**Invitation for Proposals – Application form**

Note: (i) Application can be made in either Chinese or English.

(ii) The completed application form should be maximum 10 pages long.

1. **Name of Project** : Chinese name: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**:** English name: \_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Theme or area the project focuses on**: (you may select more than one checkbox)

[ ]  Education [ ]  Physical health [ ]  Mental health [ ]  Family

[ ]  Emotional wellness [ ]  Social wellness [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Target beneficiaries:**

[ ]  Children residing in unfavorable living environment such as subdivided flats, bedspace apartments and roof top huts etc.

[ ]  Children affected by poverty, disability, illness, distress or trauma

[ ]  Children facing or having faced domestic violence, physical or emotional abuse, malnutrition, child sexual exploitation, social discrimination, isolation or social injustice

[ ]  Children having single parent / parent in jail

[ ]  Children having parent(s) with mental health issues, drug issues, alcohol misuse, or any kind of disability

[ ]  Children in institutional care, e.g. orphans

[ ]  Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. **Estimated project budget: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**
2. **Project period:**

From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (\_\_\_\_\_\_\_\_\_\_\_\_months / year(s))

1. **Particulars of the applicant NGO**
	1. **Name of applicant NGO** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	2. **Name of service unit(s)** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	3. **Type of service unit(s)**:

[ ]  ICYSC [ ]  CYC [ ]  IFSC [ ]  FLE [ ]  CC [ ]  Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* 1. **Subvention mode**

[ ]  Subvented [ ]  Self-financing

* 1. **Background information of the applicant NGO and its service unit(s)** (e.g. Mission and brief history, source of operating expenses, core welfare services and relevant experience in serving the target or relevant beneficiaries etc.)

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1. **Project summary** (e.g. what need(s) will be met, project objectives, program content and approach, pledged number of direct and/or indirect beneficiaries, what impacts the project will bring to the direct and/or indirect beneficiaries, outcome measurement/evaluation methods and project sustainability etc.)

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1. **Contact person of this application**

Name : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tel no. : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’

1. **Declaration of the applicant NGO**

[Note: this part must be signed and completed by the Agency Head or Board Chairperson of the applicant NGO]

I certify that all information given in this application is true and accurate. I understand that any inaccurate information will make the application invalid; the Simon K.Y. Lee Children’s Fund will withhold any funding allocation and payment made must be refunded.

I consent that the information provided in this application form will be used by the Simon K.Y. Lee Children’s Fund for processing the application and relating purposes.

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| Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Tel no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Organization chop: