

**APPLICATION FORM FOR BANKSETA 2023/24 SME and CFI GRANT FUNDING WINDOW:**

I/ we acknowledge that this application **will only be considered complete if the following criteria were met:**

|  |  |
| --- | --- |
| **CRITERIA**  | **Check** |
|  |  |
| Employer **WSP** has been submitted and approved *(Only Small employers are eligible ˂ 50 employees)* |  |
|  |  |
| The employer **Project plan** is attached  |  |
|  |  |
| A **Quotation** from the **training provider** to reflect the **actual cost** of the training is attached |  |
|  |  |
| Proof of Training **Provider accreditation** for the programme that are being applied for, is attached |  |
|  |  |
| **Business case** has been completed |  |
|  |  |
| Completed **learner details** template |  |
|  |  |
| Only short programme (course duration 6 months or less) |  |
|  |  |
| Company/CFI registration document attached |  |

**Company Contact Details**

|  |  |
| --- | --- |
| **Company Name:** |  |
| **BANKSETA Registered Levy no.**  |  |
| **Number of employees recorded on WSP** |  |
| **Physical Address** |  |
| **Postal Address** |  |
| **Contact person for this program:** |  |
| **Telephone:** Landline Cell |  |
|  |  |
| **E-mail address:**  |  |

**Programme Details**

|  |  |
| --- | --- |
| Program Title and Description |  |
| Training Provider |  |
| Number of learners being applied for |  |
| Total Amount applied for: R (**inclusive** **of VAT**) |  |
| **Training Programme start and end date** *(actual training period/ exclude planning and close out)*  | StartEnd  |
| **Project summary *(Must be completed)***(A brief overview of the project and what it will achieve) |

## Project Plan *(Must be completed)*

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| --- |
| **The project plan must include all the deliverables mentioned above, the milestones and the budget.** |
| **Provide details of how the project will be implemented.*** Project planning: include dates of implementation and anticipated end dates.
* Details of proposed project manager
 |
| **A final report is required to give feedback on the project progress leading up to closure. The types of elements that need to be incorporated in this report include:*** Risk Management
* Deviations from Project Aims and Objectives (Mitigating factors for deviation)
* Lessons Learned
* Challenges, achievements and successes
* Financial Management / Corporate governance procedures

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**NOTES**

1. **Please complete all the applicable sections in as much detail as possible.**
2. If insufficient space has been provided, please add additional sheets.
3. This application should be read in conjunction with the BANKSETA Funding Window Guidelines
4. Responsibilities of the APPLICANT:

The APPLICANT will have responsibility for the following, which includes (but is not limited to):

* Overall project management
* Reporting to the governance structure of the project and to the BANKSETA
* Procurement\*
* Financial management including record keeping.

NOTE: The APPLICANT will be held liable for any financial mismanagement

1. **Project Plan, Budget, Governance**

The application is to be accompanied by a draft project plan, which must incorporate details of the project budget.

Included within the draft project plan and budget should be details of the project governance and of the proposed project manager.

All quotations are to be **inclusive of VAT.**

1. **Ownership of deliverables, Copyright and BANKSETA Acknowledgement**

Acknowledgement of funding by the BANKSETA is to be incorporated into all project documentation, deliverables and training material.

**7**. The Protection of Personal Information Act, No 4 of 2013 promotes the protection of personal information by public and private bodies. The BANKSETA is in full support of the PoPI Act, and will disclose information only to ensure compliance in terms of the PIVOTAL reporting requirements

**TRAINING PROVIDER QUALIFICATION AND ACCREDITATION**

This form should be completed by the designated training provider

|  |  |
| --- | --- |
| **Training Provider Name** |  |
| **Training Provider Levy number** |  |
| **Training Provider Registration number** |  |
| **Training Provider Accreditation number** |  |
| **Training Provider Contact Details:**Contact person nameTelephone numberEmail address |  |
| **NQF LEVEL**  |  |

**Generic Project Plan Template:** *Please adapt according to specific organisational needs*

|  |  |  |  |
| --- | --- | --- | --- |
| **Task Name** | **Duration (Days)**  | **Start** | **Finish** |
| **BANKSETA SME Funding 2023/2024** |  |  |  |
| Training Programme Name  |   |   |   |
| **Planning** |  |  |  |
| **BANKSETA to confirm approved funding ito application for funding** |  |  |  |
| **Finalise detailed project plan**  |  |  |  |
| **Procure services of providers** |  |  |  |
| **Workplace preparation (if applicable)** |  |  |  |
| **Signing of MOA with the BANKSETA** |  |  |  |
| **Selection : Employed learners** |  |  |  |
| Employers submit full details of nominated employees on template to BANKSETA on prescribed template |   |   |   |
| **Implementation** |  |  |  |
| Briefing and Contracting sessions  |   |   |   |
| Source Documentation |   |   |   |
| Meetings with Providers |   |   |   |
| Tracking of project plan |   |   |   |
| Provide BANKSETA with original copies of agreements incl. supporting documents |   |   |   |
| Raise first tranche invoice |   |   |   |
| Maintain Database |   |   |   |
| Update training results |   |   |   |
| Update BANKSETA database with terminations etc |   |   |   |
| **Close out of Project** |  |  |  |
| Document and distribute activities |   |   |   |
| Submit close out report |   |   |   |
| Raise final tranche invoice |   |   |   |

**Authorisation**

We, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Employer Name) confirm that the information contained in this proposal are correct and commit to ensuring that the project meets its stated objectives.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **APPLICANT Roles** | **Name** | **Title / Designation** | **Date** | **Signature** |
| Senior Manager |  |  |  |  |
| Project Manager |  |  |  |  |
| CEO/Managing Director |  |  |  |  |

**Declaration**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that I will comply with the requirements of BANKSETA for all reporting required for the project and supporting documentation that may be required.

I further declare that:

* I will ensure my availability and presence at BANKSETA Monitoring and Evaluation visits
* I will submit all learner supporting documents as per Annexure A to the BANKSETA on completion of the training.
* **Approved Funding may be reconsidered if incomplete learner details template is submitted.**

Name of Employer : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title/Capacity of authorized Employer Representative : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CEO/Managing Director : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For BANKSETA office use only**

|  |  |
| --- | --- |
| **Number of learners applied for**  |  |
| **Total Value of application** |  |
| **Funding application reference number** |  |
| **Date Stamp application received**  |  |