

# LEADERSHIP FOR CHANGE COMMUNITY GRANTS



### APPLICATION FORM

#### Proposal application for program funding for facilitating partners

We are inviting interested community and faith based organizations to partner with us to realize our vision of creating a nation where there is equal access to opportunities so that no one is left behind. Our Community Grants Program is targeted at supporting high impact community led projects up to the value of PGK 50,000.

This funding application form is to be filled after you have read through our Strategic Plan 2019- 2022 and our Funding Guidelines to ensure your projects are aligned with our plans and the policies and procedures of the Foundation.

We invite proposals to be submitted that help us address the following program outcomes:

- 1. Increased access to quality, primary health care
- 2. Increased access to quality, inclusive education
- 3. Improved water and sanitation
- 4. Increased access to services for people with disabilities
- 5. Reduction in violence for safer communities
- 6. Increased opportunities for citizens to drive solutions for change

Your application for funding will be evaluated according to the information you provide on this form. Use extra sheets if necessary but keep within the word limit.

Before you complete the form, kindly confirm how you came to know about Digicel PNG Foundation Grants program:

☐ Presentation	□ Website	□ News/Advertisement
□ Social Media	☐ Digicel Retail outlets	□ Others

# A. General Information

Indicate with a tick, the t ☐ Improved health ☐ Sustainable livelihoods ☐ Water & sanitation	hematic area, your project is a □ Basic Literacy (childi □ Disability & social in	ren & adults) 🔲 Address	ing Violence nip & citizenship
Project Type: ☐ Training ☐ Awareness	☐ Infrastructure☐ Workshop	☐ Knowled	dge sharing
Has Digicel Foundation f	unded any of your previous p	proposals? Yes/No.	
B. Organisation Information and the second s	mation ation so that we are able to c	ontact you.	
Name of organisation		Telephone	
Postal address		Mobile	
Contact Person#1	Email	Contact#1	Contact#2

# C. Organisational Information

Please list all information so that we can access your current organizational capacity.

IPA Registration #		IPA Registration type:	
Brief history of your organisat	tion (Less than 200 words)		
Programs & activities			
Sources of revenue:			
	dual/Organisation	Amount	
Individ	dual/Organisation	Amount	

### D. Project Description

Please list all information as clearly and concisely as possible so that we can understand what your project goals, objectives and indicators are. Please keep information within the word limit.

D1. Project information
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Title of project			
Funding period		Total Budget (PGK)	
Project location			
Ward#		LLG	
District		Province	
Project Rational (Explain the	problem and how your pro	oject is providing a solution,	in less than 200 words)

### D2. Goals & Objectives of the Project

State clearly the goals and objectives of the projects. Ensure the gaols and objectives align to the focus areas listed in the funding guidelines.

Goals	Objectives	Activity

Objectives		III	dicators/Outcomes	
Budget line item des	cription	Units	Unit Price (PGK)	Total
5 Other current or perspec	tive sources of	support for the p	roject (cash or Kind)	Liet
			•	
own other sources of supp	ort for the proj	ect i.e. is there co	•	
own other sources of supp	ort for the proj	ect i.e. is there co	•	со-
D5. Other current or perspections of supportant contributions from your organ Donor name	ort for the proj nization includino	ect i.e. is there cog sweat equity.	o-funding. List down	co-

risk.			
Risks		Mitigation Strateg	У
D7. Project monitoring & List down how you will m outcome of the project.		the projects to e	ensure you are achieving the intended
Outcome Area	Indic	cator	Means of verification
D8. Describe how you wil	ll able to ensure sus	stainability of the	project

Highlight major risks to the projects implementation and the strategies you will utilize to minimize the

D6. Risk Management

### E. Support Document Checklist:

Ensure ALL applicable support documentation are attached with your application. Applications will be regarded as incomplete and discarded from being shortlisted at time of assessment.

Document:	Comments
☐ IPA Certificate	
☐ TIN Certificate	

#### F. Please submit to the Digicel PNG Foundation:

Postal address: Digicel Foundation PO Box 1618 Port Moresby NCD

Email: digicelpngfoundation@digicelgroup.com

For queries about this application form, please contact us on telephone 7222 2601 Thank you!