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DISCRETIONARY GRANT PROPOSAL TEMPLATE

FOR LGSETA OFFICE USE ONLY

DATE RECEIVED:

Evaluated By:						
Full Name: <input style="width: 95%;" type="text"/>						
Signature: <input style="width: 95%;" type="text"/>						
Date:	Day	<input style="width: 20px;" type="text"/>	Month	<input style="width: 20px;" type="text"/>	Year	<input style="width: 20px;" type="text"/>
Captured By:						
Full Name: <input style="width: 95%;" type="text"/>						
Signature: <input style="width: 95%;" type="text"/>						
Date:	Day	<input style="width: 20px;" type="text"/>	Month	<input style="width: 20px;" type="text"/>	Year	<input style="width: 20px;" type="text"/>
Approved By:						
Full Name: <input style="width: 95%;" type="text"/>						
Signature: <input style="width: 95%;" type="text"/>						
Date:	Day	<input style="width: 20px;" type="text"/>	Month	<input style="width: 20px;" type="text"/>	Year	<input style="width: 20px;" type="text"/>

GENERAL INSTRUCTIONS:

- ✓ **Read this document carefully before completing, signing and submitting this application.**
- ✓ Make sure you have completed **ALL** the sections– application forms with incomplete information **will not be considered.**
- ✓ Attach all **supporting documents** requested.
- ✓ Proposals must be submitted **ONLINE ONLY** to the email address dqapplications@lgseta.org.za (No applications should be sent to personal emails)
- ✓ No manual applications will be accepted
- ✓ The deadline will not be extended, any late or incomplete applications will not be considered

SECTION A – DETAILS OF THE ORGANISATION (PRE-COMPLIANCE)

Full name of organisation:					
Size of the organisation:	1-49 employees		50 – 149 employees		150 + employees
Is your organisation exempt from paying tax?	YES	NO	If YES, Please provide tax exemption number:		
Company registration no					
Levy Number					
Physical Address					
					Postal Code:
Postal Address:					
					Postal Code:
Province/District/Municipality:	Province (Please tick)	Eastern Cape	Gauteng	Free State	
		Western Cape	North West	Kwa-Zulu Natal	
		Northern Cape	Limpopo	Mpumalanga	
	Municipality (Please specify Local Municipality)				
BBBEE Status	Level 1-8 Status				
Details of the Training Provider (if applicable)					
CONTACT DETAILS OF PERSON RESPONSIBLE FOR THIS PROPOSAL					
Full name					
Position in organisation					
Telephone numbers:	Office (include area code)		Cell Phone		
	Fax (include area code)		Email address:		

SECTION B – DETAILS OF THE PROPOSAL

Organisations should note that the LGSETA requires full details of the proposed project and all proposals must include the following:

1. Purpose of the Proposal
 - What will the proposal aiming to achieve?
2. Strategic Intent of the Proposal – How does the Proposal link to the following
 - LGSETA Strategic Focus Areas
 - LGSETA Response to Economic Reconstructive and Recovery Plan
 - LGSETA Scarce and Critical Skills List
 - LGSETA Discretionary Grant Strategic Priority Areas
 - District Development Model and Municipal Key Service Areas
3. Target Group or Beneficiaries

Learners Status	Female	Male	Black (African/Coloured/ Indian/Chinese)	Youth	% People with Disability	Urban	Rural	Total
Employed								
Unemployed								

- Include Learner status (employed or unemployed)
 - Include Equity details of the learners or beneficiaries
 - Include Geographical location of learners (Rural or Urban)
 - Indicate % of learner with disability status and nature of disability
 - Indicate how the learners will be recruited
4. Details of the programme – Learning Interventions applied

Name of Learning Intervention	Qualification Name	SAQA ID	Number of Learner 18.1	Number of Learner 18.2	Total

- Indicate full programme name and ID.
- Is the programme credit-bearing or non- credit-bearing?
- Indicate duration of the Project
- Indicate the training provider
- Indicate the appointment letter of SDP/SLA and MOU between SDP and employer (attach)
- Indicate accreditation details of training provider(attach proof)
- Indicate if successful completion will recognition in a specific occupation and lead to registration with a professional body
- Indicate location (where project is going to take place:
Province/Metro/District/Local)
- Indicate the amount of time that learners will be in workplaces and the classroom
- Indicate Mentors availability in workplace
- Indicate whether workplace approval was done by the LGSETA or by other SETA

5. Project Implementation
 - Levy-Paying institutions - Indicate if WSP/ATR provides list of relevant programmes
 - Detail Project Plan to be attached in the proposal
 - Method of delivery of training (blended/face to face/e-learning)
 - Indicate Covid19 protocol
6. Opportunities Upon Completion – Exit Strategy
 - Indicate how the project will impact on the learners life
 - Indicate if there will be any employment opportunities upon completion/ absorption /placements/self-employment (Will the organisation employ them, negotiate employment with other employers etc)
7. Capacity to manage the project
 - Indicate the organisation's experience in project management
 - Stipend disbursement management (if applicable)
8. Previous Experience in Managing Similar Project
 - Indication of any SETA funding (or other sponsor) received previously and performance by organisation in this regard (attach proof)
9. Financial Implication
 - Budget based on actual costs and cost per beneficiary analysis
 - Budget and actual costs to be in line with LGSETA Grants Policy
10. Risk and mitigating factors
 - Indicate the risks and provide mitigating factors for managing these risks

Please Note:

1. The proposal must follow on from Section A of this document, and must address all the requirements listed in Section B.
2. The application must be in the format of a proposal. Each of the above bullet points must form the headings for each requirement. If any of the bullet points indicated above are not included, this may affect the scores to be allocated. This will have an impact on the outcome of your application.
3. The following documents must be submitted together with the full application:
 - a. A valid Tax Clearance Certificate (If applicable)
 - b. Proof of Banking Details

SECTION C - DECLARATION

1. I declare that all the information provided in this application is true and correct.
2. I acknowledge that if any of the information provided in this application is found to be untrue, my application will not be considered.

Full name of person responsible for this application:	
Position in the organisation:	

Signature:	
Date:	