

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 TITLE:

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

PROJECT LOCATION:

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| --- | --- | --- | --- | --- |
| Province | City | County | Village |  |
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THE ORGANISATION PROPOSING THE PROJECT:

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Type of Organization (select the most suitable one)  󠅥 Individual  󠅥 community group  󠅥 Local NGO  󠅥 Overseas NGO (please specify its registration status in China\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  󠅥other (please specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | |

PRIMARY CONTACT PERSON/S RESPONSIBLE FOR THE PROJECT:

|  |  |
| --- | --- |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Email |  |
| Telephone Number |  |
| Mobile Number |  |

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| Have you received DAP funding previously? |  |

If yes, list the latest project supported by DAP, include project name, funding amount and date of the last fund received from DAP.

If NO, provide details of referees for your project:

**Referee 1:**

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| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title (Select the most suitable one)  󠅥 Mr  󠅥 Ms  Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Referee 2:**

|  |  |
| --- | --- |
| First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Family Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title (Select the most suitable one)  󠅥 Mr  󠅥 Ms  Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

WORKING WITH CHILDREN

(Direct Aid Program considers a child to be a person under the age of 18 years)

Will this project involve working with children? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, do you have child protection guidelines for your project? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If yes, attach a copy of the guideline with the application.

**1. SUMMARY OF PROJECT (less than 100 words)**

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**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

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**3. STATE THE PROBLEM**

Please briefly explain the problem that will be addressed by the project.

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**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.

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**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.

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**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.

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**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. 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.

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

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**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.

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**10. How long will the project be completed?**

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

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

**12. 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.