

Digicel Foundation
ANSA Centre
11C Maraval Rd.
Tel: 1 (868) 399-9998
Fax: 1(868) 399-9913
Email: digicelfoundationtt@digicelgroup.com
Website: digicelfoundation.org

Section 1: Details of Applicant

Name of Organization: _____

Type of Applicant: Community Based Organization Non- Governmental Organization
 Academic Institution Faith – Based Organisation
 Public Sector Organization Other

Date of Incorporation: _____

Brief profile of Organization (mission, goal, mandate): _____

Address of Organization: _____

Tel: _____ Fax: _____

Email: _____ Website: _____

List of Executives/ Leadership of the Organization

NAME (First name and Surname)	Position in Organization	Time in Position	Contact Number & Email
How did you hear about the Digicel Foundation?			

Section 2: Project Information

Project Name: _____

Expected Start Date : _____ Expected End Date: _____

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Project Location: _____

Name of Project Manager/Liaison _____

Contact Number(s) _____

Email: _____

State the Project

(Give a short description/summary of your project. Include the type of project, venue and duration in months and what you hope to achieve).

Target Audience (Approximate number of persons who will benefit from this project: (state amount and say who they are E.g. students, parents, youths, unemployed, and elderly) **This section is mandatory.**

Directly (how many?):	
Who are they:	
Indirectly (how many?):	
Who are they:	

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Project Challenges and Risks

Describe any challenges or risks that may influence the successful completion of the proposed project

Applicant's Contribution (Approximate value for contribution - please ensure that this figure is also stated in Project Financing in Section 3).

Sustainability (what is the sustainability plan for your project/ Describe your Organization's plans to maintain this project):

Section 3: Project Financing

Summary funding required in TT dollars

A. Amount requested from Digicel T&T Foundation

B. Amount co-funded by other donors

C. Applicant's contribution

TOTAL PROJECT COSTS (A+B+C)

Section 4: Authorization

Please provide signatures of two members of your executive

Name: _____

Name: _____

Signature &
Date:

Signature &
Date:
