

# **GUIDELINES FOR APPLICATIONS TO THE CHASE Fund**

## **BASIC INFORMATION REQUIRED ON ALL APPLICATIONS**

**1. PROJECT TITLE:** (Should accurately reflect the essence of the project in as few words as possible)

**2. NAME OF ORGANIZATION/INDIVIDUAL:**

**ADDRESS:**

**TEL:**

**FAX:**

**E-MAIL:**

**3. NAME OF CONTACT PERSON:**

**POSITION:**

**TEL:**

**FAX:**

**E-MAIL**

**4. PROJECT TYPE:** (indicate if project falls into more than one area)

**ARTS AND CULTURE or  
EARLY CHILDHOOD EDUCATION or  
HEALTH**

**(Please note that ALL applications for sports projects must be submitted to the Sports Development Foundation, 31 Phoenix Avenue, Kingston 10)**

**5. PURPOSE OF FUNDING REQUESTED:** Briefly describe the main purpose, objectives and components of the project; give the total expected cost of the project and the grant required

**6. TOTAL COST OF THE PROJECT:** Please give total project cost and indicate where other funds will come from if total project cost exceeds that being requested from CHASE

**7. AMOUNT REQUESTED FROM CHASE:**

**8. EVIDENCE OF ORGANIZATION'S/INDIVIDUAL'S ABILITY TO USE FUNDS AS REQUESTED:** Please summarize the main achievements of the organization/individual to date and/or describe major projects undertaken over the past five years

**8. PROPOSED IMPLEMENTATION DATE(S):** Please indicate expected beginning date and end date of project

## **INFORMATION REQUIRED FOR HEALTH PROJECTS**

**1. SPECIFIC OBJECTIVES:** State concisely specific results project seeks to achieve.

**2. PROJECTED NUMBER OF PERSONS EXPECTED TO BENEFIT (ANNUALLY):**

**3. DESCRIPTION OF REQUESTING AGENCY:** Indicate whether part of government health service, community based organization, non-governmental organization, charity, academic institution or other – please state

**4. GOVERNANCE:** Please indicate how your organization is managed e.g. Board, management committee, Ministry or other – please state

**5. MAJOR SOURCE OF OPERATING BUDGET:** Please indicate whether you receive subventions from the Ministry; rely on fund raising, charitable contributions, for-profit activities or other – please state

**6. DETAILED SPECIFICATION OF EQUIPMENT/ASSISTANCE REQUIRED:** Please give technical information here

**7. HEALTH FACILITY/DEPARTMENT WHICH WILL BENEFIT:** If beneficiary is different from the requesting agency, please indicate the beneficiary here

**8. COST OF EQUIPMENT:**

**9. PLEASE ATTACH TO THE APPLICATION 3 SETS OF INVOICES FOR ALL GOODS AND SERVICES TO BE PURCHASED:** Government procurement guidelines require that 3 quotations be submitted

**10. NAMES OF POTENTIAL SUPPLIERS:**

- 1.
- 2.
- 3.

**11. RECOMMENDED SUPPLIER OF EQUIPMENT AND RATIONALE:** Please indicate if there is only one appropriate supplier of equipment/service needed, and explain why

**12. IF PART OF GOJ HEALTH SERVICES, PLEASE INCLUDE THE FOLLOWING  
IN YOUR APPLICATION:**

**Name of officer making request:**

**Signature:**

**Position:**

**Date:**

**Approved by: Senior Medical Officer/Medical Officer**

**Signature:**

**Date:**

**Approved by Chief Executive Officer:**

**Signature:**

**Date:**