

PART I. ORGANISATION

*1. What is the Full Name of Your Organisation?

* 2. When was your Organisation established?

Date / Time

DD/MM/YYYY

* 3. Enter Your Organisation's Permanent Address

Address Line 1	
Address Line 2	
City	
Postal Code	
Province	
Country	

* 4. Primary Contact Details

First Name	
Surname	
Position in Organisation	
Address Line 1	
Address Line 2	
City	
Postal Code	
Province	
Country	
Phone Number 1	
Phone Number 2	
Email Address	
Fax Number	

* 5. Upload/ Attach your Organisation's IPA registration Certificate



No file chosen

* 6. Upload/ Attach your Organisation's Last Audited Financial Statements.

Choose File

No file chosen

* 7. What is your Project Title?

*8. What sector will this project	ct be in? (Please select only one)
Health	Social Welfare
Education	
Other (please specify)	

*9. List the Beneficiary Province(s) for this Project.

* 10. List the Beneficiary Region(s) for this Project.

* 11. What is the Total Project Budget in PGK?



PART II- DETAILED INFORMATION ON ORGANISATION

* 12. **OBJECTIVES**

Briefly Outline Your Organisation's Objectives.

* 13. MAJOR ACHIEVEMENTS

Outline any Major Achievements accomplished during the past 4-5 years.

* 14. FUNDING SOURCES

Please list your current Funding Sources. Ensure you list Names, Contact Details and Contributions in PGK for each.

Example:

1. Funding Source Name: ABC Foundation

Contact Details: Jack John, Executive Director, Phone: 12345678, Email: john@abc.com

Contributions in PGK: K10,000.00

* 15. BACKGROUND OF BENEFICIARY REGION

Describe the area(s) where the project will be delivered. Why have you selected this region?

16. **GENERAL OBJECTIVES**

What do you hope to achieve through this project?

* 17. SPECIFIC OBJECTIVES

What is the intended impact of the project and how will you measure? What specific targets do you have in mind?

18. ENVISAGED ACTIVITIES

What will your main activities activities be in order to achieve your objectives?

* 19. **BENEFICIARIES**

Please describe direct/ indirect beneficiaries of the project including the approximate numbers. Of particular interest is how the project will benefit women and children.

* 20. IMPLEMENTATION (SUPERVISION & REPORTING) What measurements will you be applying, how will you collect the information, and how often will you report it?

* 21. <u>SUSTAI</u>	
	comes of the Project be sustained at the end of the proje
period?	
* 22. PROJE	<u>ST BUDGET</u>
Upload/ Atta	ch your Project Budget Details here.
Choose File	No file chosen
* 22 \M/bat is y	your Expected Project Duration?
Total Number of Days:	
Start Date:	
Completion Date:	
Example:	
1. Project Co-Financier Na	ne: ABC Foundation
Contact Details: Jack John	, Executive Director, Phone: 12345678, Email: john@abc.com
Contributions in PGK: K10,	000.00
*	
* 25. <u>OTHER</u>	<u>REMARKS</u>
Is there anyt	hing else you would like to add to your application that w
have not rec	uested for here?
	End of Proposal Questions

