

AUSTRALIAN EMBASSY

**DIRECT AID PROGRAM (DAP) APPLICATION FORM**

Please read the information on DAP carefully before filling out this form. Your application should be no more than 5 pages. Applications over 5 pages will not be considered.

**PROJECT SUMMARY AND CONTACT DETAILS**

*Please complete this Section of the form with as much detail as possible.*

PROJECT TITLE:

|  |  |
| --- | --- |
|  |  |
|  |  |

PROJECT LOCATION:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
| Province |  | City |  | County |  | Village |

NAME OF THE ORGANISATION PROPOSING THE PROJECT:

|  |  |
| --- | --- |
|  |  |
|  |  |

**NAME OR NAMES OF PERSON/S RESPONSIBLE FOR THE PROJECT:**

|  |  |
| --- | --- |
| Contact Person: |  |
| Address: |  |
|  |  |
| Zip Code: |  |
| Telephone Number |  |
| Fax Number |  |
| Mobile Number |  |
| Email |  |

|  |  |
| --- | --- |
| PROJECT STATUS: |  |

(New project or continuation of existing project)

|  |  |
| --- | --- |
| TOTAL COST OF PROJECT: |  |
| TOTAL AMOUNT REQUESTED: |  |
| TOTAL AMOUNT OF LOCAL CONTRIBUTION: |  |
| TOTAL AMOUNT OF COUNTERPART FUNDING: |  |

(eg. by county government or provincial authorities)

**NAME OF OTHER CONTRIBUTING FUNDING ORGANISATION/S (if any)**

|  |  |
| --- | --- |
| (1) |  |
| (2) |  |

**1. SUMMARY OF PROJECT**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**2. LOCALITY OF THE PROJECT**

Briefly describe the area (mountainous, coastal, remote inland, etc), the location of the project (Eg. School, town, etc) and any special features including the main source(s) of employment and per capita income

|  |
| --- |
|  |
|  |
|  |

**3. STATE THE PROBLEM**

Please briefly explain the history of the project, why the funds are needed and how they would contribute to development in your area.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**4. STATE THE PROPOSED SOLUTION**

Please explain what you plan to do to overcome the problem. Include as much detail as possible about the implementation of the project and why you think it will help.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

**5. WHO WILL UNDERTAKE THE PROJECT?**

Please explain who would be responsible for managing the project and who would undertake it, including details of how they are qualified to do this work and any previous experience.

|  |
| --- |
|  |
|  |
|  |
|  |

**6. WHO WILL BENEFIT FROM THE PROJECT?**

The project should benefit a particular community or group. Please describe any special characteristics of this community or group, and how the project will help its members.

|  |
| --- |
|  |
|  |
|  |
|  |

**7. THE TOTAL COST OF THE PROJECT AND THE TOTAL FUNDING SOUGHT FROM THE DAP**

(NOTE: DAP GRANT LIMIT IS AUSTRALIAN $48,000.00)

Please attach a sample budget and quotations if available. The cost of the project should be broken down into clearly defined categories such as equipment, labour, materials, transport, etc. Equipment and materials to be purchased should be itemised and individually costed.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**8. WHAT CONTRIBUTION, IF ANY, WILL BE PROVIDED BY THE APPLICANTS** For example, funds, labour or materials

|  |
| --- |
|  |
|  |
|  |

**9. WHAT CONTRIBUTION, IF ANY, WILL BE PROVIDED BY OTHER SOURCES**

Please list the names of the contributing organisations and the precise amount each will provide. Attach any letters or documents confirming the contributions from other sources.

|  |
| --- |
|  |
|  |
|  |

**10. APPROXIMATELY HOW LONG WILL THE PROJECT TAKE TO COMPLETE?**

|  |
| --- |
|  |

**11. WHO WILL BE RESPONSIBLE FOR LOOKING AFTER THE COMPLETED PROJECT?**

|  |  |
| --- | --- |
| ORGANISATION: |  |
| CONTACT NAME: |  |
| ADDRESS: |  |
|  |  |
| TELEPHONE NUMBER: |  |
| FAX NUMBER: |  |
| MOBILE NUMBER: |  |
| EMAIL: |  |

**12. REFERENCES**

Please provide two references. References will only be checked if the project is approved.

|  |  |
| --- | --- |
| **REFEREE 1:** |  |
| RELATIONSHIP WITH REFEREE (and/or the name of relevant projects): |  |
| CONTACT NAME: |  |
| TELEPHONE NUMBER: |  |
| MOBILE NUMBER: |  |
| FAX NUMBER: |  |
| EMAIL: |  |

|  |  |
| --- | --- |
| **REFEREE 2 :** |  |
| RELATIONSHIP WITH REFEREE (and/or the name of relevant projects): |  |
| CONTACT NAME: |  |
| TELEPHONE NUMBER: |  |
| MOBILE NUMBER: |  |
| FAX NUMBER: |  |
| EMAIL: |  |

**13. ADDITIONAL INFORMATION**

Please provide any further information you consider helpful. (Attach one additional page if necessary.) The DAP Committee would welcome any photographs, maps, sketches that you might be able to include to help explain your project. Please ensure the application does not exceed 5 pages in total.