

**FU TAK IAM FOUNDATION LIMITED
FUNDING APPLICATION FORM**

Name of project _____	
Amount requested (HKD or please specify) _____	
Organization name (as appeared in effective legal document) _____	Website _____
Tel: _____ E-mail: _____ Address : _____ Established in : <input type="checkbox"/> HK <input type="checkbox"/> China <input type="checkbox"/> Macau <input type="checkbox"/> Others (please specify _____)	
Chief executive Name: _____ Post title : _____	
Is your organization registered with the government as a not-for-profit or charitable organization? <input type="checkbox"/> No <input type="checkbox"/> Yes Registration no.: _____ Country of registration: _____	
Is auditors' report available for review? <input type="checkbox"/> Yes, most recent year: _____ <input type="checkbox"/> No	
Current year annual budget of organization (HKD or please specify) _____	
Project-in-charge regarding this Project Name: _____ Post title: _____ Profession: _____ Office tel: _____ Office e-mail: _____ Office fax: _____ Mobile (optional): _____	
Immediate supervisor Name: _____ Post title: _____	
Period of funding support applied From _____ To _____ (Please choose only one) <input type="checkbox"/> Less than one year <input type="checkbox"/> One to less than two years <input type="checkbox"/> Two years <input type="checkbox"/> Over two years (please specify _____)	

Type of the Project (Please choose only one) <input type="checkbox"/> New project <input type="checkbox"/> Extension to on-going project
Scope of the Project (Please choose only one) <input type="checkbox"/> Social welfare <input type="checkbox"/> Education <input type="checkbox"/> Medical & health <input type="checkbox"/> Amateur sports <input type="checkbox"/> Animal welfare <input type="checkbox"/> Arts & culture <input type="checkbox"/> Environment & conservation <input type="checkbox"/> Heritage
Service users or beneficiaries of the Project (Please choose the major one) <input type="checkbox"/> Animals <input type="checkbox"/> Children & youth <input type="checkbox"/> Disabled persons <input type="checkbox"/> Disaster victims <input type="checkbox"/> Elders <input type="checkbox"/> Ethnic minorities <input type="checkbox"/> Families <input type="checkbox"/> General population <input type="checkbox"/> Patient group <input type="checkbox"/> Specially for men <input type="checkbox"/> Specially for women <input type="checkbox"/> Service practitioners (e.g. lawyers, <input type="checkbox"/> Others (please specify _____) doctors, teachers, volunteers, etc)
Service area of the Project <input type="checkbox"/> Hong Kong <input type="checkbox"/> China <input type="checkbox"/> Macau <input type="checkbox"/> Others (please specify _____)

PART A: Organization Background *(Please present your points marked by numbers in sequence.)*

I. **Briefly summarize the background, mission, and services or work of your Organization.**

II. **Please list the major source(s) of revenue currently supporting the Organization.**

III. **If the proposed project concerns a particular department only, specify and briefly describe the services or work of this department.**

- IV. Please provide your Organization structure chart, and list the no. and different posts of staff. (If the Project concerns a particular department only, also provide the department's supervisory chart, no. and different posts of staff.)
- V. Please spell out the major collaborating bodies of your Organization (and if applicable, of the particular department).

PART B: The Proposed Project *(Please present your points marked by numbers in sequence.)*

- I. Please give a brief description of the proposed Project in 100 words.
- II. Analyze the needs or problems that justify the proposed Project. Show relevant data or evidence, such as geographic, demographic, or socio-economic statistics, etc..

III. Project Plan

1. Objectives
2. Target beneficiaries and number
3. Strategies of implementation
4. Planned activities *(contents of each activity)* and planned outputs *(e.g. no. of groups / seminars / participants / publications, etc.)*
5. Planned outcomes and mechanism of measurement
6. Details of human resources and supervisory structure of this proposed Project
7. Milestones and timelines
8. Proposed budget (Please use the form provided by FTIF)
9. Previous achievements of the Project
(if the Proposed Project is an extension to an on-going one.)
10. List the present co-funders, or the potential co-funders in negotiation

PART C: Required Attachments

Concerning the Project:

1. Brief qualifications and related work experience of Project-in-charge and each key Project staff

Concerning the Organization:

2. Most recent auditors' report
3. Current year annual budget
4. Current year list of board/management committee members
5. Most recent annual report
6. Organization's registration or constitution documents, including
 - a) Certificate of incorporation/registration,
 - b) Certificate of tax exemption or charity (e.g. letter from Inland Revenue Department of H K) and
 - c) Memorandum & Articles of Association / constitution document

Concerning the Department:

(If you are requesting for fund concerning a particular department.)

7. Current year annual budget of the department
8. Most recent audited financial statements of the department

Name of Project-in-charge: _____

Post title: _____

Signature: _____

Date: _____

Please deliver by hard copy to :

2B, 2/F, TLP132, No. 132 Tai Lin Pai Road, Kwai Chung, N.T. Hong Kong

Date Rec'd: _____ · Submission: _____
(Completed by FTIF)