



ECCLESIASTICAL GRANTS APPLICATION FORM

Date of Application: ____/____/____ Day Month Year	Date of Project: ____/____/____ Day Month Year	<u>For official use only:</u> Date of receipt of completed application: ____/____/____ Day Month Year
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Instructions

1. Please answer questions on the form in BLOCK LETTERS
2. Do not leave any fields blank. Put N/A if the field does not apply.
3. All applicable supporting documents must be submitted along with the completed application form

SECTION A: PROJECT SUMMARY

Name of Project:	
Venue of Project:	
Total Budget (TT\$):	Amount Requested (TT\$):

SECTION B: INFORMATION ABOUT YOUR ORGANISATION

Name of Organisation:	
Mailing Address:	
Phone Number (s):	Fax Number:
E-mail:	
Website:	
Meeting Address (if different from Mailing Address):	
<i>Executive Contact/Project Liaison Person:</i> <i>List the two main contact persons for questions on this application</i>	



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Name	Position in Group	Contact Number
1.		
2.		

SECTION C: INFORMATION ON PREVIOUS SPONSORSHIP/ACTIVITIES

Have you ever applied for an Ecclesiastical Grant?

Yes
 No

If yes, did you receive a grant?

Yes
 No

If yes, what was the date of the application?

____/____/____
Day Month Year

What funds were you awarded? (TT\$):

SECTION D: INFORMATION ON THE PROJECT PROPOSED

Project Title:

In which Category are you applying for funding?

Infrastructural Work
 Contribution to human and citizen development
 Promotion of inter-faith dialogue

Please provide a brief description of your project (include project objectives):

Please list the **KEY** activities of the Project:



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Proposed Beneficiaries <i>(Please describe the target population to be served):</i>	
Collaborators <i>(Indicate the organisations/agencies with whom you are partnering on this project):</i>	
ORGANISATION	Role/Responsibility

SECTION E: INDICATORS OF PROJECT SUCCESS

What will be the evidence that your project was a success?

-
-
-
-

SECTION F: INFORMATION ABOUT YOUR PROJECT'S ESTIMATED BUDGET

What is your organisation's financial contribution to the project (TT\$):

Have you applied to any other State agencies for support to this project?

Yes
 No

If yes, please provide details:

State Agency	Purpose of Funds	Amount (\$)	Status			
			All	Part	Nil	DK*

*Don't Know (Status of funding is currently unknown)

Total Project Budget: \$ _____
Total amount of Funds raised: \$ _____



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Main Budget Items and Associated Costs:	
Budget Items	Costs
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

*A detailed budget must be attached to this application

CHECKLIST

Note: Supporting documents must be attached to this form.

- 1. Copy of organisation's Registration Certificate (where available)
 - 2. A detailed budget
 - 3. Quotations from suppliers of goods and services
 - 4. Name and picture identification of persons authorised to collect cheque on organisation's behalf
 - 5. Other* (Specify): _____
- *Such as Certificate of Land Ownership or Lease
*Pictures in the cases of restoration/renovation works

DISCLOSURE NOTICE

The Office of the Prime Minister is collecting information on this form to ascertain whether or not your application meets the Ecclesiastical Grant Funding criteria. If you do not provide all the information requested, the Ministry may be unable to process your application for funding.

The information contained therein may be provided to Government Ministries, local governing bodies, non-revenue earning State entities, media organisations, gender/child organisations, and young people for the purpose of promoting and reporting on your activity. Information will be distributed via press releases, promotional material, websites, periodic reporting documents, and other departmental publications. Information may also be provided to other state institutions involved in financial intelligence and law enforcement.

DECLARATION

By signing this agreement, I hereby certify that:

- To the best of my knowledge, the details given in this application are true and correct;
- The grant, if approved, will be spent **solely for the activities described** in this application;
- I have read and agree to the **Funding Considerations and Eligibility Requirements** from the Office of the Prime Minister.



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Name: _____
Mobile: _____ Email: _____
Position in Organisation: _____
Signature: _____
Official Stamp of Organisation: <div style="border: 1px solid black; width: 200px; height: 60px; margin: 10px auto; text-align: center;">STAMP HERE</div>

Completed application forms must be hand delivered, mailed, emailed or faxed to:	
The Permanent Secretary Office of the Prime Minister	
Attention: Ecclesiastical Grant Funding Committee	
Fax: 868 625 4564	Email: opm.ecclesiasticalgrant@gov.tt