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| Part 1: Applicant Details  |
| Project Team Main Contacts | **Applicant 1** | **Applicant 2** |
| Full Name (as in NRIC) |  |  |
| School/Organisation (if relevant) |  |  |
| Contact Number |  |  |
| Email Address |  |  |
| Names of additional team members(If any) |  |

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| Teacher (Team’s Advisor)(Only applicable to primary-secondary school groups) | Full Name:  |
| Designation:  |
| Contact Number:  |
| Email Address:  |
| School:  |

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| Part 2: Project Description |
| Project name |   |
| Project Type | [ ]  **Project 5.5** | [ ]  **Project Hope** | [ ]  **Project Impact** |
| Date and/or Duration of Project (DD/MM/YYYY) | **Start Date:** Click or tap to enter a date. | **End Date:** Click or tap to enter a date. |
| Description of proposed project and key objectives:  |
| List down how you plan to achieve your project’s objectives and how you would you know if you have achieved your objectives:  |
| Marketing and publicity plan to promote your project:  |
| Target Audience Age Range (you may select more than 1 age group):[ ]  Under 12 [ ]  13 – 17 [ ]  18 – 25 [ ]  26 – 35 [ ]  36 – 49 [ ]  50 – 65 [ ]  66 & above |
| Profile of Target Audience(s):   | Estimated Number of Participants/Reach:  |
| Venue/Platform:  | Let us know how NKF can support you in the implementation of your project (if applicable):  |
| Brief Project Timeline:  |

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| Part 3: Project Budget*(Please refer to “Seed Funding Guidelines” for full funding details)* |
| **Project budgeted Income (if any)** |
| **Projected Income** **(eg, grants, ticket sales, in-kind sponsorship, cash sponsorship)** | **Amount** **(SGD)** |
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| **Total Income (I)** |  |
| **Project budgeted Expenditure** |
| **Estimated Expenditure - Item****(eg: venue rental, setup, publicity etc)** | **Quantity** | **Unit price** | **Total Cost (SGD)** |
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| **Total Expenditure (E)** |  |
| **Surplus/(Deficit) = (I-E)** |  |
| Seed funding amount requested  | SGD  |

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| Part 4: Particulars for Claiming |
| Cheque Payable to (as per bank record) |  |
| Mailing Address |  |
| Contact Number |  |
| *Note: Kindly provide a copy of your bank account details for verification of cheque payable name* |

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| Part 5: Additional Information |
| How did you hear about the Kidney We Care Movement? |
| [ ]  Newspaper  | [ ]  Social Media Platform | [ ]  Friends/Words of Mouth  |
| [ ]  Schools | [ ]  Events  | [ ] Others (Please specify: \_\_\_\_\_\_\_\_\_\_) |

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| For Official Use Only |
| NKF Staff-in-charge |  | Endorsement |
| Application Date |  |
| Project Code | KWC \_\_ \_\_ \_\_ \_\_ - \_\_ \_\_ \_\_ |
| Application Status | [ ]  Approved [ ]  Rejected  |