**GENERAL PROJECT - SPONSORSHIP REQUEST FORM FOR INFRASTRUCTURE / CAPITAL PROJECTS**

General Instructions

1. Please complete all items by typing or writing neatly on the form. All missing information will delay the processing of the request unnecessarily. However, if certain items are not applicable to your project, please put ‘NA’ in the columns accordingly.
2. Please do not change the format of the form unless for the purpose of creating new lines.
3. Your proposal should be submitted to the Board at least:
4. three months (90 days) for projects below $500,000; or
5. six months (180 days) for projects above $500,000

before the implementation date of your project.

1. This form should take approximately 30 minutes to complete if you have all information required on hand.
2. For information, this form is created using ‘Tables’.

*\* : Please delete appropriately.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **ORGANISATION DETAILS** | | | | | | |
| **Organisation Name** |  | | | | | |
| **Mailing Address** |  | | | | | |
| **Website Address** |  | | | | | |
| **Registered Non-Profit Organisations** | Yes / No\* | | **Date Established** | |  | |
|  | **ROS/ACRA Registration No.** | |  | | | |
| **Charity Status** | Yes / No\* | | **Date of Registration** | |  | |
|  | **Registration No.** | |  | | | |
| **Institution of Public Character (IPC) Status** | Yes / No\* | **From** |  | **To** | |  |
|  | **Sector Administrator** | MOE / MOH / MSF / COC / PA / SportSG \* | | | | |
| **Telephone No.** |  | | **Fax No.** |  | | |

|  |  |
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| **PROJECT DETAILS** | |
| **Project Title** |  |
| **Project Description**  Pls provide a short overview of the project. |  |
| **Project Significance**  How will the project address the gaps/needs in the community? |  |
| **Project Objectives** What does the project aim to achieve? |  |
| **Project Outcomes**  What is the main difference the project will make? What are the short-term and long-term benefits in terms of behavioural/mindset change in the beneficiaries? |  |
| **Project Outline**  What are the types of activities/services planned? |  |
| **Project Implementation**  What are the major project milestones? Pls include the stages and resources required. |  |
| **Additional Project Details**  Any other details which are useful to Tote Board |  |
| **Facility Details** | Total Gross Floor Area:  Development Plan:   |  |  |  | | --- | --- | --- | | Expected Start Date | Expected End Date | Description | |  |  |  | |  |  |  | |  |  |  | |
| **Collaboration/Partners**  Pls give details on the collaborations/ other partners involved in the project. |  |
| **Project Start Date** |  |
| **Project End Date** |  |
| **Details of Beneficiaries** | |  |  |  | | --- | --- | --- | | **Region**  (Local or overseas) | **Description** | **No. of beneficiaries reached** | |  |  |  | |  |  |  | |
| **Amount Requested** |  |
| **Budget**  Pls show income and expenditure breakdown of the project in excel spreadsheet |  |
| **Notes on Budget**  (if any) |  |
| **What will happen to the project if funding from Tote Board is not forthcoming?** |  |
| **How would the project be sustained after Tote Board’s funding has ended?** |  |

|  |  |  |
| --- | --- | --- |
| **CONTACT PERSON DETAILS** | | |
| **Name** |  | |
| **Designation** |  | |
| **E-Mail Address** |  | |
| **Telephone No.** | (1) | (2) |

In the event that the Board receives this application form unsigned, the Board has reason to assume that the willingness of the applicant to use this form constitutes his declaration that the information found on the form and other supporting documents are true and correct and that no information has been suppressed wilfully.

The Board takes it that any personally identifiable data provided on this Form has been provided voluntarily and with the consent of its owner. Such consent may be withdrawn at any time but the application will then be treated as withdrawn.

The Board may share such data with other agencies as is necessary to process your application more effectively.

The Board may, at its discretion, withdraw the grant and recover any amount of the grant that may have been disbursed, if any information in this form is found to be untrue.

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by** |  | **Signature** |  |
| **Designation** |  | **Date** |  |
| **Company Stamp** |  | | |