

DISCRETIONARY GRANTS APPLICATION FORM 2024/2025

GRANT APPLICATIONS: CLUSTER 3 – MINE COMMUNITY DEVELOPMENT PROGRAMME

This application form must be completed by Employers/Organisations wishing to participate in the following projects supported by MQA. The Employer/Organisation may apply on this application for one or more project indicated below:

SECTION	PROJECT	PLEASE SELECT
D	MINE COMMUNITY DEVELOPMENT PROJECT	
E	SMALL SCALE MINING PROJECT	
F	UNEMPLOYED YOUTH DEVELOPMENT PROJECT	
G	ENTREPRENEURIAL SKILLS TRAINING PROJECT	

A. EMPLOYER/ ORGANISATION DECLARATION

I, _____, named hereunder, declare that as the duly authorised representative of the Employer/Organisation confirms that Employer/Organisation will comply with the general rules and criteria hereunder and further confirm that all the information provided in this application is true and accurate.

Name and Surname:		Date:	
Click here to acknowledge commitment			

NOTE: The Application form is set-up as an electronic FILLABLE PDF FORMAT with drop-down menus where applicable. You must click on the appropriate selection button and/or type in the information where such information is required. Applications form completed by hand will not be considered.

This application form must be submitted electronically to grants@mqa.org.za. Application forms submitted to any other e-mail address at MQA will not be considered.

B. GENERAL APPLICATION RULES

1. This application form must be completed in full and submitted to the MQA on **grants@mqa.org.za**. Applications received after the due time and date will not be considered. Application forms submitted to any other e-mail address at MQA will not be considered.
2. Employers/Applicants must submit their application/s using the prescribed MQA Discretionary Grant Application Form for the relevant project.
3. The application form must be completed in full.
4. It is the responsibility of the Employer/Applicant to ensure that their application is received by MQA.
5. The project proposal format must be adhered to, and a project proposal be submitted together with this form. **Proposal template is provided.**
6. It is the Employer/Applicant's responsibility to advise MQA on changes to contact person/s details.
7. All Employer/Applicants with multiple sites using one levy number must submit one consolidated application form
8. This application form may not be altered.
9. The application may be submitted by an Employer/Applicants registered with the MQA (where applicable) with accurate and complete company/organisation details.
10. Employer/Applicants must only apply for Learners who will be registered or complete training during 01 April 2024 to 31 March 2025
11. The MQA may conduct a risk-based approach learner verification site visits to approve grants prior to payment of any grant.
12. Applying Employer/Applicants must be Workplace Approved by MQA or any SETA for the trade that they are applying for including the sites in which the Workplace Learning is to be conducted where applicable.
13. MQA reserves the right to conduct due diligence audit before or after allocation of discretionary grants (this may be desktop or physical).

NB: MQA Funding Policy Rules will apply, and the above rules must be read in conjunction with the MQA funding policy

C. EMPLOYER/APPLICANT INFORMATION

Employer/Organisation Name			
Skills Development Levy (SDL) Number (Paying Levies or Exempted)			
Site SDL Number (If applicable)			
Employer/ Organisation Registration Number			

PHYSICAL ADDRESS

Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	
District Municipality			
Local municipality			
Rural or Urban			

POSTAL ADDRESS

Post Address			
Area/Suburb		City/Town	
Postal Code		Province	

SIZE OF THE ORGANISATION *(please select the correct option on the relevant company size)*

Size of the Employer/Organisation	Small (0 – 49)	Medium (50 – 149)	Large (<150)
	Has the Employer/ Organisation submitted the WSP/ATR In 2022?	Yes	No
Has the Employer Organisation submitted the pivotal plan and report in 2022?	Yes	No	
Is the organisation workplace approved?	Yes	No	

D. MINE COMMUNITY DEVELOPMENT GRANT

All the below fields are compulsory.

