



## Khoo Chwee Neo Foundation – Application Form (Organization)

Date: \_\_\_\_\_

### Part 1 - Organization Information

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

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

Postal Code: \_\_\_\_\_

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

Title of Person-In-Charge: Dr / Mr / Mrs / Mdm / Ms

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

Last Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

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

Website (if any): \_\_\_\_\_

Project Title:

Organization Status:  For-Profit  Non-Profit

Estimated Funding Required (in SGD): \_\_\_\_\_

Co-funding Budget from other sources, if any (in SGD): \_\_\_\_\_

Co-funders (Organizations' Names): \_\_\_\_\_

Project Duration (in months): \_\_\_\_\_

Proposed Starting Date: \_\_\_\_\_



**The information provided below is necessary for the consideration of this application.**

**Part 2 - Programme Information**

Type of Assistance Needed (please tick):

Bursaries

Equipment Assistance

Medical Assistance

Others (please specify) \_\_\_\_\_

**Part 3 - Executive Summary**

(Please attach a separate document with a minimum of 1000 words)

I fully understand and agree that the personal information which I have provided may be used and processed by the Khoo Chwee Neo Foundation Ltd ("Foundation") and disclosed to the Foundation's partners, agents, volunteers, third party service providers and governmental / regulatory authorities for the purposes of processing and reviewing any application for assistance, rendering assistance including co-ordination with other entities or individuals, fund-raising efforts, administrative and audit purposes, making of recommendations to governmental / regulatory authorities and for carrying out research, analysis and surveys.

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_