

Fax: 1(868) 399-9913

 ${\it Email: digicel foundationtt@digicel group.com}$ 

Section 1: Details of Applicant				
Name of Own in the				
Name of Organization:				
Type of Applicant:	☐ Community Based Organ	ization $\square$ Non-	Governmental Organization	
I	☐ Academic Institution	☐ Faith	<ul> <li>Based Organisation</li> </ul>	
]	☐ Public Sector Organization	on $\square$ Othe	r	
Date of Incorporation:				
Drief profile of Organization /	mission goal residetals			
Brief profile of Organization (mission, goal, mandate):				
Address of Organization:				
	_			
	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 I	Digicel Foundation?		•	



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Section 2: Project Information				
Draiget Names				
Project Name:				
Expected Start Date :	Expected End Date:			
Project Location:				
Name of Project Manager/Ligiton				
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).				



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**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:			
·			
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):			
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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:			