



STEAMSHIPS

This is the application form for the Steamships Community Grants Program. Please ensure that you have read and met the Eligibility Check List before filling out this form. You can find our Frequently Asked Questions on our website. Please read the FAQs to answer any common questions or concerns you may have about our application process.

Please complete each section to the best of your ability and refer to our Application Check List before you submit your application.

We only accept emailed applications, please ensure all necessary documents are attached before you send.

ORGANISATION INFORMATION

Name	<input type="text"/>		
Head of Org.	<input type="text"/>		
Address	<input type="text"/>		
Address	<input type="text"/>		
Phone 1	<input type="text"/>	Phone 2	<input type="text"/>
Email 1	<input type="text"/>	Email 2	<input type="text"/>
Website	<input type="text"/>		
IPA #	<input type="text"/>	TIN #	<input type="text"/>
Date Established	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		

APPLICANT DETAILS

Name	<input type="text"/>		
Title	<input type="text"/>		
Email	<input type="text"/>	Phone	<input type="text"/>

PROJECT INFORMATION

Title

Category Social Health Education Social Enterprise

Date Start / / Date End / /

Location

Number of people project will benefit

Number of people engaged in project development

FUNDING DETAILS

Project Cost Amount requested from STC Community Grants Program

Project Budget

Line Item	Unit	Unit Price (PGK)	Total

Other Current or Prospective Funding Sources (Cash and/or In Kind)

Donor	Amount (PGK)	Description

PAST PROJECTS | INFORMATION

Use the tables below to tell us about two (2) projects your organisation has completed or been involved in within the last five (5) years. Who funded the projects and by how much.

Project 1

Project Title	
Project Date	
Location	
Donor & Amount (in PGK)	
Objective of Project	
Date Completed or Ongoing	
What did the project achieve	

Project 2

Project Title	
Project Date	
Location	
Donor & Amount (in PGK)	
Objective of Project	
Date Completed or Ongoing	
What did the project achieve	

PAST PROJECTS | STATUTORY BODIES

Has your organisation's project partnered with statutory organisations in Papua New Guinea? Tick the relevant box below.

Yes

No

If you answered Yes, please fill out the following table. If no, please proceed to next section, Category Funding Request.

Project Title	
List Statutory Organisation	
Date Completed or Ongoing	
Amount (PGK)	
Objective of Project	
Other Donor 1	
Other Donor 2	

CATEGORY FUNDING REQUEST

Why do you seek funding under this category?

How does this funding benefit your organisation?

How does this funding assist your organisation to provide development and advancement in the community?

CATEGORY FUNDING REQUEST

How does this funding benefit your organisation?

Are there any other partners involved? Who are they? List at least three (3) This includes but is not limited to; community, churches, village council, local level government, other donors, statutory organisations, NGOs.

EXECUTIVE SUMMARY

Project Proposal

What is the project about? Why is it important?

Who is the project beneficial to and why?

What factors were involved in choosing this project?

What statistics suggest that this is an area which requires funding and assistance?

List three (3) milestones you hope to achieve for this project?

Project Objective

State objectives of the project

State the stages of the project and who will be involved at each stage

Results & Measurement

Select the results that will fulfill the funding

- | | |
|--|---|
| <input type="checkbox"/> Increase child literacy in the community | <input type="checkbox"/> Promote gender advancement and development |
| <input type="checkbox"/> Improve gender participation in schools in the community | <input type="checkbox"/> Promote health awareness and improve access to basic health facilities |
| <input type="checkbox"/> Improve sanitation facilities in the community | <input type="checkbox"/> Improve sanitation facilities in the community |
| <input type="checkbox"/> Provide learning materials and programmes in the community | <input type="checkbox"/> Provide programmes, workshops and activities for environmental sustainability |
| <input type="checkbox"/> Improve access to gender based violence services | <input type="checkbox"/> Promote community engagement and partnership, communities activities and pride |
| <input type="checkbox"/> Help promote healthy homes, safe and secure living in the community | <input type="checkbox"/> Promote learning and development |

If not listed above, state the results that will fulfil the funding

Project Evaluation & Monitoring

How will you measure the progress and success of the project with the results driven statements provided?

What process or tools will you use to evaluate the progress and success of the project?

How will you monitor the progress and success of the project?

Post project completion, how will you monitor the effectiveness and success of the project?

Steamships Community Grants Acknowledgment

State how you will acknowledge the Steamships Community Grants Programme?

- | | |
|---|---|
| <input type="checkbox"/> Facebook, Instagram, Twitter, YouTube, TikTok, Snap Chat | <input type="checkbox"/> Poster |
| <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Signage |
| <input type="checkbox"/> Website | <input type="checkbox"/> Announcement |
| <input type="checkbox"/> Blog | <input type="checkbox"/> Annual Report |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Other, If other, please elaborate below. |

Other

Project Timeline

Provided your project timeline in the table below

Description	Start Date	End Date	Who Is Involved

Project Budget

Provide your project budget, please include all major expenses and any in-kind donations of goods and services included in the project.

Expense Item	Source	Status	Amount
		TOTAL	

Organisation Information

List the members of your organisation in the table below.

Name	Title

If your organisation has a Board of Directors please list them below.

Name	Title	Company

CONFIRMATION

To complete the application ensure that you understand the content and the information that you have 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

Title

Signature

Date / /