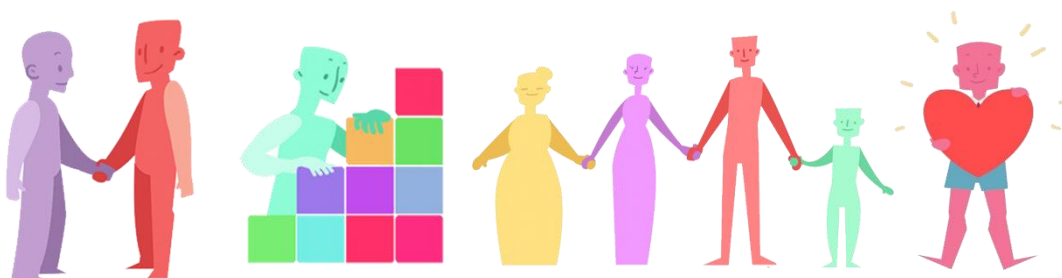


WeCare
@North West



North West WeCare Fund



Contents

- 1 Overview
- 2 Eligibility and Guidelines
- 3 Annex A- Timeline
- 4 Annex B- Application Form
- 5 Annex C- Post Event Report and Claim Form



FOR QUERIES AND CLARIFICATIONS

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1) OVERVIEW

About North West WeCare Fund

North West Community Development Council (CDC) launched the North West WeCare Fund during the North West District Meeting 2013. This fund supports the findings from Our Singapore Conversation that highlighted the need to foster a passion among our people to contribute to common good and to take ownership for our communities. The Fund support ground-up initiatives, especially in building a caring community. Besides providing funding, the CDC will also extend projects management expertise and advice, aggregate community resources and connect relevant partners together to support and build up on these initiatives.

The North West WeCare Fund provides funding for 100% of **net deficit***, up to a maximum of \$10,000, whichever is lower, for each initiative. The aim is to encourage residents, community groups (including social service agencies) and schools to take support the community and take ownership through initiating ground-up programmes that benefit the North West community.

**Net Deficit: amount after other sources of income / sponsorship, if any. Refer to Annex A for examples.*

Corporate Information on North West CDC

North West Community Development Council (CDC) initiates, plans and manages community programmes to promote community bonding and social cohesion in the North West District. We work closely with grassroots organisation (GROs), government agencies, social service agencies, schools, community and corporate organisation. Though the various programmes, we encourage the more able to come forward and assist the vulnerable in the society, advancing the culture of self-help and sense of community ownership among residents.

Vision: A Caring and Healthy North West Community

Mission: **A**ssisting the needy, **B**onding the people, **C**onnecting the Community

Strategic Directions:

1. Strengthen Social Infrastructure
2. Build Social Resilience and Social Capital
3. Promote a Culture of Giving Back

2) Eligibility and Guidelines

a. The North West WeCare Fund is open to voluntary groups, schools and social service agencies (SSAs)

Applicant Profile

- Ground-up initiative driven by volunteers*, schools or SSAs

** Volunteers who work with schools, SSAs or Grassroots Organisations (e.g Citizens' Consultative Committee (CCCs), Community Development and Welfare Funds (CDWFs), etc.) may apply*

Target Group

- Vulnerable residents / community institutions or organisations of the North West District
- For Schools and volunteers' applications: Minimum 40 participants / beneficiaries
- For SSA's applications: Minimum 15 participants / beneficiaries

Project Guide

Project / Programme should have the following elements:

- Community Impact: meets the needs or improves the lives of the local community by adopting local causes
- Sustainable: go beyond one-off / ad hoc activities (ie, at least twice a year)
- Multiplier Effect: partnering corporates, GROs, schools, SSAs or the Community

Other Expenses (For Student Volunteers)

- Training expenses
 - volunteers are allowed for full reimbursement, up to \$20 per volunteer
 - Training should be related to project proposal and build volunteers' capabilities (i.e. learning to better engage and interact with elderly, children)
 - If training fees cost more than \$20 per volunteer, reimbursement would be on co-payment mode, subject to approval upon application
- Admission Tickets
 - Reimbursement for admission tickets for outings would be on co-payment mode. (i.e. volunteers have to pay 50% of the price of the admission tickets), up to \$20 per volunteer per outing
- Other deviations from above will be subjected to approval upon application

The following are specifically disallowed for funding:

- Projects that are profit oriented (i.e. applications from Social Enterprises)
- Projects for fund raising purposes
- Capital expenditure (i.e. fixed assets – equipment, property, land etc.)
- Operating expenditure (i.e. utilities bills etc.)
- Salary payments
- Expenditure deemed extravagant or not integral to the project (i.e. prizes, goodie bags items, overseas trips etc.)
- Inflammatory or discriminatory religious and / or racial elements, advance a partisan political agenda or be contrary to the interest of community and society at large

The Evaluation Panel reserves the right to place a cap or not fund categories of expenditure deemed extravagant or not integral to the project.

b. Submission & Evaluation Timeline for Applications

Proposals must be submitted at least **8 weeks before** the start of the project to ensure ample time for good planning and execution of the projects. Budget required could be an indicative amount instead of the exact budget required.

