



**LGSETA**  
CREATING GREATER IMPACT

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## DUE DILIGENCE EVALUATION TEMPLATE FOR SPECIAL PROJECT/STRATEGIC PARTNERSHIPS FOR 2025/2026 FY

### SECTION A: DETAILS OF THE INSTITUTION

<b>Legal Name of the Organisation Institution:</b>									
<b>Type of Application:</b>	<b>Discretionary Grant Application for Special Project/Strategic Partnership</b>								
<b>Type of Entity</b> (Mark with an X in the appropriate box):	Municipality (Local, District or Metropolitan)	Entity (Local Government Agency, Government Department)	Community Based (SMME, Cooperative, NGO, NPO, CBO)	High School Service Provider	CET/TVET College	University & University of Technology	Organized Labour (Union), Traditional Leadership Institution	Professional Body	Other (e.g Broadcast Media)
<b>Province</b> (Mark with an X in the appropriate box):	Eastern Cape	Free State	Gauteng	KwaZulu Natal	Limpopo	Mpumalanga	Northern Cape	North-West	Western Cape
								X	
<b>Applicant's Physical Address:</b>									
									<b>Postal Code:</b>
<b>Name of Contact Person:</b>									
<b>Designation:</b>									
<b>Contact Number:</b>	<b>Mobile Phone:</b>								
	<b>Landline:</b>								
<b>Date of Visit:</b>									
<b>Physical Location of the Due Diligence Visit:</b>									

**Confirm Type of Special Project or Strategic Partnership**

**Special Projects:**

1. A d h o c request for learning intervention from shareholder or accounting Authority
2. T a r g e t e d approach to address target
3. I n n o v a t i v e initiative that strategically supports t skills development that aims to create greater impact on the local government sector.

**Strategic Partnerships**

1. **District Development Model**
2. 1.1 Linked to water and sanitation
3. 1.2 Linked to road and storm water drainage
4. 1.3 Linked to local economic development
- 1.4 Linked to energy, electricity and renewables
- 1.5 Linked to safety and security
- 1.6 Linked to waste management
- 1.7 Linked to housing and settlements
- 1.8 Linked to town and regional planning
- 1.9 Linked to community services
2. Support for Distressed municipalities
3. Professional development
4. Traditional leadership
5. Sectoral priority (e.g., Occupational shortages and skills gaps, etc).
5. 6. National priority (eg, NSDP, MTDP, etc)
6. 7. LGSETA Strategic Focus Areas
7. 7.1 Governance, Leadership and Management capabilities
8. 7.2 Financial viability and financial Management
9. 7.3 Municipal planning
10. 7.4 Municipal transformation, inclusivity and special planning
11. 7.5 Municipal infrastructure and service planning

## SECTION B: DUE DILIGENCE EVALUATION

### SECTION B1: DUE DILIGENCE COVERAGE

Coverage of visit – To be completed by the DG Committee Member (Please mark appropriate box with X)

Due Diligence at Workplace/Learning Site	Yes:	No:
Due Diligence for training	Yes:	No:

### SECTION B2: DETAILS OF DUE DILIGENCE

Confirm the type of intervention and name of learning programme

Verification Item	Document Required	Format Required	Yes/No/Partial/ N/A	Evaluator's Comments
<b>B 1. Validate Name of Learning Programme; Type of Intervention, SAQA ID/Trade and NQF level applied for</b> 1.1 If credit – bearing: - <ul style="list-style-type: none"> <li>• Verify accreditation of each qualification if still valid.</li> <li>• Check if qualification has not been replaced.</li> <li>• Confirm qualification expiry date.</li> </ul>	<ul style="list-style-type: none"> <li>• Confirmation and proof of all the learning programmes, interventions, SAQA IDs, NQFs applied for.</li> <li>• Confirmation of the name of the intervention if non-credit bearing</li> </ul>	Electronic copy of the proposal	Yes	





**B2.6 CANDIDACY: List as applicable**

No.	Qualification Title	Qualification ID	NQF Level	Learner Category – Employed/Unemployed	Number of Learners applied for	SDP Name	SDP Accreditation – Valid/Not Valid	Estimated Cost per learner	Evaluator's Comment

**B2.7 Short Course (Non- Credit Bearing)**

No.	Qualification Title	Qualification ID	NQF Level (if applicable)	Learner Category – Employed/Unemployed	Number of Learners applied for	SDP Name	SDP Accreditation – Valid/Not Valid	Estimated Cost per learner	Evaluator's Comment
	N/A								

