UNITED WAY OF JAMAICA

PROJECT APPLICATION FORM

Please return to: United Way of Jamaica

1.	APPLICANT	
	Name of Organization:	
	Address:	
	Telephone No.:	Fax. No.:
	Email Address:	
	Website Address:	
	No. of Yrs. in Existence:	Budget for this year:
	Board Chairman:	
	Chief Executive Officer:	
		tart?e an Approved Charity Certificate? If not, give the name and rent Charity Certificate. Yes No
	Name and address of spons	sor:
	Registration and Expiry Date	9:
	Background: (How did you	get started, past achievements, goals, support received)
2.	PROJECT FOR WHICH UN	IITED WAY FUNDS ARE REQUESTED
	Name of Project:	
	Location:	
	Project Manager:	
	Email Address of Project Ma	anager:

Amount Requested from United Way: \$		er:
Period for which funding is requested: From:	Amount Requested from I	Jnited Way: \$
Category of Project: Health () Education ()Skills Training () Community Development () Agriculture () Other: (Please state) PROJECT OUTLINE Background – how was the project developed? The Need/Problem to be addressed:	Other Sources of Funding	:
Community Development () Agriculture () Other: (Please state) PROJECT OUTLINE Background – how was the project developed? The Need/Problem to be addressed:	Period for which funding is	s requested: From: To:. (1
Other: (Please state) PROJECT OUTLINE Background – how was the project developed? The Need/Problem to be addressed:	Category of Project:	Health () Education ()Skills Training ()
PROJECT OUTLINE Background – how was the project developed? The Need/Problem to be addressed:		Community Development () Agriculture ()
Background – how was the project developed? The Need/Problem to be addressed:		Other: (Please state)
The Need/Problem to be addressed:	<u> </u>	a project developed?
The Need/Problem to be addressed:		e project developed?
The Need/Problem to be addressed:	Background – how was th	
The Need/Problem to be addressed:	Background – how was th	
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Target groups (who will benefit, and how many?)

		Male			Female	Total		
Age	Not		Total	Not		Total	Not	
Group	Disabled	Disabled	Male	Disabled	Disabled	Female	Disabled	Disabled
0 – 5yrs								
6-12 "								
13-18 "								
19-29 "								
30-59 "								
60 & over								
TOTAL			-					

Objectives (what do you hope to achieve? Please be specific)
Methodology: (Give the main activities, say who will implement them and how)
Are volunteers involved? Y \(\square \) \(\square \)
How many volunteers will be utilized
Number of hours
Monitoring: (How will you measure your progress?)
Sustainability: (how will you finance your activities especially at the end of United Wassupport?)
Where do you see this project in 5 years?

8.		(Please	give details	Org. Funds	Sponsor Funds	Requested from	Overall Total		
		ERSONNEL Permanent	No. in	No. of		i ulius	i ulius	United Way	Total
	(ω)	Position	Position	Mths.	Rates			,	
				••••					
	•••••								
	(b)	Consultants; Co	ntractors pe	rsons hired	l				
	2. N	ON-PERSONAL							
	(a	ı) Equipment, Ma	chinery, Mat						
	(b	o) Consumables,	e.g. Food,	Stationery,					
	(0	c) Travelling							
	(c	d) Insurance							
	(e) Others							
			Sig	gnature:					
			Po	sition:					
			Da	te:					

Project Cash Flow Budget

	M1	M2	МЗ	M4	M5	M6	M7	M8	M9	M10	M11	M12	Total
Beginning Cash Balance (A)													
Ocal Bassinia													
Cash Receipts:													
Cash from Project Activities													

						5	
Cash from Other Donors							
Cash Requested from United Way							
Total Receipts (B)							
Total Available Cash for use (A+B)							
Project Cash Payments							
- Permanent Personnel							
-Consultants/Contractor							
-Equipment/Machinery							
-Consumables:food, stationery							
-Travelling							
-Insurance							
- Other							
Total Payments (C)							
Ending Cash Balance (A+B+C)							

The Project Cash Flow Budget shows how, when and where, cash flows in and out of the project. If the inflow is lower than the outflow, then the project will run out of cash.

NB

- Cash includes cheques
 The ending balance for M1 becomes the beginning balance for M2 etc.

February 24, 2015