



NATIONAL LOTTERIES GOOD CAUSES FUND

LOTTERIES AND OTHER GAMES ACT, 2001

APPLICATION FORM

Please complete in BLOCK LETTERS using black ink or typescript

Continue on separate sheets if necessary

For further help or assistance call 25998351/322

Project title: _____

Summary of project:

(The project category, such as: social, cultural, educational, sports, religious, philanthropic, etc.)

Total cost of project: € _____

Amount of funds requested: € _____

Date of completion: _____

Organisation Details

Name of Organisation:

Registration Number with Kunsill Malti għall-Isport / Voluntary Organisation / other (if applicable): _____

Head of Organisation:

Address:

Post Code:

Tel No:

Fax No:

Email:

Name of officer / person responsible for the initiative / project:

Contact details: (Telephone/Fax/Mobile):

Email:

Position occupied in the organisation:

Details of the project:

What are the objectives of the project for which funds are being requested?

Who will be the beneficiaries of the services provided by your project?

(specify target groups)

Please state whether the organisation has ever benefitted from the National Lotteries Good Causes Fund (if yes specify year/s / amount) or whether it is acquiring / has acquired funds from another source for this project.

Please provide further information which you believe may support your application for this grant together with estimation of works, quotes, income & expenditure statement and other related documentation that relates to the cost of project.

Declaration

I the undersigned, on behalf of the organisation / person, declare that should my organisation / applicant be granted funds it shall:

1. Honour the terms of the funding set out in the conditions of the grant;
2. Submit all the necessary documentation requested by the board (e.g. project estimates, fiscal receipts, certificate of completion)
3. Provide the Ministry for Finance with information relating to the management of funds, should the need arises;
4. Shall make every effort to get the best value for money; and
5. Provide timely information as requested by the Advisory Board in relation to the project.

Name of person submitting the application:

I.D. Card Number:

Date:

Signature:
