

NATIONAL AIDS COUNCIL FUND **APPLICATION FORM** No: _____



••						
1. Details of Organisation						
Name of Organisation						
2) Name of contact person						
3) Tel. No						
4) E-mail						
5) Registration No. (copy should be attached) and with CEPS (If applicable)						
2. Brief Background of Organization (Provide brief description of your organisation- vision, mission objectives and past activities)						
3. Project Title						
4. Summary (Provide a brief description of your project)						
5. Background/Justification (Provide information on current situation about the subject including data justification about the need for the project-continue on separate sheet, if required.)						
6. Objectives of the Project (Indicate what it is hoped the project will achieve, once implemented-must be measurable)						
7. Activities (Describe the activities to be carried out, including the target group and number of beneficiaries; provide details of all communication materials that are planned for this project/activity, eg. leaflets, posters, media spots.						

media spots...)

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(What do you expect to achieve, based on the objectives)									
9. Work-plan or Implementation Plan with Time Frame: (Provide a clear description of the activities/actions and specific time frame that will enable you to attain your objectives)Do not forget to include the Preparatory and Evaluation phases.									
10. Number and Type of Participants: (include list of participants, if available)									
11.Program evaluation: (State methods to be used in measuring the effectiveness of your activity e.g. reports, press coverage, minutes of meetings, number of participants etc)									
12. Budget: (Outline your budget plan and provide invoices and or quotations for proposed expenditures-e.g. transportation, personal cost, printing, stationery, equipments, accommodation, infrastructure etc.									
Activity	Item needed	Unit Price (SR)	Quantity	Total price (SR)	Source				
TOTAL	<u> </u>	 	-						
13. Payment Details Please attach full banking details of contractor and/or beneficiary. 12. Signature and Date									
Full Name:	ull Name: Signature:								
Date:									
13. List of Appendices (Give a list of relevant attachme	ents and docun	nents)							