**APPLICATION FOR FUNDING**

Instructions to Applicants

Before filling out this grant application form, it would be useful to have a look at our website at www.charis-singapore.org, in particular on our general principles of funding and on the non-exhaustive list of what CHARIS is generally unable to fund.

Please fill out ALL of **Sections A, B and C**. You are required to attach all necessary supporting documents to assist in our evaluation of your request. As part of our due-diligence, applicants may be required to furnish further information and documentation.

Kindly ensure that you submit the original application form, duly completed and signed to:

The Secretariat

Caritas Humanitarian Aid & Relief Initiatives (Singapore) Pte Ltd

55 Waterloo Street #07-02

Catholic Centre

Singapore 187954

*Email: info@charis-singapore.org Tel: +65 6337 4119*

**SECTION A: APPLICANT DETAILS**

|  |
| --- |
| **1. Project Name** |
|  |

| **2. Beneficiary Organisation** | |
| --- | --- |
| a. Name of Organisation: |  |
| b. Mailing Address: |  |
| c. Registration number of organisation /  Place of incorporation /  Date of incorporation |  |
| d. Name of Head of Organisation & Designation |  |
| e. Email Address: |  |
| (Office)  f. Contact No: (Mobile)  (Fax) |  |
| g. Website Address |  |
| h. Do you have Charity status? | **\* Yes / No** If yes, state Charity Reg No: |
| j. Purpose and Nature of your Organisation | *(Please provide a short write-up on the nature and purpose of your organisation, e.g. mission, vision, activities and programmes, and attach as* ***Annex A*** *to this application form.)* |

*\* Please delete as appropriate.*

|  |  |
| --- | --- |
| **3. Details of Applicant (if different from above)** | |
| a. Name of Applicant: |  |
| b. Email Address: |  |
| c. Name of Organisation: |  |
| d. Position /Applicant’s association with organisation |  |
| e. Mailing Address: |  |
| f. Registration number of organisation /  Place of incorporation /  Date of incorporation |  |
| g. Name of Head of Organisation & Designation |  |
| h. Email Address: |  |
| i. Contact No: (Office)  (Mobile)  (Fax) |  |
| j. Do you have Charity status? | **\* Yes / No** If yes, state Charity Reg No: |
| k. Do you have IPC status? | **\* Yes / No** If Yes, state IPC Registration Number:  *(Only applicable for Singapore organisations: An IPC or Institute of Public Character is a non-profit or not-for-profit organisation. Most IPCs are charities, and the rest are sports associations. An IPC's activities must be beneficial to the community in Singapore as a whole, and not confined to sectional interests or group of persons based on race, creed, belief or religion, unless otherwise approved by the Commissioner of Charities.)* |
| l. Are you a Member Organisation of CHARIS? | **\* Yes / No**  *(If you are not a registered Member Organisation of CHARIS, you will have to provide a short write-up on the nature and purpose of your organisation, e.g. mission, vision, activities and programmes, and attach as* ***Annex A*** *to this application form.)* |

|  |  |
| --- | --- |
| **4. Details of Diocese in which Beneficiary Organisation falls under (where applicable)** | |
| a. Name of Diocese: |  |
| b. Name of Bishop of Diocese: |  |
| c. Address of Bishop: |  |
| d. Contact No (Office)  of Bishop: (Fax) |  |

|  |  |
| --- | --- |
| **5. Details of National Caritas Office (where applicable)** | |
| a. State your National Caritas Office: |  |
| b. Name of Executive Director/Country Manager: |  |
| c. Address: |  |
| d. Contact No: (Office)  (Fax) |  |
| e. Email Address: |  |
| f. Is National Caritas aware or involved in this application? | **\* Yes / No** |

*As CHARIS is part of the International Caritas network, we generally prefer to fund through the country’s Caritas Offices.*

