

For Office Use

Date Received:

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Board of Trustee Comments:

Signature: _____

Date: _____

Please return the form to:
Chairperson
National ECCE Trust Fund
c/o Institute of Early Childhood Development (IECD)
P.O. Box 1467
3rd Floor, Le Chantier Mall, Victoria
Tel: 4673700

**NATIONAL EARLY CHILDHOOD CARE AND EDUCATION
TRUST FUND**

APPLICATION FORM FOR GRANT

1. Details of applicant

Name of Institution: _____

- Address: _____

- Represented by:

First Name: _____ Surname: _____

NIN: _____ License No: _____
(Please attach a copy of the license certificate)

Telephone No: _____ Mobile No: _____

Fax No: _____ Email: _____

Number of Children Registered in your Institutions: _____

Number of Employee(s) in Establishments: _____

Trading Premises (State whether rented / owned): _____

2. Project Details

(You may write addition information on separate sheet where applicable)

Project Title: _____

Beneficiary: *(Describe who will benefit from the project)*

Project Duration: _____

(The length for the implementation of the project)

3. Project Memorandum

(You may write addition information on separate sheet where applicable)

Give a brief background of the project: *(include benefit to the early childhood care education)*

Project Objectives:

The objectives are to:

1. _____
2. _____

Project Activities: *(list activities to be undertaken to implement the project)*

1. _____
2. _____
3. _____
4. _____

4. Budget

Budget Details and Breakdown of the project:

Material Cost: SR _____

Equipment Cost: SR _____

Labour Cost: SR _____

Other Cost *(Please Specify)* SR _____

Total Project Cost: SR _____

Personal Contribution: SR _____

(At least 25% of the total cost)

NB: Where appropriate, attach details for the above e.g. Proforma Invoice

5. Details of Grant Applied.

Amount of Grant applied for: SR _____

Personal Contributions: SR _____

Total Project Cost: SR _____

Signature of Applicant : Date: