



NHF INSTITUTIONAL BENEFIT GRANT REQUEST FORM

FOR OFFICIAL USE ONLY

Date Request Received: _____ **Project ID Number:** _____

Organisation: PVT [] PUB []

Reviewed by: IB Manager [] NHF Sub Committee [] **Decision:** Approved [] Declined []

Screening: Eligible [] Ineligible [] **Project Duration:** _____ yrs _____ mths/wks

Grant Requested: \$ _____ **Grant Approved:** \$ _____

Instructions:

- This form must be submitted with a project summary cover letter signed by the head of the requesting organisation e.g. President, Regional Director
- All sections must be completed and the relevant supporting documents be submitted for the application to be considered.
- Please append the Project Proposal at the end of the document.

(1) PROJECT INFORMATION

PROJECT TITLE: Fill in the name of the project that the grant is being requested for

LOCATION OF PROJECT: Fill in the address at which the project will be undertaken

DATE OF REQUEST: Fill in the date the document was created

ORGANISATION NAME: The name of the organization requesting the grant

ORGANISATION ADDRESS: The address of the organization requesting the grant

TYPE OF ORGANISATION: Government NGO Private Other: _____

TEL: Phone number of the requesting organization FAX: Fax number of the organisation

E-MAIL: email address of the organization requesting the grant

CONTACT PERSON: Name of person responsible for the project or approved equal

POSITION: Position in the organisation of the contact person above

TEL: Phone number of the contact person FAX: Fax number of the contact person

E-MAIL: email address of the contact person



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(2) BREIF DESCRIPTION OF PROJECT:

Provide a brief description of the project in terms of its purpose, objectives, components, duration and cost

(3) PROJECT TYPE: (Select the type of project that will be undertaken)

- Infrastructure improvement
- Procurement of medical & non medical equipment including furniture etc
- Health promotion and or illness prevention activities
- Service Delivery Improvement e.g. training
- Research
- Other: _____

(4) ESTIMATED PROJECT VALUE: State the estimated cost of the project

(5) GRANT REQUEST AMOUNT: State how much money is being requested of NHF

(6) PROJECT DURATION: State how long will the project take to be implemented

(7) COUNTERPART FUNDING

List all other source of funding for the project:

Organizations	Funds J(\$)
Self-financed	
Total	



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(8) CHECKLIST

The following represents the minimum requirements for submission. Items “a” – “d” are required for all projects and items “e” and “f” are required for any Infrastructure and Procurement of medical equipment projects respectively. Items “g” and “h” are dependent on item #7 above. Please tick the relevant items:

- a) Project summary request letter signed by the head of the organization e.g. CEO, President, Regional Director
- b) Completed Grant Request Form
- c) Project Proposal
- d) Supporting documents for the cost of the project e.g. Quotations, Per-forma Invoices, summary of Bill of Quantities or any other relevant document
- e) Architectural designs / working drawings relevant to the stage of the project (11” x 17” paper size)
- f) Specifications for any equipment to be purchased under the project
- g) Evidence of any self-financing portion of the project e.g. Bank statement or other form of commitment
- h) Approval letter or any other supporting documents from institutions providing counterpart funding