



LGSETA
CREATING GREATER IMPACT

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DUE DILIGENCE EVALUATION TEMPLATE

SECTION A: DETAILS OF THE INSTITUTION

Name of the Organisation/Entity										
Type of Application	Discretionary Grant Application									
Type of Entity (Mark X in the appropriate box)	Municipality (Local, District or Metropolitan)	Entity/Local Gov. Agency Government Department/	Agency NGO/NPO	SMME/ Co-operative	High School Service Provider TVET/CET College	University	Union/Association/Traditional Leadership Institution	Professional Body		
				E.g., X						
Province	Gauteng	Free State	Eastern Cape	KwaZulu-Natal	Limpopo	Mpumalanga	Northern Cape	North West	Western Cape	
				E.g., X						
Applicant's Physical Address										
									Postal Code:	
Name of Contact Person:										
Designation / Position										
Contact Number:	Cell Phone:									
	Telephone:									
Date of Visit:				Duration of Visit:						

Physical Location of Visit:			
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SECTION B: DUE DILIGENCE EXERCISE

SECTION B1: DUE DILIGENCE COVERAGE

Coverage of visit – To be completed by the DG Committee Member (Please mark appropriate box with X)

Due Diligence at Workplace	Yes	No
Due Diligence at Learning Site	Yes	No

SECTION B2: DETAILS OF DUE DILIGENCE

Verification Item	Document Required	Format Required	Yes/No/Partial/ N/A	Evaluator's Comments
1. Validate Name of Learning Programme; Type of Intervention, SAQA ID/Trade and NQF level applied for 1.1 Verify accreditation of each qualification if still valid. <ul style="list-style-type: none"> • Check if qualification has not been replaced • Confirm qualification expiry date. 	<ul style="list-style-type: none"> • Confirmation and proof of all the learning programme interventions, SAQA IDs, NQF level applied for. 	<ul style="list-style-type: none"> • Electronic copy of the proposal. • Copies of qualifications/Unit standards from SAQA • Indicate number of years in cases of Occupational Qualifications 		
Appointments of SDP for Learnerships, Skills Programme, Apprenticeship, RPL, ARPL, Assessment Centre: <ul style="list-style-type: none"> • Is there appointed Skills Development Provider • Check duration of the SLA if still 	<ul style="list-style-type: none"> • Valid Signed Service level agreement • Valid signed Appointment letter • Valid Database of all SDPs who were successful put on the panel by the Municipality through 	Electronic copy of the supporting documents.		

Verification Item	Document Required	Format Required	Yes/No/Partial/ N/A	Evaluator's Comments
valid	supply chain process			
2. Validate Proof of Accreditation <ul style="list-style-type: none"> Verify accreditation of Service Provider especially those that did not submit proof as service provider. during desktop verification. Verify accreditation of service provider is valid and confirm expiry date. Ensure certified copies are valid within 6-months legal period 	<ul style="list-style-type: none"> Proof of accreditation certificates (letters) for qualifications applied for. 	<ul style="list-style-type: none"> Electronic copy of the Accreditation letter. Certified copies 		
3. Delivery practitioners: 3.1 Validate Proof of CV, Qualifications and ID copies of the following: <ul style="list-style-type: none"> Facilitators Assessors Moderators <ul style="list-style-type: none"> Verify registration of each moderator, assessor and facilitator is valid. Confirm expiry date. Ensure registration of these candidates are clearly linked to qualifications applied for. Ensure certified copies are valid within 6 months legal period 	<ul style="list-style-type: none"> Latest CV Certified ID Copy Certified Qualifications/ Statement of results. Valid Proof of registration for Assessors and Moderators with the relevant SETA Proof of relationship between the practitioners and the SDP i.e., SLA/Appointment Letters 	Certified Copies		
4. Validate Workplace Approval <ul style="list-style-type: none"> Verify workplace certificate/letter is valid. Confirm expiry date and vetting SETA. 	<ul style="list-style-type: none"> Certificate of Workplace Vetting and or Workplace Approval letter 	Certified copy		

Verification Item	Document Required	Format Required	Yes/No/Partial/ N/A	Evaluator's Comments
<p>5. Validate Number of Training Sites Available</p> <ul style="list-style-type: none"> The minimum or acceptable criteria requirements for classrooms/simulation sites/workplace must ensure the following: <ul style="list-style-type: none"> COVID (COVID Implementation Plan) and OHS Classroom Setup (Classrooms sites are conducive for learning including sufficient tables/chairs and other relevant equipment, space for social distancing, number of learners, Hygiene, Disability) Workplace (Workplaces are conducive for working including COVID Implementation plan, allocation of work station, office equipment, appointment and allocation of mentor, logbook for assessment, accessible of the training place to the workplace and possible transportation of learners) Learners with Disability (Accessibility, Suitable learning material, allocation and support of trained mentor) 	<p>Verify training sites that will be used for the project:</p> <ul style="list-style-type: none"> Classrooms Simulations sites <p>Approval letter by the relevant SETA</p>	<p>Take pictures of a minimum of one training site</p> <p>Copies of COVID Implementation Plan and OHS Plan</p>		
<p>6. Validate Host Employer and Agreements (Where applicable)</p> <p>Suitable capacity is defined in terms of meeting workplace requirements and readiness:</p> <ul style="list-style-type: none"> Classroom Setup (Classrooms 	<ul style="list-style-type: none"> Letter confirming interest to host learners by employers with suitable capacity Letters must be on employer's official 	<p>Signed Agreement Copies</p>		

Verification Item	Document Required	Format Required	Yes/No/Partial/ N/A	Evaluator's Comments
<p>sites are conducive for learning including sufficient tables/chairs and other relevant equipment, space for social distancing, number of learners, Hygiene, Disability)</p> <ul style="list-style-type: none"> - Workplace (Workplaces are conducive for working including COVID Implementation plan, allocation of workstation, office equipment, appointment and allocation of mentor, logbook for assessment, accessible of the training place to the workplace and possible transportation of learners) - Learners with Disability (Accessibility, Suitable learning material, allocation, and support of trained mentor) 	<p>letterhead. These letters must be specific to:</p> <ul style="list-style-type: none"> - Learning Intervention; - Qualification; and - Number of learners applied for <ul style="list-style-type: none"> • All host employer letters will be telephonically verified with some physical site visits where required <p>In a case of a District Municipality, the relationship with its local municipalities must be demonstrated in a form of letters/minutes/MoU/ or SLA.</p>			
<p>7. Review and Confirm Project Implementation Plan and Workplace Mentors</p> <ul style="list-style-type: none"> • The following should be checked against the plan: <ul style="list-style-type: none"> - Scope of the project can be achieved - Final approved training manuals/learner material • Confirm availability of 	<ul style="list-style-type: none"> • Confirm Project Implementation Plan as provided at application stage. • Confirm Project Implementation Plan per learning interventions applied • Confirm mentors' availability at workplaces 	<p>Copy of the Implementation Plan</p> <p>List of workplace mentors</p>		

Verification Item	Document Required	Format Required	Yes/No/Partial/ N/A	Evaluator's Comments
workplace mentors for workplace-based learning programmes <ul style="list-style-type: none"> Capacity to manage stipend 				
8. Review and Confirm Learner Recruitment Plan	<ul style="list-style-type: none"> Confirm Learners Recruitment Plan provided at application stage. Please provide one recruitment plan per Learning Intervention Recruitment and uploading of learners into LGSETA system should not take more than 30 days. Learner Database 	Copy		
9. Review and Confirm Project Budget	<ul style="list-style-type: none"> Confirm the budget and costing per each learning intervention as provided at application stage. 	Copy		

SECTION C: RECOMMENDATIONS AND DETAILS OF THE EVALUATION TEAM

RECOMMENDATIONS					
12. Indicate Recommendations based on Due Diligence Evaluation Visit:					
Learning Intervention	Qualification Title	SAQA ID	NQF LEVEL	Number of Learners Recommended	
				18.1	18.2
E.g., Learnership	E.g., NC: Environmental Practice	E.g., 48752	E.g., 3	E.g., 20	E.g., 20
Comments:					
13. Names and Signatures of LGSETA Evaluators:					
NAME AND SURNAME		DATE		SIGNATURE	
1.					
2.					
3.					