**TRIPLE C GRANT APPLICATION**

**Form No**:

**Date of Application**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Legal name of Individual/organization applying**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Year Founded**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Current Operating Budget**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**E-mail Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact person/title/phone number**:

*(if different from executive director):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** *(principal/administrative office):* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Web address** (*if any)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account No**: **Bank Name**:

**When do you intend to start the Project**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Asides awarding the grant, what else can the foundation do to support you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount Requested**: N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_:00k **Total Project Cost**: N\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : 00k

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Signature & Date***

***-----------------------------------------------------------------------------------------------------------------------------------------***

*I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (fullname) hereby solemnly admit that every information given is true and void of discrepancy. The grant issued will be used solely for the project stated and will be considered criminal if I default in any way.*

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***Signature Date***

*Disclaimer:*

*Payment with purchase of this form herein is non-refundable. Every information provided will be treated as confidential and no third party will have any access whatsoever except staff of the foundation to handle and process document.*

**Purpose of Grant**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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