



## DESKTOP DISCRETIONARY GRANTS WINDOW EVALUATION TEMPLATE

### Section A: Details of the Applicant

|                                                   |                                          |            |         |               |         |            |               |              |              |
|---------------------------------------------------|------------------------------------------|------------|---------|---------------|---------|------------|---------------|--------------|--------------|
| Legal Name of the Organization Institution:       |                                          |            |         |               |         |            |               |              |              |
| Entity Registration Number                        |                                          |            |         |               |         |            |               |              |              |
| SDL Number                                        |                                          |            |         |               |         |            |               |              |              |
| Type of Application:                              | Discretionary Grant 2026/27 Applications |            |         |               |         |            |               |              |              |
| Province (Mark with an X in the appropriate box): | Eastern Cape                             | Free State | Gauteng | KwaZulu Natal | Limpopo | Mpumalanga | Northern Cape | North-West   | Western Cape |
|                                                   |                                          |            |         |               |         |            |               |              |              |
| Applicant's Physical Address:                     |                                          |            |         |               |         |            |               |              |              |
|                                                   |                                          |            |         |               |         |            |               |              |              |
|                                                   |                                          |            |         |               |         |            |               | Postal Code: |              |
| Name of Contact Person:                           |                                          |            |         |               |         |            |               |              |              |
| Contact Number:                                   | Mobile Phone:                            |            |         |               |         |            |               |              |              |
|                                                   | Landline:                                |            |         |               |         |            |               |              |              |



## Section B: EVALUATION DETAILS

### STAGE 1: COMPLIANCE STAGE

| Criteria                                       | Description                                                                                                                                                                                                                                                                                                                                                                  | State Yes/No | Confirmation of Information |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|
| <b>1. Eligible Applicant Category</b>          |                                                                                                                                                                                                                                                                                                                                                                              |              |                             |
| 1.1 Applicants<br>-.(CIPC/Entity registration) | Confirm and indicate type of applicant:<br><br>1. Services SETA Levy paying Employers and Non-Levy paying Employers<br><br>2. Sectoral Associations within the Services SETA scope. .<br><br>3. Professional Bodies within the Services SETA scope<br><br>4. Trade Unions/Federation within the Services SETA scope<br><br>5. Accredited Skills Development Providers (SDPs) |              |                             |
| 1.2 Declaration of Interest (Form 1A)          | Fully signed Declaration of Interest Form 1(A)                                                                                                                                                                                                                                                                                                                               |              |                             |



| Criteria                              | Description                                                                                                                                                                                                                                                                                                             | State Yes/No | Confirmation of Information |
|---------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-----------------------------|
| <b>1. Eligible Applicant Category</b> |                                                                                                                                                                                                                                                                                                                         |              |                             |
| 1.3 POPIA form 1B                     | Fully signed POPIA form 1B                                                                                                                                                                                                                                                                                              |              |                             |
| 1.4 Delegation of Authorized          | Signed Delegation of Authorized person                                                                                                                                                                                                                                                                                  |              |                             |
| 1.5 List of Directors                 | Signed List of Directors                                                                                                                                                                                                                                                                                                |              |                             |
| 1.6 ID copy of Authorised             | Certified copy of authorized person(Certified within 3 months)                                                                                                                                                                                                                                                          |              |                             |
| 1.7 ID Copy of Directors              | Certified copies of directors (Certified within 3 months)                                                                                                                                                                                                                                                               |              |                             |
| 1.8 Tax status                        | Valid Tax pin                                                                                                                                                                                                                                                                                                           |              |                             |
| 1.9 BBE Status                        | Valid BEEE Certificate/Sworn affidavits                                                                                                                                                                                                                                                                                 |              |                             |
| 1.10 Accreditations                   | SDP Applicant <ul style="list-style-type: none"> <li>- Only Valid Accreditation in which is their name</li> </ul> Other Applicants <ul style="list-style-type: none"> <li>- MOA Between SDP and Applicant</li> <li>- SDP valid accreditation</li> <li>- SDP entity registration</li> <li>- SDP valid Tax pin</li> </ul> |              |                             |



| Criteria                                                 | Description                                                                                       | State Yes/No | Confirmation of Information |
|----------------------------------------------------------|---------------------------------------------------------------------------------------------------|--------------|-----------------------------|
| <b>1. Eligible Applicant Category</b>                    |                                                                                                   |              |                             |
| 1.11 Learning programs applied                           | Confirm that learning programs applied is per the advert<br>To maximum of two learning programmes |              |                             |
| 1.12 Letter of Good standings from financial institution | Confirm Status on Letter of Good Standing<br>Good Standing – Yes<br>Not good standing – No        |              |                             |
| 1.13 CSD registered                                      | Confirm CSD registration                                                                          |              |                             |
| <b>2 Overall Conclusion</b>                              |                                                                                                   |              |                             |
| 2.1 Outcome                                              | Applicant move to technical evaluation<br>OR<br>Applicant does not move technical evaluation      |              |                             |

## STAGE 2 : TECHNICAL EVALUATION

| Criteria                            | Description                                                                                                                                                                                                                                                                                                                                                                                        | State<br>Yes/No/Partial or<br>N/A | Confirmation of Information |
|-------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------|
| <b>2 General</b>                    |                                                                                                                                                                                                                                                                                                                                                                                                    |                                   |                             |
| 2.1 Previous Experience (10 Points) | <p>Previous Experience</p> <p>Confirm reference letters</p> <p>3 Reference letters</p> <ul style="list-style-type: none"> <li>- 10 Points # 3 Reference letters</li> <li>- 7 Points # 2 Reference letters</li> <li>- 5 Points # 1 Reference letter</li> <li>- 0% no reference letter</li> </ul> <p>New entities</p> <ul style="list-style-type: none"> <li>- 3 Points will be allocated</li> </ul> |                                   |                             |
| 2.2 B-BBEE Status (10 Points)       | <p>Confirm and indicate Company level 1-10 status.</p> <p>Exempt = 10</p> <p>Level 1 = 10</p> <p>Level 2 = 9</p> <p>Level 3 = 8</p> <p>Level 4 = 7</p> <p>Level 5 = 6</p> <p>Level 6 = 5</p> <p>Level 7 = 4</p>                                                                                                                                                                                    |                                   |                             |

| Criteria                                            | Description                                                | State<br>Yes/No/Partial or<br>N/A | Confirmation of Information     |
|-----------------------------------------------------|------------------------------------------------------------|-----------------------------------|---------------------------------|
| <b>2 General</b>                                    |                                                            |                                   |                                 |
|                                                     | Level 8 = 3<br>Level 9 = 2<br>Not Provided =1              |                                   |                                 |
| <b>2 OVERALL OUTCOME ON TECHICAL EVALUATION</b>     |                                                            |                                   |                                 |
|                                                     |                                                            |                                   |                                 |
| <b>3. Confirm and indicate type of intervention</b> |                                                            |                                   |                                 |
| <b>Code</b>                                         | <b>Learning Programme</b>                                  |                                   |                                 |
| LP01                                                | Learnerships Unemployed                                    |                                   | Name and level of qualification |
| LP02                                                | Learnerships Employed                                      |                                   |                                 |
| LP03                                                | Apprenticeship                                             |                                   |                                 |
| LP04A                                               | Artisan Recognition of Prior Learning (ARPL)<br>Unemployed |                                   |                                 |
| LP04B                                               | Artisan Recognition of Prior Learning (ARPL)<br>Employed   |                                   |                                 |

| Criteria                         | Description                              | State<br>Yes/No/Partial or<br>N/A | Confirmation of Information |
|----------------------------------|------------------------------------------|-----------------------------------|-----------------------------|
| <b>2 General</b>                 |                                          |                                   |                             |
| LP11A                            | Recognition of Prior Learning Unemployed |                                   |                             |
| LP11B                            | Recognition of Prior Learning Employed   |                                   |                             |
| LP10                             | Skills Programmes Employed               |                                   |                             |
| LP12                             | Skills Programmes Unemployed             |                                   |                             |
| LP13                             | Candidacy Unemployed                     |                                   |                             |
| <b>4. Quality Assurance</b>      |                                          |                                   |                             |
| <b>5. Project Implementation</b> |                                          |                                   |                             |

### STAGE 3: DUE DILIGENCE (appointed evaluators)

Further information for Due Diligence would be communication to only shortlisted applicants.