



GRANT APPLICATION FORM

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)

SECTION B: PROJECT PROPOSAL

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.**