APPLICATION FORM

PRESIDENT’S CHALLENGE 2021

Note to Applicants:

1. This application is open to Social Service Agencies that have a valid IPC status.
2. The Singapore Totalisator Board is a major donor of President’s Challenge.
3. To apply to be a benefitting agency of President’s Challenge, applicants need to provide the information required in Sections A to F and the relevant Annexes, according to the areas applied for.
4. The soft copies of the completed and duly-signed application form and the agency’s **latest** audited financial statements are to be sent to the sector administrator, with the exception of agencies with sector administrators MSF and MCCY, which should be sent to NCSS at [ncss\_pc@ncss.gov.sg](mailto:ncss_pc@ncss.gov.sg). **and** EWE\_Wen\_Hui@ncss.gov.sg.
5. Only completed application forms with a full set of supporting documents will be considered.

# Section A– Guidelines to Recipients of funding by President’s Challenge (“Guidelines”)

1. Funds will be disbursed to benefitting agencies of President’s Challenge 2021 (PC21) in two tranches:

|  |  |  |
| --- | --- | --- |
| **S/N** | **Description** | **Percentage of Funding** |
| 1. | 1st Tranche – to be disbursed in Mar 2021 | 30% |
| 2. | 2nd Tranche – to be disbursed in Mar 2022 | 70% |

1. Recipients must ensure that their **IPC status** remains valid in the financial year when the funds are disbursed save for those Recipients that have been exempted from this requirement by the President’s Office.
2. Recipients shall acknowledge that if the President’s Challenge Secretariats and President’s Office are informed of any governance issues that arises during the point of application till the disbursement, President’s Challenge funds may be withheld till the case is satisfactorily resolved.
3. Donations contributed towards the President’s Challenge are tax-deductible. Hence, the President’s Challenge funds can only be used for programmes covered under the Recipients’ IPC status.
4. Recipients shall ensure that the provision of direct social services for critical and/or strategic programmes is in line with this set of Guidelines. For the avoidance of doubt, Critical and Strategic programmes are respectively defined as follows: -
5. **Critical programmes** are those that have immediate impact and serve the basic needs of the service users.
6. **Strategic programmes** are those that serve long term needs of the service user. Though not critical, the lack of its provision will have adverse consequences on the service user and the sector in the long run.
7. Recipients shall ensure that any and all requests for **capital funding** (i.e. for building or assets) that have been granted, do serve the benefitting agency’s charitable objects, as declared in the application for the President’s Challenge’s funding.
8. Recipients shall ensure that any and all funding received are utilised in accordance to what was declared in the application for President’s Challenge’s funding, and as approved by the President’s Office.
9. President’s Challenge funds are not intended as a form of recurrent funding. Recipients need to ensure the sustainability of the area(s) supported after the full utilisation of the President’s Challenge funds. For example, if President’s Challenge had supported a Recipient to hire additional staff under a supported initiative, the Recipient should ensure that it is capable of securing other funding source(s) to support the hiring of the staff subsequently.
10. All funding must be utilised by the Recipients within the following **3 years** after receiving the 1st disbursement, for the purposes approved. For the avoidance of doubt, any intended diversion from the approved funding in any way or time extension to utilise the funds shall first be communicated to President’s Challenge Secretariat (“Secretariat”) for the President’s Office’s consideration and approval, which approval shall be in the President’s Office’s sole discretion.
11. A Fund Report Form should be submitted in **February 2023** to account for the use of the funds. Subsequently, the Fund Report Form should be submitted **every 6 months** until the monies are fully utilised.
12. Successful applicants are required to submit their **annual audited financial statements** together with the Fund Report or at its earliest availability. The audited financial statement should include the President’s Challenge funds as a separate line item, stating the specific area(s) President’s Challenge has supported, the amount received and how it is being utilised.
13. In the event that the Secretariat and/or National Council of Social Service (**“NCSS”**) is made aware of any breach of this set of Guidelines, the Secretariat and/or NCSS is entitled to take the necessary disciplinary and/or legal action(s) in order to recover part or all the sums of funding previously disbursed to the Recipient in question. The Secretariat and/or NCSS may, at its sole discretion, forbid the Recipient from applying to be a benefitting agency of the President’s Challenge for a period of two (**2**) years, or such other period deemed fit by the Secretariat and/or NCSS. All decision by the Secretariat and/or NCSS is final and binding on all Recipients.
14. In the event that a donor designates any donation~~s~~ to any specific benefitting agency (who is a Recipient), President’s Challenge Secretariat reserves the right to direct such designated donation~~s~~ to other causes supported by the Presidents’ Challenge accordingly, if the amount of such designated donation has exceeded the recommended allocation for that Recipient.
15. Acceptance of the respective funding to Recipients is hereby deemed as acceptance to this set of Guidelines.
16. Secretariat and/or NCSS reserves the right to update this set of Guidelines from time to time, and all updated versions shall be informed to the Recipients as soon as practicable. Secretariat and/or NCSS further reserves the right to issue any further directions or regulations to Recipients in relation to and/or in connection with the use of the respective funding to Recipients, which shall be binding on Recipients. Continued acceptance of the respective funding to Recipients is hereby deemed as acceptance to any and all revised versions of this set of Guidelines and/or said further directions or regulations, for the respective time being in force.

