

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



## Section 1: Details of Applicant

Name of Organization: \_\_\_\_\_

- Type of Applicant:
- |   |   |
|---|---|
| <input type="checkbox"/> Community Based Organization | <input type="checkbox"/> Non- Governmental Organization |
| <input type="checkbox"/> Academic Institution         | <input type="checkbox"/> Faith – Based Organisation     |
| <input type="checkbox"/> Public Sector Organization   | <input type="checkbox"/> Other                          |

Date of Incorporation: \_\_\_\_\_

Brief profile of Organization (mission, goal, mandate): \_\_\_\_\_

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Address of Organization: \_\_\_\_\_

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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
<b>How did you hear about the Digicel Foundation?</b>			

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## Section 2: Project Information

Project Name: \_\_\_\_\_

Expected Start Date : \_\_\_\_\_ Expected End Date: \_\_\_\_\_

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:	

Project Challenges and Risks

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

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

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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: \_\_\_\_\_

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## Section 5: Supporting Documentation Checklist

**The Checklist and supporting documentation must be submitted with the completed Application Form to avoid NOT being processed:**

(Kindly tick the appropriate boxes to indicate the documents included with your application)

### **Mandatory**

- Project budgets (*As detailed as possible*)
- Two (2) professional cost estimates for the full project (*must include all items on the budget*)
- Quotation for equipment and furniture (if applicable)
- Proof of registration (Articles of Incorporation & VAT Certificate where applicable)
- Completed Vendor form (to be supplied by Digicel Foundation)

### **Proof of land ownership**

- Copy of land title
- Copy of lease

### **Letter granting permission for the approved drawings/to build/expand**

- Ministry of Education Building Office
- Parish Council
- Land Owner
- Proof of Compliance with Early Childhood Commission, if applicable

### **Additional information may be requested by the Digicel Foundation's Project Approval Committee; such as:**

- Business plan
- Strategic plan
- Brochures/pamphlets
- Endorsement Letter(s)
- Further details and documentation related to government/donor funding

**DISCLAIMER:** Request for further documentation does not guarantee or suggest that your application will be approved but assist the Digicel Foundation's Board to make more informed decisions.