



## GRANT APPLICATION TEMPLATE

**Instructions:** Kindly accomplish this Grant Application Template to provide insights on the rationale/ background, and over-all management of the project being proposed. Attach this document to a cover letter addressed to MR. ANICETO M. SOBREPEÑA, Executive Director, GT Foundation, Inc.

### I. APPLICANT INFORMATION

<b>Name of Project Manager</b>	
<b>Designation/Position</b>	
<b>Contact Details (landline, mobile, fax no., email address)</b>	
<b>Registered Name of Organization and Acronym</b>	
<b>Address</b>	
<b>Website, if any</b>	
<b>General Organizational Objective/Mission</b>	
<b>Areas of Operation</b>	
<b>Year of Establishment</b>	

#### Supporting Documents:

1. CV of Project Manager
2. Brochure/Information Materials about the organization, if any.

**II. ORGANIZATIONAL PERFORMANCE**

<p><b>Accreditation/Registration/ Certifications (SEC, DOLE, DILG, DSWD, PCNC, CDA, etc.):</b></p>	
<p><b>Recipient of any grant from the Metrobank Foundation or GT Foundation, Inc.? (Yes/No) If Yes, please provide details of the grant.</b></p>	
<p><b>Recipient of any grant from other external funding sources/donors? (Yes/No) If Yes, please specify the projects, from which donor organizations and the year the grant was received.</b></p>	
<p><b>Average amount of grant received from external sources (per project/in PhP)</b></p>	
<p><b>Awards/Recognitions/ Memberships/Affiliations</b></p>	
<p><b>Total number and details of projects currently handled by the Project Manager</b></p>	

**Supporting Documents if Available:**

1. Scanned Copy of Accreditation/Registration/Certification document
2. Corporate Organizational Structure
3. Annual Reports from the past three years
4. Audited Financial Statements from the past three years, if any.
5. Endorsement or Recommendation Letters, if any.

III. INFORMATION ON THE PROPOSED PROJECT (Please be as brief and concise in your responses.)

<b>Title of the Project</b>	
<b>Project Rationale/ Statement of Need</b>	
<b>Project Location(s)</b>	
<b>Period of Performance</b>	
<b>Total Budget</b>	
<b>Budget Requested from GTFI</b>	
<b>Check Payee Details</b>	
<b>Priority Sector (Health, Environment, Education)</b>	
<b>Target Beneficiaries</b>	
<b>Number of Beneficiaries (Kindly indicate direct and indirect beneficiaries, and whether they are individuals or families)</b>	Direct:  Indirect:
<b>Describe the developmental benefits (social, environmental, economic, etc.) of this project.</b>	
<b>Describe the basic approach or methodology for the implementation (especially on the selection process for beneficiaries), risk management, monitoring and evaluation, sustainability of this project</b>	
<b>Do you have other collaborators/ external funding sources for this project? Kindly indicate grant amount pledged per collaborator.</b>	
<b>Other on-going projects that are related to this proposed project</b>	

**Supporting Documents if Available:**

1. Letter of Support/Financial Commitment from other funding partners, if applicable
2. Selection Process and Criteria (for target beneficiaries), if any.
3. Profile of Beneficiaries, if any.

**IV. DETAILED PROJECT OBJECTIVES** (Kindly provide three most significant objectives and strategies to be implemented in the project. Please limit your responses to only one page.)

Objectives/ Outcomes	Key Result Areas/ Outputs	Strategies/ Activities	Possible Risks	Ways to Address the Risks
1.				
2.				
3.				

**V. DETAILED BUDGET REQUIREMENT** (You may insert additional cells as needed .)

Budget Item	Description / Significance to the Project	Unit Cost	Quantity	Item Cost
Personnel				
Capital Outlay				
Maintenance and Other Operating Expenses				
Other Expenses				
<b>TOTAL PROJECT COST</b>				

**Supporting Document (s):**

- For infrastructure/construction projects, kindly provide (1) a blueprint or a technical drawing, (2) Bill of Quantities, (3) Photographs of the area being changed/built, if applicable.
- For technical equipment which costs more than Php100,000.00, three quotations (same specifications) from three different suppliers

**VI. PROJECT IMPLEMENTATION SCHEDULE** (Kindly reflect the activities/strategies presented in Part IV and highlight strategic milestones in the implementation. You may insert additional cells as needed.)

Activities/Strategies	Period of Implementation	Person in Charge

**VII. CERTIFICATION**

I certify that I am authorized by the organization to prepare and submit this application. I confirm that the information provided on this form and supporting documents are true and accurate. I understand that the application will be considered according to the regulations and guidelines set forth by the GT Foundation, Inc. and the decision of the Executive Committee is final. I also understand that misrepresentation on any part of this form and supporting documents is grounds for denial or revocation of the grant.

<b>Name of Project Manager</b>	
<b>Signature</b>	
<b>Date Accomplished</b>	