**Declaration**

I have read and understood the information provided in Section ‘A’. I declare that the information provided by my agency is complete and accurate.

|  |  |
| --- | --- |
| Name of Executive Director/ Head of Agency |  |
| Email of Executive Director/ Head of Agency |  |
| Signature of Executive Director/ Head of Agency |  |
| Date |  |

# Section B – Particulars of Social Service Agency

|  |  |
| --- | --- |
| Name of Social Service Agency |  |
| Address |  |
| Telephone Number |  |
| Contact Person |  |
| Designation |  |
| Email Address |  |
| Funding | \* **Confirmed Funding Source(s)**  In FY2021, the agency will be funded by:   |  |  | | --- | --- | | Funding Source(s) | **Amount of Funds expected ($)** | |  |  | |  |  |   **Potential funding source(s)**  Please provide information on the estimated amount of funds (inclusive of donations) to be received in FY2021 [e.g. funding application(s) made but pending approval, or funds expected to be raised through fund-raising events, etc]:   |  |  | | --- | --- | | **Funding Source(s)** | **Estimated Amount to be received ($)** | |  |  | |  |  | |  |  | |
| Sector Administrator | \*MOE / MOH / MCCY\*\* / MSF\*\* / SCORE / Sport Singapore / Singapore Prison Service / Not Applicable / Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| IPC Status | IPC UEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  IPC Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Latest IPC Approval Period: from \_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_ (dd/mm/yy)\*\*\*  (You may check your agency’s latest IPC Approval Period at http://www.charities.gov.sg). |

\* Please delete where applicable.

\*\* Applications from Social Service Agencies under Sector Administrators MSF and MCCY will be assessed by NCSS. Please send a soft copy of this application form and the audited financials to NCSS, cc. PC Secretariat.

\*\*\* IPC status is a pre-requisite for all PC applications. You are required to apply for a renewal of your IPC status, if it expires in 2020/2021.

# Section C – President’s Challenge: Application and Funding History

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| President’s Challenge – Application | Has your agency made any application(s) to President’s Challenge in the past 5 years?  \* Yes / No  If yes, please state the year(s) of application(s) in the table below:-   |  | | --- | | Year(s) of Application | |  | |  | |  | |
| President’s Challenge – Funding History | Has your agency received any funding from President’s Challenge in the past 5 years?  \* Yes / No  If yes, please state the year(s) and the amount(s) received in the table below:   |  |  |  | | --- | --- | --- | | **Year(s)** | **Amount(s) Received** | **Area(s) Supported** | |  |  |  | |  |  |  | |  |  |  | |
| If you have received funding from President’s Challenge, please describe how the latest funding has benefitted your agency e.g. outcome story. Please indicate the year of funding. |  |

\* Please delete where applicable.

# Section D – Brief Description of Agency

|  |  |
| --- | --- |
| Year of Set-up |  |
| Background of Agency |  |
| Please select your agency’s primary subsector(s) |  Vulnerable Seniors   Adults with Disabilities   Families in Need   Children and Youth with Special Needs   Children and Youth-at-Risk   Persons with Mental Health Issues |
| Please provide a brief overview of all the programme(s) run by your agency and the objective(s) of the programme(s)  E.g.  Programme A: The programme aims to help seniors age with dignity through befriending services  (Elaboration of programmes applying for PC could be given in Annex A) |  |
| Total Number of service users in latest financial year (unique headcounts only) |  |

**Section E – Financial Information of Agency** **(Please provide the latest available financial statements)**

Please provide a breakdown of the information below:

|  |  | **Please provide the figures from the latest audited financial statements ($)** |
| --- | --- | --- |
| a | Income from Donations (including fundraising) |  |
| b | Income from Grants[[1]](#footnote-1) |  |
| c | Income from Programme Fees |  |
| d | Income from Other Source(s) |  |
| **e** | **Total Income** (a+b+c+d) | (e) |
|  | |  |
| f | Expenditure on Manpower |  |
| g | Other Operating Expenditure |  |
| **h** | **Total Operating Expenditure** (f+g) | (h) |
|  | |  |
| **i** | **Surplus / (Deficit) (Total Income – Total Operating Expenditure)**  **(e-h)** |  |
|  | |  |
| **j** | **Total Unrestricted Reserves**  (This includes Unrestricted Fund, General Funds, Accumulated Funds)  Unrestricted Fund refers to funds that are not specifically designated for particular use(s) by the donor, e.g. building fund. |  |
| **k** | **Reserves Ratio**  (Total Unrestricted Reserves divided by Total Operating Expenditure) (j/h) |  |

# Section F – President Challenge Funding Request(s)

Please fill up Annex A if you would like to apply for programme funding.

Please fill up Annex B if you would like to apply for capital funding.

|  |  |
| --- | --- |
| **Items** | **Amount of Fund Requested from President’s Challenge ($)** |
| **Programme**  (Please provide description in Annex A) |  |
| **Capital**  (Please provide description in Annex B) |  |
| **Total Amount of Funds Requested ($)** |  |

# Section G – Bank Details

|  |  |
| --- | --- |
| Account Name |  |
| Name of Bank |  |
| Bank Account Number |  |

**Annex A**

**Programme Funding**

**Note:** Each table captures information on ONE programme. If you are applying to PC for more than one programme, please duplicate the table accordingly. As PC funding is not designed as a form of recurrent funding, please ensure that there are measure(s) put in place to ensure the sustainability of new headcount/ new initiative(s) after the funding is fully utilised.

**Please indicate no. of programmes that your agency is applying for President’s**

**Challenge Funds**:

|  |  |
| --- | --- |
| **Is this a new initiative or an existing programme** | **Please indicate by putting a tick (√):**   New Initiative   Existing Programme/Expansion of Existing Programme |
| **Programme Name** |  |
| **Brief Description** |  |
| **Objectives** |  |
| **Target Clientele**  *(Profile of service users)* |  |
| **Targeted number of service users** |  |
| **Please explain how the programme benefits the service users and the sector** (please state outcomes, if any)  For existing programme, please explain how the additional PC funding will benefit the service users and sector. |  |
| **Projected Income and Expenditure for Programme in the Year** | |  |  |  | | --- | --- | --- | | **Item** | | **Amount ($)** | | **Projected Expenditure** | | | | a | Expenditure on Manpower |  | | b | Other Operating Expenditure |  | | **c** | **Total Projected Expenditure** *(a)+(b)* |  | | **Projected Income** | | | | d | Income from Grants# (please specify the type of grant) |  | | e | Income from Donations |  | | f | Income from Programme Fees |  | | g | Others, please specify |  | | **h** | **Total Income** *(d)+(e)+(f)+(g)* |  | |  |  |  | | **g** | **Amount not covered** *(c) - (h)* |  |   #Grants include funding from MSF, NCSS (Community Chest), Tote Board, VCF (VWOs-Charities Capability Fund), ComCare, MOE, MOH, MFA, SCORE, other Foundations, etc. |
| **Amount Requested from PC** |  |
| **Please provide a breakdown of how the requested amount will be utilised (eg. $xx for additional programme expenses, $xx for training etc)** |  |
| **If applicable, please state measure(s) which will be put in place to ensure the sustainability of the new initiative after the funding is fully utilised** |  |

**Annex B**

**Capital Project**

**Please indicate the type of capital project you are applying for by putting a tick (√):**

|  |  |  |  |
| --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **Building Project(s)** | | **Please fill up Section A** |
| |  |  | | --- | --- | |  | **Renovation, Furniture and Equipment** | | **Please fill up Section B** |
| |  |  | | --- | --- | |  | **Vehicle Purchase/ Maintenance** | | **Please fill up Section C** |

**Section A: Building Project(s)**

| **Items** | | **Details** |
| --- | --- | --- |
| **Description & Purpose of Project**  *(Please list the designated purposes or goals of this project and how it will enhance or improve the current programmes)* | |  |
|
| **Who owns the land/ building on which the Project will take place?** | |  |
| **What is the remaining lease period of the existing land and building (if applicable)?** | |  |
| **Have you obtained all required permits and approval (such as from HDB for void deck space, SLA for land, etc.) from relevant authorities to secure the land/ space/ building?** | | Yes/ No\*  If No, please state when required permits and approvals will be obtained: |
| **Estimated Gross Floor Area** | |  |
| **Address of Proposed Site** | |  |
| **Estimated Date of Completion** | |  |
| **Projected Income and Expenditure (specific to project)**   |  |  |  | | --- | --- | --- | | **Projected Expenditure according to name of Item\*\* – please specify**  *(eg. Building costs, equipment)* | **Quantity** | **Amount ($)** | |  |  |  | |  |  |  | |  |  |  | | **Total Capital Expenditure** (i) |  |  | | **Projected Income** | **N.A** | **Amount ($)** | | Income from Grants (if any) |  | | Income from Funds Raised/ Donations (if any) |  | | Other sources of income (if any) |  | | **Total Projected Income** (ii) |  | | **Amount not covered** (i) – (ii) |  | | | |
| **Amount Requested from PC** |  | |

|  |  |
| --- | --- |
| **Please provide a breakdown of how the requested amount will be utilised** |  |

\* Please delete where applicable

\*\* Please add on rows to reflect items that are applicable.

**Section B: Renovation, Furniture and Equipment**

| **Items** | | **Details** |
| --- | --- | --- |
| **Description & Purpose of project**  (Please list the designated purposes or goals of this project and how it will enhance or improve the current programmes) | |  |
| **Has the agency received other funds (e.g. Tote Board Capital Funding, President’s Challenge) for similar furniture and equipment/ upgrading work in the last 5 years? If yes, please state when.** | | Yes/ No \*   |  |  | | --- | --- | | Year | **Amount Received ($)** | |  |  | |  |  | |  |  | |
| **Projected Income and Expenditure (specific to project)**   |  |  |  | | --- | --- | --- | | **Projected Expenditure according to name of Item\*\* – please specify**  *(eg. Building costs, equipment)* | **Quantity** | **Amount ($)** | |  |  |  | |  |  |  | |  |  |  | | **Total Capital Expenditure** (i) |  |  | | **Projected Income** | **N.A** | **Amount ($)** | | Income from Grants (if any) |  | | Income from Funds Raised/ Donations (if any) |  | | Other sources of income (if any) |  | | **Total Income** (ii) |  | | **Amount not covered** (i) – (ii) |  | | | |
| **Amount Requested from PC** |  | |
| **Please provide a breakdown of how the requested amount will be utilised** |  | |

\* Please delete where applicable

\*\* Please add on rows to reflect items that are applicable.

**Section C: Vehicle Purchase and/ or Maintenance**

**Please indicate the type of funds you are applying for by putting a tick (√):**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| |  |  | | --- | --- | |  | **Vehicle Maintenance Costs** | | | **Due Date for Vehicle Maintenance:** |
| |  |  | | --- | --- | |  | **Purchase of New Vehicle** | | | **Expiry of Lease:**  **Expiry of COE:** |
| **Breakdown of Funds** | | |
| **Projected Income and Expenditure (specific to project)**   |  |  |  | | --- | --- | --- | | **Projected Expenditure according to name of Item\*\* – please specify** | **Quantity** | **Amount ($)** | |  |  |  | |  |  |  | |  |  |  | | **Total Capital Expenditure** (i) |  |  | | **Projected Income** | **N.A** | **Amount ($)** | | Income from Grants (if any) |  | | Income from Funds Raised/ Donations (if any) |  | | Other sources of income (if any) |  | | **Total Income** (ii) |  | | **Amount not covered** (i) – (ii) |  | | | |
| **Amount Requested from PC** |  | |
| **Please provide a breakdown of how the requested amount will be utilised** |  | |

\*\* Please add on rows to reflect items that are applicable.

1. Grants include funding from MSF, NCSS (Community Chest), Tote Board, VCF (VWOs-Charities Capability Fund), ComCare, MOE, MOH, MFA, SCORE, other Foundations, etc. [↑](#footnote-ref-1)