How many learners are you applying for?	No.	Target Group (<i>Tick</i>)
		Ex-Mine workers
		People with disabilities
		People with disabilities
		People living in rural areas
		People living in urban areas

BUDGET OVERVIEW

Name of the Programme:	Province	Number of Beneficiaries	Stipend per Month	Total Stipend	Training Fee	Post Training Support (If any)	Total

Grand Total	
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EXIT STRATEGY

Name of Training Intervention					
NQF Level and Credits					
Seta accredited with					
Duration of training programme					
Provide a description of what post training opportunity/ies exist/s for the learners after completing programme (Exit strategy)					
Proposal is attached to this application form	(Tick applicable box)	Yes		No	

Contact details of person responsible for MINE COMMUNITY DEVELOPMENT?

Site Name			
Site Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	
Name and Surname of Representative			
Representative Designation			
Tel Number		Cell number	
E-mail			

E. SMALL SCALE MINING GRANT

All the below fields are compulsory.

How many learners are you applying for?	No.	Target Group
		Ex-Mine workers
		People with disabilities
		People with disabilities
		People living in rural areas
		People living in urban areas

BUDGET OVERVIEW

Name of the Programme:	Province	Number of Beneficiaries	Stipend Per Month	Total Stipend	Training Fee	Post Training Support (If Any)	Total

Grand Total	

EXIT STRATEGY

Name of Training Intervention					
NQF Level and Credits					
Seta accredited with					
Duration of training programme					
Provide a description of what post training opportunity/ies exist/s for the learners after completing programme (Exit strategy)					
Proposal is attached to this application form	(Tick applicable box)	Yes		No	

Contact details of person responsible for SMALL SCALE MINING?

Site Name				
Site Street Name and Number				
Area /Suburb		City/Town		
Postal Code		Province		
Name and Surname of Representative				
Representative Designation				
Tel Number		Cell number		
E-mail				

F. UNEMPLOYED YOUTH DEVELOPMENT PROGRAMMES GRANT

All the below fields are compulsory.

	No.	Target Group
How many learners are you applying for?		Ex-Mine workers
		People with disabilities
		People with disabilities
		People living in rural areas
		People living in urban areas

BUDGET OVERVIEW

Name of the programme:	Province	Number of beneficiaries	Stipend per month	Total stipend	Training fee	Post training support (if any)	Total

Grand Total	
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EXIT STRATEGY

Name of Training Intervention					
NQF Level and Credits					
Seta accredited with					
Duration of training programme					
Provide a description of what post training opportunity/ies exist/s for the learners after completing programme (exit strategy)					
Proposal is attached to this application form	(Tick applicable box)	Yes		No	

Contact details of person responsible for UNEMPLOYED YOUTH DEVELOPMENT PROGRAMMES?

Site Name					
Site Street Name and Number					
Area/Suburb		City/Town			
Postal Code		Province			
Name and Surname of Representative					
Representative Designation					
Tel Number		Cell number			
E-mail					

G. ENTREPRENEURIAL SKILLS TRAINING PROJECT

All the below fields are compulsory.

How many learners are you applying for?	No.	Target Group
		Ex-Mine workers
		People with disabilities
		People with disabilities
		People living in rural areas
		People living in urban areas

BUDGET OVERVIEW

Name of the programme:	Province	Number of beneficiaries	Stipend per month	Total stipend	Training fee	Post training support (if any)	Total

Grand Total

EXIT STRATEGY

Name of Training Intervention					
NQF Level and Credits					
Seta accredited with					
Duration of training programme					
Provide a description of what post training opportunity/ies exist/s for the learners after completing programme (exit strategy)					
Proposal is attached to this application form	(Tick applicable box)	Yes		No	

Contact details of person responsible for UNEMPLOYED YOUTH DEVELOPMENT PROGRAMMES?

Site Name			
Site Street Name and Number			
Area/Suburb		City/Town	
Postal Code		Province	
Name and Surname of Representative			
Representative Designation			
Tel Number		Cell number	
E-mail			

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