

Small-Scale Initiatives

Application Pack for Funding



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| **PART A: THE APPLICANT**  Part A of the application pack requires: contact and organisational details, the core activities of the organisation, information on human resources and relevant financial details relating to income, sources of funds and expenditure. | **02.** |
| **PART B: PROJECT DESCRIPTION**  Part B asks for the justification of the project, its context and objectives, the activities to be undertaken and the expected results. | **04.** |
| **PART C: BUDGET ESTIMATES**  Part C is to be used as template to provide a detailed account of all expenditures to be incurred in the implementation of the project. It requires disclosure of all related sources of funds and the amount requested to the NSIF. | **07.** |
| **PART D: BUDGET JUSTIFICATION**  All items of expenditure contained in the budget estimates must be duly substantiated using the Budget Justification template in Part D. | **08.** |
| **PART E: DECLARATION FORM**  A declaration form is provided in Part E to be signed by the applicant. | **09.** |
| **APPLICATION CHECKLIST** | **10.** |

**PART A: THE APPLICANT**

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| CONTACT DETAILS | | | |
| **Name of Organisation** |  | | |
| **Postal Address** |  | | |
| **Tel** |  | | |
| **Fax** |  | | |
| **Email** |  | | |
| **Website** |  | | |
|  | **Name** | **Email** | **Tel** |
| **President/Chairperson of Managing Committee/Board**  *(Please enclose list of office bearers/board members indicating names, NID number and contact details)* |  |  |  |
| **Person responsible for day-to-day management of organisation**  *(Please indicate job title e.g. Director, Manager, Coordinator)* |  |  |  |

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| ORGANISATION DETAILS | | |
| **Legal status**  ***(Please tick as appropriate*)** | Registered association with Registrar of Association |  |
| Registered non-profit company with Registrar of Companies |  |
| Charitable trust established under the Trust Act |  |
| Foundation established under the Foundations Act |  |
| Organisation established under an Act of Parliament |  |
| Other *(Please specify)* |  |
| **Year founded** |  | |
| **National Social Inclusion Foundation Registration Number** |  | |
| **Core activities of organisation**  *(Please list up to a max of 3 in order of priority)* |  | |

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| **HUMAN RESOURCES** | | | |
| **Category** | **Number\* of Employees** | | **Number\* of Volunteers** |
| **Full Time** | **Part-Time** |
| **Technical** |  |  |  |
| **Management** |  |  |  |
| **Administrative staff** |  |  |  |
| **Other** *(Please specify)* |  |  |  |

Note: \*As at Dec 2019

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| **FINANCIAL INFORMATION**  *(Please enclose audited financial statements for the last two financial years)* | | |
|  | **Year 20…**  **Rs** | **Year 20…**  **Rs** |
| **Total income** of the organisation  for the last two financial years |  |  |
| **Main sources of funds** |  |  |
| * National Social Inclusion Foundation |  |  |
| * CSR - Private sector |  |  |
| * Fundraising activities |  |  |
| * Fees, memberships and donations |  |  |
| * Other *(Please specify)* |  |  |
|  | | |
|  | **Year 20…**  **Rs** | **Year 20…**  **Rs** |
| **Total expenditures** of the organisation  for the last two financial years |  |  |
| **Operating costs** |  |  |
| * Technical HR |  |  |
| * Specialised tools, aids and materials |  |  |
| * Management and administrative HR |  |  |
| * Other administrative costs |  |  |
| **Capital expenditure** |  |  |
| **Other costs** *(Please specify)* |  |  |

**PART B: PROJECT DESCRIPTION**

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| BASIC INFORMATION |
| Title of project |
| Duration of project (*should not exceed 12 months)* |

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| **LOCATION**  **Primary geographic location(s) where project will be delivered.** | |
| **District** | **Locality/Village Council Area (VCA)** |
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| **TARGET BENEFICIARIES OF PROJECT**  (*Please enclose list of target beneficiaries*) | | |
| **Category** | **Number** | **Profile**  *(Please describe the specific group of beneficiaries e.g. disabled children, school drop outs, abused women, adults/families living in poverty, drug users)* |
| **Children** |  |  |
| **Youths** (15-24 years) |  |  |
| **Adults** |  |  |
| **Women** |  |  |
| **Elderly** |  |  |
| **Families** |  |  |
| **Other** *(Please specify)* |  |  |

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| PROJECT JUSTIFICATION  Describe the project by elaborating on the themes below. |

1. **Background**

Explain the context and importance of the project. Who are the targeted beneficiaries? What are the particular needs and/or problems to be addressed?

1. **Objectives**

What are the specific objectives of the project? What goals will be achieved?

1. **Project Activities**

Describe the planned activities indicating the timeframe for implementation (p*lease include a Gantt chart*). Indicate whether any collaborative partnership with other NGOs and/or institutions has been sought.

1. **Expected Results and Impact**

What are the expected results? How will the beneficiaries benefit from the project? Will there be any long term impact?

**PART C: BUDGET ESTIMATES**

|  |  |  |  |
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| **ITEMS** | **COST (Rs)** | **SOURCES OF FUNDS**  **(Rs)** | |
| **FUNDS REQUESTED**  **from NSIF** | **OTHER SOURCES** |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
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| **Total** |  |  |  |

**PART D: BUDGET JUSTIFICATION**

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| **ITEMS** | **Explain each budget item**  Substantiate cost and provide justification for each item, supported by relevant documents where applicable. |
| 1. |  |
| 2. |  |
| 3. |  |
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**PART E: DECLARATION FORM**

I, the undersigned, declare as the representative of < *Organisation Name*> that:

* All information given in this application is accurate.
* All sources of funds in relation to the project have been fully disclosed.
* The organisation will provide any further information to the National Social Inclusion Foundation as and when required for the purpose of due diligence and assessment of the application.
* The application has been approved by the Managing Committee/Board of the organisation.

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| --- |
| Name |
| Position |
| Signed |
| Date |

*(Please affix seal of the organisation*)

**APPLICATION CHECKLIST**

**Checklist to ensure that the application pack is correctly completed**

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| The prescribed Application Pack has been used. |  |
| Application has been typed in English or French. |  |
| Organisation is registered with the National Social Inclusion Foundation and all relevant organisational details have been provided. |  |
| All parts of the Application Pack have been completed. |  |
| The Declaration Form has been duly filled in and signed. |  |
| **Documents to be annexed** |  |
| List of office bearers/board members indicating names, NID number and contact details |  |
| Audited financial statements for the last two financial years |  |
| List of target beneficiaries of the project |  |
| Relevant documents supporting budgeted expenditures, where applicable |  |

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