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| **Applicants are required to read the Application Guidelines and FAQ before submitting their application.** |
| **Applicants who have an ongoing project with the Fund must complete all project deliverables before submitting a new funding application.** |

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| **PART I: DETAILS OF APPLICANT** | | | | | | |
| **Type of Application** | | | * Individual (Fill in Section A) * Organisation / Institution (Fill in Section B) | | | |
| **Application History** | | | 1. Is this your first application to request for funding from Lee Kuan Yew Fund for Bilingualism?  * Yes * No - answer question in (b)   Remarks (If any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   1. Do you have an existing ongoing project with the Fund?  * Yes  Ongoing Project Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * No | | | |
| **SECTION A: FOR INDIVIDUALS** [**i**](#ForIndividual) | | | | | | |
| **Name of Applicant (as in NRIC)**:  Mr/Ms/Mrs/Mdm/Dr.\*  *\*delete whichever not applicable* | | | **Nationality**: | | | **Telephone No**.:  (HP)  (H) |
| **Address**: | | | | | | **Email:** |
| **SECTION B: FOR ORGANISATIONS/INSTITUTIONS** **[i](#ForOrganisationsInstitutions" \o "Supporting documents to submit: Organisation/institution portfolio & certified copies of audited financial/management reports for the last three years)** | | | | | | |
| **Name of Organisation / Institution (as per ACRA registration records)**: | | | **Organisation Registration No. (ACRA/ROS)**: | | **Date of Registration (DD/MM/YYYY)**: | |
| **Registered Address**: | | | **Type of Organisation**: | | | |
| 1. **Applicant’s Details** | | | | | | |
| **Name of Applicant (as per NRIC):**  Mr/Ms/Mrs/Mdm/Dr.\*  *\*delete whichever not applicable* | | | **Applicant’s Designation:** | | **Telephone No. of Applicant:**  (HP)  (O) | |
| **Applicant’s Email**: | | | | | | |
| 1. **Contact Person’s Details** Fill in only if the contact person is different from the applicant. | | | | | | |
| **Name of Contact Person  (as in NRIC)**:  Mr/Ms/Mrs/Mdm/Dr.\*  *\*delete whichever not applicable* | | | **Contact Person’s Designation:** | | **Contact Person’s Telephone No.:**  (HP)  (O) | |
| **Contact Person’s Email**: | | | | | | |
| **PART II: SUMMARY OF PROPOSAL** | | | | | | |
| **Title of Project** | | | Title in English language: | | | |
| Title in Chinese/Malay/Tamil language, if any: | | | |
| **Objectives of Project** | | |  | | | |
| **Proposed Start and End Date of Project** | | | Start date (MM/YYYY):  End date (MM/YYYY): | | | |
| **Requested Funding Amount  (in SGD)** | | | $ | | | |
| **Category of Proposal** | | | Select **one** of the following:  □ Print  □ Digital Media  □ Games (Non-digital)  □ Event/Programme  □ Combination, please specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| **Target Language(s)** | | | Select **one** of the following:  □ English Language (EL)  □ Chinese Language (CL)  □ Malay Language (ML)  □ Tamil Language (TL)  □ Bilingual (State the two languages: \_\_\_\_\_\_\_\_)  □ Others, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Target Audience** | | | Select **one** of the following:  □ Early years learners, please specify target age group:  □ 0-4 years  □ 5-6 years  □ Others, beyond early years learners  (Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | |
| **Link to Samples of Work**  Insert URL link to video, audio and/or digital artwork/images if applicable. | | |  | | | |
| **Project Summary**  Provide a brief overview of your project proposal in not more than 300 words. It should include the plans and activities you intend to carry out, monitor and evaluate this project. | | | | | | |
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| **Key Process Deliverables and Final Product(s)**  State the key process deliverables and the final product(s). | | | | | | |
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| **Publicity & Dissemination Plan**  State the plans for:  (1) publicity and dissemination of the final product, and  (2) commercialising the final product, if any. | | | | | | |
|  | | | | | | |
| **Project Time-line & Key Milestones**  State key project stages. Include additional rows as required. | | | | | | |
| **Project Stage** | | **Key Process Deliverables** | | | **Start Date &**  **Completion Date** | |
| **Year 1** | | | | | | |
| e.g. | Scripting/Writing | Completed scripts | | | Jan 2024 – Mar 2024 | |
| 1 |  |  | | |  | |
| 2 |  |  | | |  | |
| 3 |  |  | | |  | |
| **Year 2** (only if applicable) | | | | | | |
| 1 |  |  | | |  | |
| 2 |  |  | | |  | |
| 3 |  |  | | |  | |
| **Year 3** (only if applicable) | | | | | | |
| 1 |  |  | | |  | |
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| 3 |  |  | | |  | |
| **PART III: DECLARATION BY APPLICANT** | | | | | | |
| I/We acknowledge that the accompanying information and documents supporting my/our application are true and correct and that the Fund reserves the right to reject my/our application if there is any false declaration.  I/We declare that I/we have no conflict of interest in connection with the Fund. A conflict of interest could arise as a result of economic, family, or any other shared interest. I/we will inform the Fund, without delay, of any situation considered a conflict of interest, or which could give rise to a conflict of interest. | | | | | | |
| **Declaration of Interest**  Where there is an existing/potential conflict of interest, please provide a brief description of the conflict arising from the application below, for the Fund’s approval: | | | | | | |
| **Name of Applicant**  **(as per NRIC)** | | | |  | | |
| **Applicant’s Signature** | | | |  | | |
| **Official Stamp of Organisation (Organisations/Institutions only)** | | | |  | | |
| **Date of Submission (DD/MM/YYYY)** | | | |  | | |