA Pivotal Plan (Template is on the SASSETA website)
14. Medium (50- 149) and Large (150+) employers should have already submitted the WSP to SASSETA.
15. Proof of accreditation, program approval, assessors and moderators for all programmes. Please attach Assessor and Moderator Registration Documents
16. Ensure that the employer and a labour/staff representative sign off the application form.

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<b>Applicant's Registered Name:</b>			
<b>Trading as:</b>			
<b>Skills Development Levy (SDL) Number:</b>			
<b>Do you Contribute levies</b> <b>(If Yes, please specify which SETA you contribute to.)</b>	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?	<b>No. of Sites</b>	
How many guards do you employ?	<b>Permanent no.</b>	<b>Contractual</b>
<b>Capacity to provide training (Tick the applicable box with X)</b>	National	
	Provincial	
<b>If Provincial, please specify the provinces.</b>		

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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 AND COMPLETE FOR EACH LEARNING PROGRAMME APPLIED FOR**

Project 1 –

#No.	Item	Costing
1		
2		
3		
4		
5		
<b>Total Cost:</b>		

Project 2 -

#No.	Item	Costing
1		
2		
3		
4		
5		
<b>Total Cost:</b>		

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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 – Where applicable

Registered Name: \_\_\_\_\_

Trading As: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

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

Skills Development Levy  
Number \_\_\_\_\_

Accreditation Number: \_\_\_\_\_

Quality Assuring Body:

Size of the  
Organization/Company:

0- 49  50 – 149  150+

**Mark with an X**



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## A1 Details of the Preferred Training Provider – Where applicable

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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**REASONS FOR THE CHOICE OF PREFERRED PROVIDER BY THE EMPLOYER (MAKE A COPY FOR EACH PROVIDER YOU ARE PARTNERING WITH WHEN APPLYING FOR MULTIPLE LEARNING INTERVENTIONS)**

<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	

**TRAINING PROVIDER EXISTING PROJECTS WITH SASSETA**

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

<b>The exit strategy</b>				
<b>The programme exit strategy is supported by the Economic Sector of the Safety and Security</b>	<b>Safety &amp; Security Sub Sector's</b>	<b>Potential Opportunities</b>	<b>Demographic data</b>	<b>Job Opportunities</b>
	<b>Corrections</b>	<input type="checkbox"/> Secure contract with new employer/client.	<input type="checkbox"/> Youth	<input type="checkbox"/> Number of jobs created
	<b>Defence</b>	<input type="checkbox"/> Further education and training.	<input type="checkbox"/> Women	<input type="checkbox"/> Duration of jobs created
	<b>Justice</b>	<input type="checkbox"/> Qualified individuals with a record of accomplishment.	<input type="checkbox"/> People with disabilities	<input type="checkbox"/> Cost per job
	<b>Legal Services</b>	<input type="checkbox"/> Establishment of Co-Operatives, NGO's, CBO's and NLPE.		
	<b>Policing</b>	<input type="checkbox"/> Establishment of SMME's		
	<b>Private Security</b>	<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) The correct application for the 3 <sup>rd</sup> Funding window – 2019/2020 is used.						
6	The application is signed and dated (where appropriate)						
7	A cover sheet clearly stating the project applied for is pasted on 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>05 December 2019 at 12h00 (midday)</b>						
10	Certified Company registration (CIPC) documents have been attached						
11	National Treasury's Central Supplier Database (CSD) report attached, if applicable						
12	Certified copy of valid PSIRA registration for 2019 or Legal Practice Council 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 <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						
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 Certified Copy of 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						