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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 |