SECTION A: PROFILE OF BENEFICIARY

Please provide all information requested in the fields below and sign the accompanying statement.

1. Name of Organisation: 

2. Date of establishment: ________ Type of organisation: 

3. Address: 
   Tel: ________ Fax: ________ Email: 
   Website: 

4. Founder's Name and Details: 

5. Patron (if any): 

6. Contact person: 
   Tel: ________ Mobile: ________ Email: 

7. Organisation's objectives: 

8. Tax Status: ☐ Yes Tax-exempt ref. no. _________________________ 
   ☐ No 

9. Organisation's Demographics: 
   a) Number of full time staff: ________
   b) Number of part time staff: ________
   c) Number of volunteers: ________
   d) Number of residents/ dependents @ 2020: _________________________ 
   Age group:
   < 6 years ________ 6-12 years ________ 13-18 years ________
   19-30 years ________ 31-50 years ________ > 50 years ________
10. Total monthly operating expenditure: ________________________________

11. Source of income: ________________________________________________

12. Grant from Government: □ Yes
   
   Type of grant: ______________________________________________________
   
   Amount: RM __________________________ per year
   
   □ No

13. Rented or own premise: ____________________________________________

14. On-going programmes/ activities:

   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

15. Have you ever received funding from Berjaya Cares Foundation or other companies related to Berjaya Corporation group of companies? If yes, please quantify and elaborate.

   ________________________________________________________________
   
   ________________________________________________________________
   
   ________________________________________________________________

16. Other supporting documents required:

   □ Most recent annual report / audited accounts
   
   □ Memorandum of Articles of Association
   
   □ Registration certificate showing non-profit status
   
   □ Letter from Inland Revenue Board showing tax-exempt status (*for tax-exempt organization)
1. Project name: ________________________________________________________________

2. Project objectives (Expected result):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

3. Project description (Background/ Summary of the project):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

4. Project duration (Please append project timeline.): _________________________

________________________________________________________________________

5. Project location (must be located within Malaysia): __________________________

6. Total Project cost : _______________________________________________________

7. Project cost breakdown:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

8. Other source of funding for project, if any (Please include contributors’ name and amount):

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
9. Beneficiaries of the project (*e.g. children, youth, single mothers, etc.*):

__________________________________________________________________________________________________________________________________________

10. Measurable impact that could be expected:

__________________________________________________________________________________________________________________________________________

11. Sustainability and risk assessment (*estimated challenges or limitation for the project not to achieve its objectives*):

__________________________________________________________________________________________________________________________________________

12. Additional information relevant to this proposal.

__________________________________________________________________________________________________________________________________________

__________________________________________________________________________________________________________________________________________

Statement:
I certify that the information provided in this application form are true, correct and complete.

__________________________________________________________________________________________________________________________________________

Signature

Name: _______________________________

Designation: _______________________________

Date: _______________________________

Please send the completed form to:

**Berjaya Cares Foundation**
c/o Berjaya Corporation Berhad
Group Corporate Communications
Level 12 West Wing, Berjaya Times Square
No. 1 Jalan Imbi, 55100 Kuala Lumpur
Tel: 03-2149 1999 Fax: 03-2144 0935

*Successful applicants will be required to submit progress and completion reports as appropriate, supported by receipts and other relevant documentation. Projects will be subject to monitoring during the course of implementation.*