**B 2.8 Research Projects**

No.	Research Project Title	Objective / Scope	Duration (Start–End Dates)	Deliverables	Number of Participants / Stakeholders	Lead Researcher / Organisation	Estimated Cost per learner	Evaluator's Comment
	N/A							

**SECTION C: ACCREDITATION / TRAINING**

<p><b>1.2 Credit Bering</b></p> <ul style="list-style-type: none"> <li>Confirm name of the programme/intervention.</li> </ul>	<p><b>Document Required</b></p>	<p><b>Format Required</b></p>	<p><b>Yes/No/Partial/ N/A</b></p>	<p><b>Evaluator's Comments</b></p>
<p><b>2.1 Validate Proof of Accreditation</b></p> <ul style="list-style-type: none"> <li>Verify accreditation status of the Skills Development Provider (SDP) especially those that did not submit proof as skills development provider during desktop verification.</li> <li>Verify accreditation of skills development provider is valid and confirm expiry date.</li> <li>Ensure certified copies are valid within 6-months legal period</li> <li>Verify appointment of skills development provider by the Municipality through SLA and MoU</li> <li>Check duration of the MoU/SLA if still valid</li> </ul>	<ul style="list-style-type: none"> <li>Proof of accreditation certificates for qualifications applied for.</li> <li>Proof of appointment of SDP:               <ul style="list-style-type: none"> <li>Valid SLA between Employer and SDP</li> <li>Valid MOU between Employer and SDP</li> <li>Valid appointment letter/contract of SDP by Employer</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Electronic copy of the Accreditation letter. Certified copies</li> <li>Electronic/ Printed copy of SLA/MOU and appointment letter of the SDP by employer</li> </ul>		

<p><b>2.2 Validate Proof of CV, Qualifications and ID copies of the following:</b></p> <ul style="list-style-type: none"> <li>• Moderators</li> <li>• Assessors</li> <li>• Facilitators</li> </ul> <ul style="list-style-type: none"> <li>• Verify registration of each moderator, assessor and facilitator is valid. Confirm expiry date.</li> <li>• Ensure registration of these candidates are clearly linked to qualifications applied for.</li> <li>• Ensure certified copies are valid within 6 months legal period,</li> </ul>	<ul style="list-style-type: none"> <li>• Proof of CV/Qualifications and ID Copies for the following: <ul style="list-style-type: none"> <li>○ Moderators</li> <li>○ Assessors</li> <li>○ Facilitators</li> </ul> </li> <li>• Proof of registration for Assessors and Moderators</li> </ul>	<p>Certified Copies</p>		
<p><b>3. Validate Workplace Approval, if relevant</b></p> <ul style="list-style-type: none"> <li>• Verify workplace certificate is valid. Confirm expiry date and vetting SETA.</li> </ul>	<ul style="list-style-type: none"> <li>• Certificate of Workplace Vetting and or Workplace Approval letter</li> </ul>	<p>Certified copy</p>		
<p><b>4. Validate Number of Training Sites Available</b></p> <ul style="list-style-type: none"> <li>• The minimum or acceptable criteria requirements for classrooms/simulation sites/workplace must ensure the following: <ul style="list-style-type: none"> <li>- <b>COVID</b> (COVID Implementation Plan)</li> <li>- <b>Classroom Setup</b> (Classrooms sites are conducive for learning including sufficient tables/chairs and other relevant equipment, space for social distancing, number of learners, Hygiene, Disability)</li> <li>- <b>Workplace</b> (Workplaces are conducive for working including COVID Implementation plan,</li> </ul> </li> </ul>	<p>Verify training sites that will be used for the project:</p> <ul style="list-style-type: none"> <li>○ Classrooms</li> <li>○ Simulations sites</li> <li>○ Workplaces</li> </ul>	<p>Take pictures of a minimum of one training site</p> <p>Copies of COVID Implementation Plan</p>		

<p>allocation of work station, office equipment, appointment and allocation of mentor, logbook for assessment, accessible of the training place to the workplace and possible transportation of learners)</p> <p>- Learners with Disability (Accessibility, Suitable learning material, allocation and support of trained mentor)</p>				
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**SECTION C: NON-ACCREDITATION / NON-TRAINING**

