# **Application Questions**

1. **Organisation Details**

Organization Name:

Postal Address:

Telephone Number: 1 & 2

Email Address:

Website:

IPA #: 

TIN #: 

Date of Establishment: 

Head of Establishment: 

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Name of Applicant: 

Title: 

Contact # 1 & 2:

Email Address: 

1. **Project Information:**

Project Name:

Project Category: (Health)[ ]  (Education[ ] ) (Social Welfare)[ ]

Project Commencement Date: 

Project End Date: 

Project Location: 

Number of people the project will benefit? 

Number of people engaged in the development of the project: 

1. **Funding Details:**

Project Cost: 

Requested STC Community Grant Amount: 

Project budget (clearly provide a table showing the project budget).

|  |  |  |
| --- | --- | --- |
| Project Budget | List items | Comment |
|   |   |   |
|   |   |   |
|   |   |   |
|   |   |   |

Who else is funding this project? (*List the funding agents and their contribution? (Minimum two donors).*

What component of the project will they be funding and by how much?

Will there be any in kind donation of goods and services included in this funding?

*Provide additional information if you think it will support your application.*

1. **Past Projects?**

List two projects that your organisation has completed or were involved in the last five years?

Click here to enter text.

Click here to enter text.

Who funded the projects and by how much? (list down the funding agents/organisation).

Click here to enter text.

What was the name of the project? Click here to enter text.

What was the project about? Click here to enter text.

Where was it located? Click here to enter text.

What was the aim of the project? Click here to enter text.

Was the project completed or is it on going? Click here to enter text.

(If the project is ongoing then why? Click here to enter text.

What did the project achieve?

*Provide additional information if you think it will support your application.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Has your organisation’s projects partnered with statutory organizations in Papua New Guinea?

No [ ] Yes[ ]

Name one project?

List the organization (s)?

Was the Project (s) completed? No [ ]  Yes[ ]

What was the funding amount? Click here to enter text.

List down at least two donor funds or other organisations who funded the project.

Click here to enter text.

Click here to enter text.

1. **Category Funding request (Health, Education, Social Welfare)**

Why do you seek funding under this category? Click here to enter text.

How does this funding benefit your organisation? Click here to enter text.

How does this funding assist your organization to provide development and advancement in the community? Click here to enter text.

Are there other partners involved and who are they? Click here to enter text.

List down at least five (you can include partners in the community, churches, village council, local level government, other donors, statutory organisations, NGOs,)

Click here to enter text. Click here to enter text.

Click here to enter text. Click here to enter text.

Click here to enter text.

1. **Executive Summary**

**6.1 Project Proposal**

**Provide a brief detail of the project. Please list down the following:**

What is the project about? Click here to enter text.

Why is it important? Click here to enter text.

Who is the project beneficial to and why? Click here to enter text.

What factors were involved in choosing this project? Click here to enter text.

What are the statistics that suggest this is an area which requires funding and assistance? Click here to enter text.

List down three key mile stones you hope to achieve for this project?

Click here to enter text.

Click here to enter text.

Click here to enter text.

1. **Project Objective:**

State what the project will do? Who will be involved? Click here to enter text.

**How do you intend to commence this project?** (List down the stages of the project and duration). Please provide who will be involved in each stage? Click here to enter text.

1. **Results driven and Measurement**

State which result statements will fulfil the funding?

[ ] Increase child literacy in the community.

[ ] Improve gender participation in schools in the community.

[ ] Improve sanitation facilities in the community.

[ ] Provide learning materials and programmes in the community.

[ ] Improve access to services to gender based violence.

[ ] Help promote healthy homes, safe and secured living in the community.

[ ] Promote gender advancement and development.

[ ] Promote health awareness and improve access to basic health facilities.

[ ] Provide programmes, workshops and activities for environmental sustainability.

[ ] Promote community engagement and partnership, community activities and pride.

[ ] Promote learning and development.

Other Click here to enter text.

1. **Project Evaluation and Monitoring**

How will you measure the success of the project with the result driven statements provided? Click here to enter text.

What process or tools will you engage to evaluate the success of the project? Click here to enter text.

What will be involved in evaluating the success of the project? Click here to enter text.

How will you monitor and evaluate the success of the project? Click here to enter text.

What process will be involved in monitoring the success of the project? Click here to enter text.

1. **Project Sustainability**

What will be involved to ensure the sustainability of the project? Click here to enter text.

Who will be funding the project after it is completed? Click here to enter text.

Will you be requesting more funding from Steamships after the project? Click here to enter text.

How do you intend to fund the project? Click here to enter text.

1. **Steamships Community Grants Acknowledgement**

State how you will acknowledge the STC Community Grants Programme?

[ ] Facebook

[ ] Website

[ ] Newsletter

[ ] Media Release

[ ] Poster

[ ] Signage

[ ] Announcement

[ ] Annual Report

Other

1. **Project Budget**

|  |  |  |
| --- | --- | --- |
| Revenue Sources | Amount | Status |
| Eg: AusAid | K10,000 | confirmed |
| Eg: GoPNG | K5,000 | Pending |
| Eg: STC CGP Request | K50,000 | Pending |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
|   |  |  |
| Total |  |  |

|  |  |  |
| --- | --- | --- |
| **Expenses** | **Total Expense Amount** | **STC CGP Amount** |
| Eg.Project supplies | K3000 | K2000 |
| Eg. Medical supplies | K10,000 | K10,000 |
|       |       |       |
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| Total |       |       |

Ensure to provide accurate, clear and concise information.

Ensure your total revenue and expenses match against as well as the STC CGP.

State in-kind donation of goods and services included in the project. Click here to enter text.

1. **Project Activity and Timeline**

Please list down the activities which will be taken. State the start and end date.

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Start date | End Date | Who is involved? |
|        |       |  |   |
|   |  |  |   |
|   |       |  |   |
|   |  |  |   |

Describe the structure of your organization:

Eg:

List down the names of the organization’s executive management.

|  |  |
| --- | --- |
| **Name** | **Title** |
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Does the organisation have Board members? List the Board members.

|  |  |  |
| --- | --- | --- |
| **Name** | **Title** | **Company** |
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# Confirmation

**To complete the information ensure that you understand the content and the information you provided:**

[ ] I have carefully read and understand the eligibility criteria for this program as described in the Program Guidelines, and I confirm that the organization I represent meets these criteria.

[ ] I confirm that to the best of my knowledge the statements in this application are complete and accurate.

[ ] I accept the conditions of this program and agree to accept the Steamships Community Grants Committee decision.

[ ] I agree that the organization I represent will return a portion or all of the funding if the project is not carried out as described in the application.

[ ] I agree that a completed Final Report including financial verification will be provided to Steamships Community Grants Committee within 60 days of completion of the project.

[ ] I understand that the organization I represent is not eligible to apply to this program until any outstanding Final Reports for Steamships Community grants have been submitted and approved.

Name:

Position:

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: