

**APPLICATION FOR FUNDING
FROM THE *DISASTER AID FUND***

FOR _____(Disaster/Crisis Name)

Instructions To Applicants

Please fill in ALL of Section A with any supporting documents to assist in the evaluation process. Applicants may be required to discuss their projects with the evaluation panel. Please submit this application form to:

The Secretariat
Archdiocese Crisis Coordination Team
2 Highland Road, LG-01
Singapore 549102
Email: acct_secretariat@yahoo.com.sg
Tel: 6488 0278, Fax: 6285 5311

SECTION A: TO BE FILLED BY APPLICANT

1. Project / Request Title

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2. Contact Information

Name:	
Designation:	
Organisation:	
Email Address:	
Contact No: (Office) (Mobile) (Fax)	
Mailing Address:	

3. Project Details

a. Objectives:
b. Description of Project:

c. Project Timelines / Milestones

d. Financials (including Grant Request)

e. Deliverables:

4. Other Organisations Involved In This Project

5. Other Comments

