A picture containing light, silhouette, night sky

Description automatically generated

Application Pack for Funding

**Special Call for Proposals**

Improving Care Environments in Residential Care Institutions



CONTENTS

|  |  |
| --- | --- |
| **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. | **03.** |
| **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. | **05.** |
| **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. | **06.** |
| **PART E: DECLARATION FORM**  A declaration form is provided in Part E to be signed by the applicant. | **07.** |
| **APPLICATION CHECKLIST** | **08.** |

**PART A: THE APPLICANT**

|  |  |  |  |
| --- | --- | --- | --- |
| CONTACT DETAILS | | | |
| **Name of Organisation** |  | | |
| **Postal Address** |  | | |
| **Tel** |  | | |
| **Email** |  | | |
| **Website** |  | | |
|  | **Name** | **Email** | **Tel** |
| **President/Chairperson of Managing Committee/Board** |  |  |  |
| **Person responsible for day-to-day management of organisation**  *(Please indicate job title e.g. Director, Manager, Coordinator)* |  |  |  |

**PART B: PROJECT DESCRIPTION**

|  |
| --- |
| BASIC INFORMATION |
| Name and Address of Residential Care Institution (RCI) |
|  |
| Tenure (Please indicate whether building rented or owned by organisation) |
|  |
| Duration of renovation project (*should not exceed 12 months)* |

|  |  |
| --- | --- |
| Type of RCI | Please Tick as appropriate |
| Shelter for children |  |
| Shelter for women |  |
| Half-way home |  |
| Charitable institutions/home for the elderly |  |
| Night shelter for the homeless |  |
| Shelter for the homeless |  |
| Residential centre for rehabilitation of substance abusers |  |

|  |  |
| --- | --- |
| **Beneficiaries** *(Please describe the specific group of beneficiaries* | **Number** |
|  |  |

**PROJECT JUSTIFICATION**

1. **Background and Objectives**

Explain the purpose and importance of the renovation project.

1. **Scope of Works**

Describe the scope of proposed renovation works, indicating the timeframe for implementation (p*lease include a Gantt chart*).

**PART C: BUDGET ESTIMATES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SN** | **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**

|  |  |  |
| --- | --- | --- |
| **SN** | **ITEMS** | **Explain each budget item**  Substantiate cost and provide calculations and justifications for each item, supported by relevant documents where applicable. |
| 1 |  |  |
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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.

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

*(Please affix seal of the organisation*)

**APPLICATION CHECKLIST**

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

|  |  |
| --- | --- |
| 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** |  |
| Audited financial statements for the last two financial years |  |
| Relevant documents supporting budgeted expenditures, where applicable |  |

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