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| 353 Festival Street, Hatfield, Pretoria, 0028  PO Box 11303, Hatfield, 0028 | Tel: 012 423 5700  www.pseta.org.za |

**APPLICATION FOR A DISCRETIONARY GRANT**

**SKILLS PROGRAMME:**

**SERVICE DELIVERY**

**Applications are to be submitted to PSETA,**

**Hand delivery address:**

**353 Festival Street**

**Hatfield**

**Pretoria**

**0028**

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| **Name of Applicant** |  |
| **CIPC Registration Number** |  |
| **PSETA Accreditation/Programme Approval Number** | **P21/** |

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| **SECTION 1: DETAILS OF THE SKILLS DEVELOPMENT PROVIDER** | | | |
| **Name of Applicant** |  | | |
| **Application in respect of** | **SKILLS PROGRAMME** | | |
| **Name of the skills programme** | **SERVICE DELIVERY** | | |
| **Company/Organisation Size** | **Small**  **(0-49)** | **Medium**  **(50-149)** | **Large**  **(150 or larger)** |
| **Address** | **Physical Address:** | **Postal Address:** | |
| **Name of Local Municipality** |  | | |
| **Province** |  | | |
| **Contact Person** |  | | |
| **Mobile Number** |  | | |
| **Telephone Number** |  | | |
| **Fax Number** |  | | |
| **Email** |  | | |
| **LEARNER AND GRANT INFORMATION** | | | |
| **Number of learners applying for** |  | | |
| **Total Cost Per Learner** | R | | |
| **Total Grant Requested** | R | | |
| **PREVIOUS PSETA GRANTS AWARDED** | | | |
| **Previous PSETA Grants** | **Date** | **Amount** | |
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| **SECTION 2: DECLARATION BY THE APPLICANT** |  |  |
| I, the undersigned, taking responsibility for the applicant’s organisation certify that: | **Yes** | **No** |
| 1. The information contained in this application is correct and |  |  |
| 1. We understand that PSETA allocates funds at its discretion, we have no valid claim against PSETA should the grant not be awarded to our organisation. |  |  |

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| **DECLARATION OF INTEREST** | | |
|  | **Yes** | **No** |
| Are you or any person connected with the application employed by the SETA?  If so, state particulars:……………………………………. |  |  |
| Do you or any person connected with the application have any relationship (family, friend, other) with a person employed by the SETA, or a member of the PSETA Board?  If so, state particulars: ……………………………………. |  |  |
| Are you or any person connected with the application aware of any relationship (family, friend, other) between the applicant and any person who may be involved in the evaluation or approval of this application?  If so, state particulars: ……………………………………. |  |  |

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| **SECTION 3: PROJECT PROPOSAL** | |
| **DEMONSTRATED EXPERIENCE OF IMPLEMENTING THE SKILLS PROGRAMME**  **(Please provide detailed explanation of skills programmes implemented in the past – special attention to where they were implemented and how you dealt with the challenges, if occurred. PLEASE BE DETAILED)** | |
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| **EXPERTISE OF THE TEAM FOR THE IMPLEMENTATION OF THIS SKILLS PROGRAMME**  **(Please list the team members and their knowledge and experience in delivering training of this nature. Please include their CVs)** | |
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| **DETAILED PROJECT PLAN** | |
| **DELIVERABLES**  **(Describe the key deliverables that will be achieved by the project that are necessary to reach the goal and objective identified above. The deliverables should be measurable e.g. 30 learners will be recruited by 24 March.)** | |
| **#** | **Deliverable** |
| **1** |  |
| **2** |  |
| **3** |  |
| **4** |  |
| **5** |  |
| **6** |  |
| **7** |  |
| **8** |  |
| **9** |  |
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| **PROJECT ACTIVITIES**  **(For each project deliverable mentioned, outline the major project activities that are necessary to achieve the stated deliverable. There are usually several project activities required in order to achieve a deliverable.)** | |

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| **Deliverable #** | **Project Activities to achieve each Deliverable** | | **Expected implementation date** | |
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| **PROJECT TEAM AND ROLES**  **(Outline the project team who will be responsible for the project, insert names and contact details at each level)** | | | | |
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| **RESOURCE ALLOCATIONS** | | | | |
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| **RISK MANAGEMENT PLAN**  (**Risks identified must relate to its impact on not meeting the projects timelines, objectives, etc.**) | | | | |
| **No** | **Risk identified** | **Risk Mitigation plan** | | |
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| **REPORTING PLAN**  (**Please outline key reports to be produced and proposed timelines**) | | | | |
| **No** | **Details of the report** | | | **Expected reporting date** |
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| **APPLICATION SIGN-OFF** | | | |
| **Signature**  **(Authorised person)** |  | **Date & Place** |  |
| **Name** |  | **Designation** |  |