

**APPLICATION FORM FOR BANKSETA SPECIAL PROJECTS**

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|  | **PLEASE SELECT ☑** |
| **CATEGORY 2 – Special Projects that will benefit employees**  **in the Banking and Alternative Banking Sector** |  |

**I/ we acknowledge that this is consolidated application is complete at the time of submission and that all the below criteria were met for this application to be considered:**

**CATEGORY 2:**

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| **ELIGIBILITY CRITERIA** | **Yes / No** |
| Applicants must meet the eligibility criteria as indicated below to qualify for funding. | |
| * The applicant must be a Professional Body related to occupations in the Banking and Alternative Banking Sector |  |
| * The applicant must be a legislative body governing legislation applicable to the Banking and Alternative Banking Sector |  |
| * The applicant must be a sector representative body operating in the Banking and Alternative Banking Sector |  |

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| **EVALUATION CRITERIA** | **Yes / No** |
| Applications must meet the evaluation criteria as indicated below to quality for funding. Any application not adhering to the below will be declined. | |
| * Application forms **must** be completed in full and correctly. |  |
| * Application forms **must** indicate the start and end date of the programmes. These funding windows are only for programmes *starting* from November 2024 but no later than 28 February 2025. |  |
| * Please provide a detailed explanation of the programme / intervention, how it will be implemented and how the Banking and/ or Alternative Banking Sector would benefit from this. |  |

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| **CONTRACTING** |  |
| BANKSETA will sign a Memorandum of Agreement (MoA) with the applicant for each application that is approved. |  |
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**Contact Details**

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| --- | --- |
| **Applicant Name:** |  |
| **Registration number (where relevant)** |  |
| **Physical Address** |  |
| **Postal Address** |  |
| **Contact person for this program:** |  |
| **Telephone:**  Landline / Cell Phone |  |
| **E-mail address:** |  |

**Application Details**

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| **Name of project / intervention that is applied for** |  |
| **Provide details of how the project will be resourced**   * Own staff, consultancy etc. * Details of proposed project manager |  |
| **How will this be implemented and rolled out to the sector** |  |
| **Cost per line item** |  |
| Total Amount applied for:  R (**inclusive** **of VAT**) |  |
| **Project start and end date**  *(Overall project timeline/ start with planning and end with close-out)* | Start date: Day / Month / Year  End date: Day / Month / Year |

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| **TO NOTE** |
| A final project plan will be required at the time of signing the Funding Agreement (MoA) to enable the payment and timelines to be finalised.    At the time of close out, a close out report must be submitted to give feedback on the project implementation 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 |

**NOTES**

1. **Please complete all the applicable sections in as much detail as possible.**
2. This application should be read in conjunction with the BANKSETA Discretionary Grant Window Special Projects for Employed Guidelines.
3. Responsibilities of the APPLICANT, 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.**

4.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 reporting requirements.

**Authorisation**

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

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| **APPLICANT Roles** | **Name** | **Title / Designation** | **Date** | **Signature** |
| Senior Manager |  |  |  |  |
| Project Manager |  |  |  |  |
| Skills Development Facilitator (SDF) |  |  |  |  |

We further declare that:

* We will ensure availability and presence at BANKSETA Quality Assurance Visits to be conducted face-to-face or electronically
* We will submit supporting documents to the BANKSETA within two months of the date that the MOA was signed by the Applicant and returned to the BANKSETA

**Name of Applicant Representative :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Title/Capacity of Applicant Representative :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Representative :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_