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 100,000.

All organizations that are applying for our Community Grants must meet the eligibility criteria listed below. Tick the boxes if your organisation:

- ☐ Is registered as an Association, Civil Society Organization, Faith-Based Organization with an IPA registration number and a TIN number.
- ☐ Has a Board of Management that governs the organization and must have records of regular meeting minutes.
- ☐ Has a bank account with one of the recognized banks or financial institutions in the country.

This funding application form is to be filled after you have read the Funding Guidelines to ensure that your project is aligned with our priorities.

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. Improved sustainable livelihood for poverty reduction
7. Increase in financial literacy and financial inclusion;

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 thematic areas, your project is addressing:

□ *Improved health* □ *Basic Literacy (children & adults)* □ *Addressing Violence*
□ *Sustainable livelihoods* □ *Disability & social inclusion* □ *Financial Inclusion*
□ *Water & Sanitation*

Project Type:

□ Training □ Infrastructure □ Knowledge sharing
□ Awareness □ Workshop □ Resource distribution

Funding Type:

Indicate with a tick, the funding you applying under.

□ Tier One up to PGK50,000
□ Tier Two up to PGK100,000 **(for previous Community Grant recipients only**)

See the funding guidelines for more information.

Has Digicel PNG Foundation funded any of your previous proposals? Yes/No.

B. Applicant Details

Name:	Position:
Phone:	Email:

C. Organisation Information

C1. Please list the names of two other most reliable contacts below

Name of Organization:
Postal Address:

Name of Contact Person #2	Phone:	Email:
Name of Contact Person #1	Phone:	Email:

Please ensure that your phone number and email address are up to date.

Brief history of your organization (Less than 200 words)
What are your Organization's focus Programs and Activities (Organization's core business)

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

Title of project			
Funding period		Total Budget (PGK)	
Project location			
Total beneficiaries		Male:	Female:
Ward#		LLG	
District		Province	
Project Rational (Explain the problem and how your project 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 goals and objectives align to the focus areas listed in the funding guidelines.

Goal: (One clear goal for your project)
Objectives; (Maximum of three objectives)
Overall Outcome

D3. What are the Project Indicators?

Refer to Funding Guidelines to align your outcomes and indicators.

Outcomes	Indicators

D4. Project Budget

List the major expenses that will be incurred in the project including any capital purchases that will be incurred, please include quotes from suppliers as supporting documents.

Budget line item description	Units	Unit Price (PGK)	Total

D5. Other current or perspective sources of support for the project (cash or kind). List down other sources of support for the project i.e. is there co-funding. List down co-contributions from your organization including sweat equity.

Donor name	Date	Amount (PGK)	Description of activity

D6. Risk Management

Highlight major risks to the projects implementation and the mitigation strategies you will utilize to minimize the risk (etc: weather, theft, disputes).

Risks	Mitigation Strategy

D7. Project monitoring & Evaluation plan

List down how you will monitor the results of the projects to ensure you are achieving the intended outcome of the project.

Outcome Area	Indicator	Means of verification

D8. Describe how your organization will ensure sustainability of the project

D9. Which of the following will the community provide to support the project?

○ Free Labour	○ Security	○ Accommodation if necessary
○ Meals for workers	○ Storage of materials on worksite	○ Other

D10. Project Milestones.

The project is to be completed within one year (12 months).

No	Task Description	Duration	Start Date	End Date
	Duration of Project (12 months)			

E. Support Document Checklist:

Please ensure that all relevant supporting documents are included with your application. The IPA Certificate and TIN Certificate are mandatory and must be attached to the application form. The TIN Certificate must reflect the same Organization name as stated on the IPA Certificate. Failure to comply will result in your application being deemed incomplete and excluded from the shortlisting process during assessment.

Document:	Comments: IPA Certificate must be current and updated.
□ IPA Certificate	
□ TIN Certificate	
□ Association type	

Note: Companies, Business, Government departments are not eligible.

F. Please submit to the Digicel PNG Foundation:

Postal address:
Digicel PNG Foundation
PO Box 1618
Port Moresby
NCD
Email: communitygrants@digicelpacific.com

G. Submission Date: _____/_____/_____

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

Thank you!

2025—2026