**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: