

UNITED WAY OF JAMAICA
PROJECT APPLICATION FORM

Please return to: United Way of Jamaica

1. APPLICANT

Name of Organization

Address:

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Telephone No. Fax. No.

No. of Yrs. in Existence Budget for this year

Board Chairman:

Chief Executive Officer:

Is your organization a Registered Private Voluntary Organization? Yes No

❖ *Where the applicant is not a registered Company a letter from the Sponsor who should be a registered organization must be attached.*

Date of Registration

Background: (How you got started, past achievements, goals, support received)

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Name and address of sponsor:

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2. PROJECT FOR WHICH UNITED WAY FUNDS ARE REQUESTED

Name of Project:

Location:

Project Manager:

Address of Project Manager:

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Tel. No. of Project Manager:

4. Objectives (what do you hope to achieve? Please be specific)

- a.
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- b.
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- c.
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- d.
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- e.
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5. Methodology: (Give the main activities, say who will implement them and how)

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6. Evaluation: (How will you measure your progress?)

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7. Continuance: (how will you finance your activities especially at the end of United Way Support?)

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PROJECT BUDGET (One Year)

8.	(Please give details)	Overall Total	Requested from United Way
	1. PERSONNEL		
	(a) Permanent Position	No. in Position	No. of Mths.
			Rates
		
		
		
		
	(b) Consultants; Contractors persons hired		
	2. NON-PERSONAL		
	(a) Equipment, Machinery, Material		
	(b) Consumables, e.g. Food, Stationery,		
	(c) Travelling		
	(d) Insurance		
	(e) Others		
	TOTAL		

Signature:

Position:

Date: