

GRANT APPLICATION FORM

SECTION A: PROFILE OF BENEFICIARY

Please provide all information requested in the fields below and sign the accompanying statement.

1.	Name of Organisation:			
2.	Date of establishment:		Type of organisation:	
3.	Address:			
	Tel:Fax:		Email:	
	Website:			
4.	Founder's Name and Details:			
5.	Patron (if any):			
6.	Contact person:			
	Tel: Mobile:		Email:	
7.	Organisation's objectives:			
8.	Tax Status: ☐ Yes Tax-exem	pt ref. no.		
	□ No			
9.	Organisation's Demographics:			
	a) Number of full time staff:		h) Number of part time	staff:
	c) Number of volunteers:		b) Number of part time	: Stall
	d) Number of residents/ dependent	h @ 2010		
	·	is <i>(W</i> 2016		
	Age group:	. 40	42	40
	< 6 years 6	- ız years	13	-18 years
	19-30 years 3	31-50 years	s >:	50 years

10.	Total monthly operating expenditure:				
11.	Source of income:				
12.	Grant from Government: Yes				
	Type of grant :				
	Amount: RM per year				
	□ No				
13.	Rented or own premise:				
14.	On-going programmes/ activities:				
15.	Have you ever received funding from Berjaya Cares Foundation or other companies related to				
	Berjaya Corporation group of companies? If yes, please quantify and elaborate.				
16.	Other supporting documents required:				
	☐ Most recent annual report / audited accounts				
	☐ Memorandum of Articles of Association				
	☐ Registration certificate showing non-profit status				
	☐ Letter from Inland Revenue Board showing tax-exempt status (*for tax-exempt organization)				

SECTION B: PROJECT PROPOSAL

Project name:		
Project objectives (Expected result):		
Project description (Background/ Summary of the project):		
Project duration (<i>Please append project timeline</i> .):		
Project location (must be located within Malaysia):		
Total Project cost :		
Project cost breakdown:		
Other source of funding for project, if any (<i>Please include contributors' name and amount</i>):		

9.	Beneficiaries of the project (E.g. children, youth, single mothers, etc.):		
10.	Measurable impact that could be expected :		
	Sustainability and risk assessment (estimated challenges or limitation for the project not to achieve its objectives):		
12.	Additional information relevant to this proposal.		
	Statement: I certify that the information provided in this application form are true, correct and complete.		
	Signature		
	Name :		
	Designation:		
	Date :		

Please send the completed form to:

Berjaya Cares Foundation

c/o Berjaya Corporation Berhad Corporate Communications & Investor Relations Level 12 West Wing, Berjaya Times Square No. 1 Jalan Imbi, 55100 Kuala Lumpur

Tel: 03-2149 1999 Fax: 03-2144 0935

*Successful applicants will be required to submit progress and completion reports as appropriate, supported by receipts and other relevant documentation. Projects will be subject to monitoring during the course of implementation.