The Evaluation Panel will assess the various proposals received based on the strength of their content matter, the soundness of their financial budget as well as the overall viability of their proposals.

Any over budgeting after project approval would require applicant going back to the North West CDC for approval before items could be purchased. No approval will be given if the maximum funding (\$10,000) has been approved for the project. North West CDC will not be liable to pay for the extra cost required if prior approval is not sought for the items.

*For application timeline sample, please refer to [Annex A](#).

*For application, please complete [Annex B](#).

c. Disbursement

Within 4 weeks after the project / event completion date, the applicant must submit the following to CDC to make the claim:

1	Post Event Report and Claim Form	<p>Annex C - Please email original signed copy and post out the original copies to North West CDC.</p> <p><i>(please ensure all data are accurate and all receipts are numbered and indicated properly)</i></p>
2	Certified True Copy Invoices	Please photocopy all receipts and sign on all paper to certify true copies.
3	Photographs (high-resolution) of the project	<p>Photographs of the event (minimum 30 high-resolution photos) are required. Acceptable high-resolution file formats: jpg, png (avoid taking photos and transferring on Whatsapp). File size min. 800 KB.</p> <p>Photo-angles required: Group photo, in-action photos, photos with beneficiaries, etc subjected to existing Safe Management Measures, when applicable.</p> <p><i>CDC may use these photos on its social media platforms, publications and dissemination to external partners. Please obtain consent from the individuals in the photos for usage.</i></p> <p>Please share with us via google drive partnership.nwcdc@gmail.com</p>
4	Volunteer forms	<p>All volunteers involved should fill in the form - you may scan or mail the forms together with your documents.</p> <p>For schools, please submit the names of the students involved.</p> <p>These records are for audit purposes.</p>

Claim form received after 4 weeks deadline will be considered as late submission, and supporting explanation is required. Reimbursements of claims from late submissions will be subject to approval.

After receipt of the complete set of necessary documents, CDC will reimburse the approved claim amount via bank transfer to the organisation bank account as stated in the application form.

d. Acknowledgement

It is mandatory to acknowledge North West CDC under “Supported by” and display the North West CDC logo in all publicity materials. Please contact North West CDC for the high resolution file of the logo if required.

Project / Programme name to incorporate North West branding:

- **North West Project Title**
- **Project Title @ North West**

e. Reference Clause

- The North West Community Development Council is entitled from time to time, through its Audit Agents, to conduct ad-hoc on-site audits to ensure that the terms of this agreement are being, or were met and that reports and all information submitted to the North West Community Development Council by the grantee are accurate, correct and not misleading.
- The grantee shall ensure that the North West Community Development Council’s Audit Agents are given full access to all accounts, records, documents, assets and premises in connection with the grant, and shall provide the North West Community Development Council and its Audit Agents with all reasonable cooperation and assistance in connection with the audits.
- The Parties shall bear their own respective costs and expenses incurred in respect of compliance with their obligations under this clause, unless the audit identifies a material breach or default of this agreement by the grantee, in which case the grantee shall reimburse the North West Community Development Council for all of the North West Community Development Council’s reasonable costs incurred in connection with the audit.
- For the purpose of this clause, the term “Audit Agents” means such auditor as may be appointed by the North West Community Development Council.

Annex A - Timeline

Timeline	Procedure	Remarks / Examples
8 weeks prior	Submit completed application form to North West CDC	CDC will seek approvals from the Evaluation Panel upon submission of completed project application.
	Funding amount would be computed based on 100% of net deficit, up to a maximum of \$10,000, whichever is lower	<p><u>Scenario 1 (100% of Net Deficit)</u> Application for Project Expenditure: \$8,000 Other sources of income / sponsorship, if any: \$1,000 \$8,000 (expenditure) - \$1,000 (income / sponsorship) = \$7,000 (Net Deficit) CDC will fund maximum \$7,000 upon project approval.</p> <p><u>Scenario 2 (Capped at \$10,000 funding)</u> Application for Net Deficit (after other sources of income / sponsorship, if any): \$12,000 CDC will fund maximum \$10,000 upon project approval.</p> <p>Applicant should seek for alternative income / sponsorship to defray the remaining \$2,000.</p>
1 month review of application by CDC	Upon approval, North West CDC logo to be included and acknowledged in all publicity materials	Approved funding amount is the maximum limit. Final amount should be kept within project expenditure as planned.
Within 4 weeks after project completion	Submission of all required documents	Reimbursement will be made for actual spending based on receipt of the Post Event Report and Claim Form. Submission of: <ul style="list-style-type: none"> • Post Event Report and Claim Form (Annex C) • Copies of Certified Correct / True Copies Invoices • Photographs of the event • North West Volunteer Form

Annex B- Application**Application Form**

Please scan a signed copy or mail the original copy to North West CDC.
Please do not delete any Section of this Form

Attention To:

Ms Wu Shaoshi (Partnership & Outreach)

DID: 6248 5573

Email: wu_shaoshi@pa.gov.sg

PROJECT TITLE

(North West Project Title OR Project Title @ North West)

ORGANIZATION / GROUP

Please tick the box accordingly

- | | |
|---|--|
| <input type="checkbox"/> Grassroots Organisations | <input type="checkbox"/> *Schools (Primary / Secondary / Junior College) |
| <input type="checkbox"/> Social Service Agencies | <input type="checkbox"/> *Institute of Higher Learning (Tertiary / University) |
| <input type="checkbox"/> Others _____ | |

*Please circle accordingly

*Please circle accordingly

Organization is an Institution of a Public Character (IPC) : ☐ Yes ☐ No

A) APPLICANT INFORMATION (to be completed by applicant)

Salutation: Name of Applicant (as in NRIC):	
Gender:	Occupation:
Organisation (if applicable):	Organisation Registration No. (if applicable):
Mobile No.:	Office No. (if applicable):
Address:	Email:

B) ENDORSEMENT OF ORGANISATION

To be completed if applicant represents an organization. Do note that the **Authorised Official cannot be the applicant.*

Salutation: Name of Authorised Official (as in NRIC): Name of Authorised Organisation: Designation:		
Office No:	Mobile No:	Email:
_____ Signature of Authorised Official		_____ Official Stamp of Organisation

C) PROJECT DETAILS

a) What are the objectives and desired outcomes of this project?

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b) Target Audience

<input type="checkbox"/> Children (<12)	<input type="checkbox"/> Youth (13-35)	<input type="checkbox"/> Adults	<input type="checkbox"/> Elderly (>50)
<input type="checkbox"/> Low-income	<input type="checkbox"/> Disabled	<input type="checkbox"/> Others:	

c) Details of Project:

Date: (pls indicate a period if its ongoing)	
Time:	
Venue:	
Estimated No. of Participants/Beneficiaries:	
Estimated No. of Volunteers:	
Programme Proposal: <i>(please use separate sheet if necessary)</i> Note: <i>Please indicate all partners involved should there be any, including their form of support and whether the partnerships are pending or confirmed.</i>	

D) ESTIMATED INCOME AND EXPENDITURE

**Please add or delete rows accordingly.*

PROJECT INCOME	AMOUNT (\$)	REMARKS
<i>Projected Income (i.e. Sales of tickets etc.)</i>		
PROJECT EXPENDITURE	AMOUNT (\$)	REMARKS (pls include quantity and unit price if available)
<i>Projected Expenses (i.e. Food Cost etc.)</i>		
Total Estimated Project Expenditure		
NET DEFICIT (Income minus Expenses)		
<i>North West WeCare Fund provides seed funding for 100% of net deficit, up to a maximum of \$10,000, whichever is lower. Applicants must exhibit other sources to defray the remaining amount (if any).</i>		

E) DECLARATION AND ACCEPTANCE

I hereby clarify that the information given is to the best of my knowledge and I agree to abide by all the terms and conditions on North West WeCare Fund. I understand that the application will be decided at sole discretion of North West Community Development Council. I also understand that North West Community Development Council has the right to reject my application should the information I submitted be incomplete and / or inaccurate. I also declare that I do not have of any potential conflict of interest with regard to my voluntary service in the North West Community Development Council.

North West Community Development Council shall reserve the right to review, reduce, suspend, terminate or withdraw the assistance in accordance to the stated terms and conditions or if the project's objectives differ from what is reported in the application form.

North West Community Development Council reserves the right to act on the breach of its terms and conditions at any point of time. Any decision undertaken by North West Community Development Council is final.

Consent for North West Community Development Council's programmes

☐ I consent to the use and disclosure of my/ my child's/ ward's personal data to NWCDC for the purposes of receiving from NWCDC newsletters and/or marketing messages on programmes, courses, events, services and/or products run or provided by NWCDC via the following modes of communication*:

☐ Phone ☐ SMS ☐ Email

*Please tick how you wish to receive marketing messages from NWCDC.

Name of Applicant	Signature of Applicant	Date

TO BE COMPLETED ONLY IF APPLICANT IS UNDER 21 YEARS OLD.

Parent / Guardian / Teacher (for applicant under 21 years old), please read, sign and date the following:

I hereby certify that the information given by the applicant is true and correct and I agree to abide by all the terms and conditions on North West WeCare Fund. I understand that the application will be decided at sole discretion of North West Community Development Council and that its decision is final. North West Community Development Council reserves the right to review, reduce, suspend, terminate or withdraw the funding. North West Community Development Council reserves the right to act on the breach of its terms and conditions at any point of time.

Name of Parent / Guardian / Teacher	Contact number Parent / Guardian / Teacher	Signature of Parent / Guardian / Teacher	Date

Annex C- Post Event Form

Post Event Report and Claim Form

*Please submit original signed copy of Annex C to North West CDC.
We would not accept scanned copy of Annex C.*

Please complete all the fields in this Form.

Attention To:

Ms Wu Shaoshi (Partnership & Outreach)

DID: 6248 5573

Email: wu_shaoshi@pa.gov.sg

PROJECT TITLE

PROJECT UPDATE

Date:	
Time:	
Venue:	
Guest-of-Honour (if any):	
No. of Participants/Beneficiaries:	No. of Chinese: No. of Malay: No. of Indian: No. of Other Races: Total Number of Hours per Participant:
No. of Volunteers:	No. of Chinese: No. of Malay: No. of Indian: No. of Other Races: Total Number of Hours per Volunteer:
Partners Involved:	
<i>Please indicate all partners involved should there be any, including their form of support.</i>	

DESIRED OUTCOMES / GOALS

Desired Outcomes / Goals	Has it been achieved?	Remarks

ACTUAL INCOME AND EXPENDITURE

**Please add or delete rows accordingly.*

PROJECT INCOME	AMOUNT (\$)	REMARKS
<i>Projected Income (i.e. Sales of tickets etc.)</i>		
PROJECT EXPENDITURE	AMOUNT (\$)	REMARKS
<i>Projected Expenses (i.e. Food Cost etc.)</i>		
Total Project Expenditure		
NET DEFICIT (Income minus Expenses)		
For Official Only		
Approved Funding Limit		
Amount to be disbursed		

Maximum amount disbursed is based on the approved funding limit.

FEEDBACK

We would like to hear from you about the whole application process and execution of the project. Please do fill up the feedback form below.

S/N	Description	Very dissatisfied	Dissatisfied	Satisfied	Very Satisfied	Not Applicable
a)	What is your level of satisfaction on the overall experience?					
b)	Level of satisfaction for event management advice given for projects. <i>Was assistance and advice given helpful and prompt?</i>					
c)	Level of satisfaction on the processing time for approval. <i>Were you satisfied with the processing time for approval?</i>					
d)	Level of satisfaction on submission for reimbursement. <i>Were you satisfied with the assistance rendered for the submission of reimbursement?</i>					
a)	Would you/ your organisation be keen to participate/ organise the project again?					
b)	Please share feedback if there are any areas for improvement/ suggestions for the project.					

Quotes

Please share with us a few quotes/ feedback from your volunteers on the project.

Participating Volunteer 1	
Name:	
Designation:	
Email and Contact No:	
Quote/ Feedback:	
Participating Volunteer 2	
Name:	
Designation:	
Email & Contact No:	
Quote/ Feedback:	

Please obtain the consent of the participating volunteers before filling in the form. By providing the contact numbers of participating volunteers, they may be contacted/ quoted for use of their feedback/ quotes in CDCs' publications or publicity materials.

THANK YOU FOR YOUR FEEDBACK!

BANK ACCOUNT INFORMATION (FOR FUNDS DISBURSEMENT)

**For first-time applicant, please provide your Organisation's UEN, and Bank Statement that indicates your Organisation's name and account number.*

Bank Name & Code:	
Name of Account:	
Account Number:	

I hereby certify that the information as per post review report and statement of account is correct and final. Kindly reimburse the final claimed amount to the stated bank account (as per application form).

Name of Applicant	Signature

*If applicant is endorsed by an Organisation:
(Do note that the Authorised Official cannot be applicant.)*

Name of Authorised Official	Signature of Authorised Official	Official Stamp of Organisation

If applicant is below 21 years old:

Name of Parent / Guardian / Teacher	Signature of Parent / Guardian / Teacher