

DIGICEL PNG FOUNDATION FUNDING APPLICATION FORM

Application for **health** infrastructure for health centres.

Your application for funding will be evaluated according to the information you provide on this form. Use extra sheets if necessary. Please pay particular attention to the supporting documentation listed on the final page, which must be submitted with your application. Incomplete forms cannot be considered.

Before you complete the form, kindly confirm how you came to know about Digicel PNG Foundation:

- Presentation Website News/Advertisement Contacts
 Social Media Other
-

A. General Information

A1. Health Centre Name:

A2. Health Centre Registration Code:

A3. Date health centre was established:

A4. Health Centre's address:

.....

A5. Provide contact details of two (2) of the Health Centre's Board Members:

Name: Position:

Phone: Email:

Address:

Name: Position:

Phone: Email:

Address:

A6. Health Centre Location

LLG: District:

Province:

Latitude: Longitude:

How would you describe accessibility to the health centre?

- Very remote (accessible only by air)
- Remote (only accessible by water or walk more than 1 hour)
- Rural (more than 30 minutes' walk to basic services/station)
- Urban (a 30 minute walk to shopping area)

A7. Health Centre staff details:

Total number of staff: Male:.....Female:

A8. Current infrastructure. Select from the list below:

Administration block	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
Outpatient clinic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
In patient ward	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
Ambulance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
Toilets/Ablution Blocks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
Tanks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+
Staff housing/houses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5+

B. Project Information

B1. What infrastructure are you applying for?

- Rural Health Aid Post (RHAP)
- Mobile Health Clinic (MHC)

B2. Do you agree that Digicel PNG Foundation will use its own contractors to deliver this project?

- Yes
- No

If not, please explain:
.....
.....

Please note that all Digicel PNG Foundation funded projects are constructed by the Foundation's registered contractors.

B3. Why is the health centre applying for health infrastructure?

.....
.....
.....
.....
.....

B4. Has this application been approved and supported by the Health Centre's Board of Management?

- Yes
- No
- Don't know/Unsure

If yes, please provide Board meeting minutes proving this. If no/don't know/unsure, please explain further:

.....

.....

B5. Describe previous infrastructure projects undertaken by the health centre in the past 5 years. Include the date, costs and a brief description of the level of success of the project (1=very successful, 2=successful, 3=not so successful, 4=unsuccessful)

Project	Date	Cost (k)	Description	Success level

B6. What were the funding sources for the above previous infrastructure projects? Please indicate the source (this includes elected member (MP) assistance), amount and a brief description of how the funds were used and accounted for.

Project	Date	Amount (k)	Description

B7. Has your health centre received any grants or assistance for any other activities from any other organisation, including Digicel Foundation? If yes, please provide details below:

Donor name	Date	Amount (k)	Description of activity

B8. Is the community aware of this application and does the majority support it?

- Yes
 No
 Don't know/Unsure

Have meetings been held to inform and involve the community about this project?

- Yes No Don't know/Unsure

B9. How many people will be impacted by the project?

- Large > 1000
 Medium 100 – 1,000
 Small <100

B10. Does the community assist the health centre with activities free of charge? (eg. transport, maintenance etc)

- Yes No Don't know/Unsure

If 'yes', list how the community assists the health centre:

If 'no', provide some reasons why this may be so:

B11. If this application is successful, the community will be required to contribute "free" services (ie. accommodation for labourers, food, use of transport for materials etc) during the construction of the project. Does the community agree to this?

- Yes No Don't know/Unsure

B12. Which of the following will the community provide to support the project?

- Free labour Security and storage of material and worksite
 Cost of utilities Fundraising
 Accommodation Equipment, fittings, furniture
 Meals for contractors Other

B13. What are the skills that exist within the community?

- Carpenter Cabinet Maker Farmer Dress Maker
 Mason Teacher Plumber Book Keeper/Accountant
 Painter Contractor Baker Other

B14. What percentage of the community impacted by the project have a wage earning job?

- <10% <30% <50% <80%

What is the main socio-economic activity in your area:

- Fishing Agro business Floriculture
 Subsistence farming Carpentry/woodwork Informal market stalls
 Poultry farming Piggery Tucker box/Canteen
 Art & Craft (carvings etc) Sewing Cash crop
 Other

B15. Are there any current land disputes on where the project will be erected?

- Yes No Don't know/Unsure

B16. Have there been any tribal fights or conflicts over the past year that may disrupt the project?

- Yes No Don't know/Unsure

Please provide Board meeting minutes proving this

C. Documentation & Confirmation

C1. Support documents checklist

(Place a tick in the box to show that each document is attached)

- Operational Cost Budget for the Health Centre
- Guarantee letter from Provincial Health Authority (PHA) or District Health Authority (DHA)
- Bank statements for the Health Centre account
- Land Title and letter explaining the status of the land (if applying for RHAP)
- Photographs of the current health centre infrastructure with patients both inside and outside the building(s)

C2. The following members of the Health Centre executive/board endorse this application:

Name: Position:
Email: Phone no.:
Signature: Date:

Name: Position:
Email: Phone no.:
Signature: Date:

C3. Contact person with whom Digicel PNG Foundation will liaise with for this application

Name: Position:
Email: Phone no.:

End of application

Please submit to the Digicel Foundation:

Postal address:

Digicel Foundation
PO Box 1618
Port Moresby
NCD

Email: digicelpngfoundation@digicelgroup.com

For queries about this application form, please contact us on telephone 7222 2601

Thank you!