



## Grant Proposal Form

### PERSON FILLING OUT APPLICATION:

First Name: \_\_\_\_\_

Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

### RECIPIENT DETAILS:

Is the recipient an Individual, Organization or Group?

- Individual
- Organization
- Group

\* **Organizations** is a business/NGO/religious that is registered with the state.

\* **Groups** are unregistered groups that are embedded in the community of the project, have a leadership group and a vision to support their local community.

\* **Individuals** are people who have had success in implementing community based projects and have relationships with the local community.

Name of Organization, Group, or Individual: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

LGA: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

**If this is an Organization or Group please list the main point of contact:**

Name/Title of POC: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

Is this Business Registered with the Corporate Affairs Commission of Nigeria?

- Yes
- No

If "Yes" please state what type of entity it is registered as:

- Enterprise
- Cooperative
- Limited Liability
- Partnership
- Sole Proprietor
- Non-Governmental Organization
- Other \_\_\_\_\_

Amount of Funds Sought (₦): \_\_\_\_\_

Other Funds Already Raised Specifically for this Project: \_\_\_\_\_

Total Project cost (PSDAA + Fundraised amount): \_\_\_\_\_

Brief summary of project (1-3 sentences): \_\_\_\_\_

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Provide one sentence on what you are requesting funding for (i.e. construction of a building, equipment, supplies etc.). \_\_\_\_\_

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Describe any current or past projects completed by recipient in the last 6-12 months:

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Do you have a Business Plan or written out Project Plan?:

- Yes
- No

Does your organization agree to not discriminate against religion, sex, ethnic tribes, non-indigenous peoples, poor people, disabled people?

- Yes
- No

What Type of Support Are You Seeking?

- Health
- Education
- Other \_\_\_\_\_

If Health, please describe the type of facility (i.e. Hospital, Clinic):

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If Education, please describe the type of school (i.e. Primary/Secondary/University):

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If Other, please describe:

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What type of Environment is your project in?

- Rural
- Urban
- Under-Served Urban
- Suburban
- Other \_\_\_\_\_

Describe the area or community where the Project will take place.  
*(Please mention any community support or challenges you are facing)*

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**FINANCIAL SUSTAINABILITY QUESTIONS:**

How long has your organization or Group been active? \_\_\_\_\_

What is your Organizations Corporate Affairs Commission (CAC) Number?

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Has Your Organization Paid Taxes Recently?

- Yes
- No

**Please provide operational cost for the business (break revenue streams and costs into larger categories) for the prior year:**

**YEARLY INCOME:**

- Revenue Stream 1: \_\_\_\_\_
- Revenue Stream 2: \_\_\_\_\_

**YEARLY EXPENSES:**

- Expenses Category 1: \_\_\_\_\_
- Expenses Category 2: \_\_\_\_\_

**GENERAL QUESTIONS:**

Provide an explanation of how your organization aligns with PSDDA's vision and how your project will benefit the local community that you seek to support: \_\_\_\_\_

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What social Impact has the organization provided to this, or any other local community in the past?

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Please share your success stories or past community impacts and list any prior donors or grants you've received: \_\_\_\_\_

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Is there anything else you would like to share about yourself or the recipient that might help PSDDA in making an informed decision? \_\_\_\_\_

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***\*If you need additional space to elaborate on any question above, please use the following page to do so. Remember to indicate which question(s) you are elaborating on***

**All submitted information and documentations will be subject to plagiarism and verification checks**