<p>5.1 Non -credit bearing programme confirm how programme/intervention will take place.</p>				
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<p><b>6. Validate Host Employer and Agreements</b> (Where applicable)</p> <p>Suitable capacity is defined in terms of meeting workplace requirements and readiness:</p> <ul style="list-style-type: none"> <li>- <b>Classroom Setup</b> (Classrooms sites are conducive for learning including sufficient tables/chairs and other relevant equipment, space for social distancing, number of learners, Hygiene, Disability)</li> <li>- <b>Workplace</b> (Workplaces are conducive for working including COVID Implementation plan, allocation of work station, office equipment, appointment and allocation of mentor, logbook for assessment, accessible of the training place to the workplace and possible transportation of learners)</li> <li>- <b>Learners with Disability</b> (Accessibility, Suitable learning material, allocation and support of</li> </ul>	<ul style="list-style-type: none"> <li>• Letter confirming interest to host learners by employers with suitable capacity</li> <li>• Letters must be on employer's official letterhead. These letters must be specific to: <ul style="list-style-type: none"> <li>○ Learning Intervention;</li> <li>○ Qualification; and</li> <li>○ Number of learners applied for</li> </ul> </li> <li>• All host employer letters will be telephonically verified with some physical site visits where required</li> </ul>	<p>Signed Agreement Copies</p>		
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trained mentor)				
<b>6.1 Non-credit bearing programme/intervention confirm the capacity to deliver taking into account items above, where relevant.</b>	•		N/A	
<b>7. Review and Confirm Project Implementation Plan and Workplace Mentors</b>  <ul style="list-style-type: none"> <li>• The following should be checked against the plan: <ul style="list-style-type: none"> <li>- Scope of the project can be achieved .</li> <li>- Final approved training manuals/learner material</li> </ul> </li> <li>• Confirm availability of workplace mentors for workplace-based learning programmes</li> <li>• Capacity to manage stipend</li> </ul>	<ul style="list-style-type: none"> <li>• Confirm Project Implementation Plan as provided at application stage.</li> <li>• Confirm Project Implementation Plan per learning interventions applied.</li> <li>• Confirm mentors' availability at workplaces.</li> </ul>	Copy of the Implementation Plan  List of workplace mentors	Yes	
<b>7.1 Non-credit bearing programme/intervention confirm project plan and if mentors are involved.</b>	<ul style="list-style-type: none"> <li>• Confirm Project Implementation Plan as provided at application stage.</li> <li>• Confirm Project Implementation Plan per learning interventions applied.</li> </ul>	Copy of the Implementation Plan		
<b>8. Review and Confirm Learner Recruitment Plan</b>	<ul style="list-style-type: none"> <li>• Confirm Learners Recruitment Plan provided at application stage. <ul style="list-style-type: none"> <li>○ Please provide one recruitment plan per Learning Intervention</li> </ul> </li> </ul>	Copy		

	<ul style="list-style-type: none"> <li>○ Recruitment and uploading of learners into LGSETA system should not take more than 30 days</li> </ul>			
<b>9. Review and Confirm Project Budget</b>	<ul style="list-style-type: none"> <li>● Confirm the budget and costing per each learning intervention as provided at application stage. <ul style="list-style-type: none"> <li>○ Learner stipends must be paid timeously</li> </ul> </li> </ul>	Copy		
<b>10. Review and Confirm Previous Experience in Managing Skills Development Projects</b> <ul style="list-style-type: none"> <li>● A table confirming the following: <ul style="list-style-type: none"> <li>○ Project name</li> <li>○ Client/Name of contracting institution</li> <li>○ Project budget</li> <li>○ Number of learners</li> <li>○ Project duration (with start and end dates)</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>● Confirm the following in table format showing: <ul style="list-style-type: none"> <li>○ Project name</li> <li>○ Client/Name of contracting institution</li> <li>○ Project budget</li> <li>○ Number of learners</li> <li>○ Project duration (with start and end dates)</li> </ul> </li> </ul>	Copies of Reference Letters		

**SECTION C: FINANCIAL IMPLICATION**

MONETARY (Mark with an X if applicable)	CO-FUNDED (Mark with an X if applicable)	NON-FUNDED (Mark with an X if applicable)	AMOUNT

**SECTION D: RECOMMENDATIONS AND DETAILS OF THE EVALUATION TEAM**

<b>RECOMMENDATIONS</b>										
<b>Indicate Recommendations Based on Due Diligence Evaluation Visit:</b>										
Learning Programme/Type of Intervention	Qualification/Intervention Title	SAQA ID (if applicable)	NQF Level (if applicable)	SDP Name	Number of Learners Recommended					
					2023/24 (yr1)		2024/25 (yr2)		2025/26 (yr3)	
					18.1	18.2	18.1	18.2	18.1	18.2
<b>Comments: -</b>										

**SECTION E: SIGNATURES OF THE DGC & LGSETA EVALUATORS**

<b>Name and Surname</b>	<b>Signature</b>	<b>Date</b>
1.		
2.		
3.		