**SECTION B: PROJECT DETAILS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **6. Project Details** | | | | | | | |
| 1. Purpose of Project (in one sentence): | | | | | | | |
| 1. Country / Countries where Project would take place: | | | | | | | |
| 1. Nature of project: (click on check-boxes below): | | | | | | | |
| Disaster Relief | | Reconstruction & Rehabilitation | | Capacity Building | Humanitarian | | Missions & Outreach |
| 1. Need for project (how do you come to know of and assessed the needs): | | | | | | | |
| 1. Description of Project:   *Where additional space is required, you may attached any detailed proposal or project description as* ***Annex B*** *to this application form.* | | | | | | | |
| 1. State desired outcome(s) and outcome indicator(s): | | | | | | | |
| 1. Number of beneficiaries: | | | | | | | |
|  | No. of Individuals: | |  | No. of Families (Households): | |  | |
| 1. Project Timelines / Milestones: | | | | | | | |
| 1. Detailed Project Budget:   *Kindly provide a summary budget breakdown of individual cost components for each major deliverable of the project. Please differentiate between the following:*  *a) Direct expenses – e.g. purchases of medical supplies, construction materials, etc for affected community*  *b) Operating expenses – e.g. transportation, essential supplies and accommodation expenses for staff/volunteers.  [Kindly note that CHARIS generally does not fund administrative or operational expenses.]*  *Please also indicate clearly which expenditure items are to be self-funded, to receive co-funding or to receive full-funding. You are required to attach the detailed project budget as* ***Annex C*** *to this application form. All amounts are to be expressed either in Singapore Dollars or US Dollars.* | | | | | | | |

|  |
| --- |
| **7. Other Organizations Involved** |
| Have you approached other organizations to fund this project? **\* Yes / No**  If yes, please state:   1. Are there other organizations which you have approached for funding? Please provide breakdown of amounts by organization. 2. Have these other organizations committed any funding for this project (and if so, the amount committed). 3. What is your course of action should the total requested funding amount can only be partially met? 4. In the event the total funding amount exceeds your requested amount, how you intend to utilize any excess funds? |

|  |
| --- |
| **8. Member Organisation Fund (Where applicable, for CHARIS Member Organisation)** |
| If you are a Member Organisation, have you raised specific funds through CHARIS for the purpose of this project? **\* Yes / No**  If yes, please indicate details of the specific fundraising exercise such as: -   1. Please state details of the purpose of the fundraising: 2. Please state the specific period/duration of the fundraising: 3. Please state the amount raised:   *\* The proposed use of the funds to be disbursed must be consistent with the specific purpose for which the funds were initially raised.* |

|  |
| --- |
| **9. Other Comments** |
| Please provide any other relevant information which you deem may assist CHARIS in evaluating the funding of this application. |

**SECTION C: SUPPORTING DOCUMENTS**

Before signing the form, check to ensure you have done the following in the checklist. Please mail the original application, and all the required attachments to the CHARIS office.

|  |  |  |
| --- | --- | --- |
| **10. Checklist** | | |
| b. | Annex A – Details of Applicant Organisation |  |
| c. | Annex B – Project Proposal or Project Description in detail |  |
| d. | Annex C – Detailed Project Budget and breakdown |  |
| e. | Supporting photographs (if available) |  |
| f. | Supporting letter from the Bishop\* |  |
| g. | Supporting letter from the National Caritas office\* |  |

\* To provide if possible as it will help to reduce time taken for our verification process.

Please list other enclosed documents.

|  |  |
| --- | --- |
| **11. Other Documents Enclosed** | |
| a. |  |
| b. |  |
| c. |  |
| d. |  |
| e. |  |

|  |  |
| --- | --- |
| **12. Confirmation** | |
| I confirm and declare that the information provided herein is correct and accurate. | |
| **Signature of Organisation Head & Organisation Stamp**:  Name:  Designation:  Date: | **Signature of Contact Person:**  *(If different from signatory)*  Name:  Designation:  Date: |

**SECTION D: FOR CHARIS INTERNAL USE**

|  |  |
| --- | --- |
| **Filing in Grants Management System:** | |
| a. Case number assigned: |  |
| b. Date original application was received: |  |