

MASSY FOUNDATION (BARBADOS) LTD MASSY DOME, WARRENS, ST. MICHAEL TELE: 417-5110 EMAIL: massyfoundation.bb@massygroup.com

Grant Application Form

The Massy Foundation provides grant funding to registered charities, non-profit organisations, and relevant Government entities for the execution of joint venture partnerships that will redound to be benefit of a wide cross section of persons in the areas of Education and Skills Development, Health and Environmental Wellness, Humanitarian and Disaster Relief as well as Heritage, Arts and Culture. Projects must be innovative and/or developmental aimed at empowering and making a difference in the lives of multiple persons.

The Massy Foundation seeks to manage its social investment in collaboration with credible partners who are well suited to execute projects in the specific areas which we support.

The Application Process

- Please read the accompanying Massy Foundation brochure before filling out this application.
- Each application must be accompanied by a detailed budget for the project in order for the project to be reviewed.
- All monetary values stated on this application form must be stated in **Barbados dollars**.
- Completion of an application does NOT guarantee funding assistance.
- Each project proposal must be submitted on its own application form.
- Processing of this application could take 8-12 weeks.
- This application form is prepared as a WORD document so that responses can be typed directly into the spaces provided.
- The application form and accompanying documentations are valid for period of six months. Resubmission will be necessary if there are any delays on the part of the applicant.

*For queries related to the completion of this form, please call: 417-5110 or email: massyfoundation.bb@massygroup.com

SECTION 1: Applicant Information

Name of Requesting Organization:		
Type of Organization:		
Summary of Organization: (100 words)		
Type details here		
	• Board of Directors	
Governance Structure:	Deard of Directory Management Team	
(select box as appropriate)	•	
Mailing Address:		
Date of Application:	[]DAY []MONTH	[] YEAR
Prepared by:		
Position held:		·
Contact numbers:	Landline:	Mobile:
Email Address:		
 Disclosure: Is there any activity in which your organisation and/or your officers/trustees are involved that may be deemed to be in conflict with your stated mission? YES INO If yes, please explain. 		
Type details here		

SECTION 2: Project Information

Name of the project:		
Focus Area (check appropriate box[es]):	 D Health and Env 	nd Disaster Relief
Project Timeframe:	Start Date:	End Date:
Project Stage (check one):	 □ Trial □ Pilot □ New □ Established 	<u>.</u>
• L New		

Rationale for the Project (200 words):				
 Why is this project important at this time? How will this project help the persons being targeted? Beyond the individual, how would it benefit the society? 				
			Type details here	ent the society?
			Impact Goals: What are the main goals and how will these be r Goal 1:	neasured to determine success? Measurement:
Type details here	Type details here			
Goal 2: Type details here	Measurement: Type details here			
Goal 3: Type details here	Measurement: Type details here			

SECTION 3: Project Execution

Execution Plan (150 words): Explain the overall plan of how the project will be rolled out and managed, in	ncluding all resources
needed and available.	
Type details here	
Management Capability (150 words):	
Identify the skillset and expertise of the key personnel.	
Type details here	
Project Structure:	
 Can any part of the project be undertaken in phases and still m 	eet the needs of its
beneficiaries? YES NO	
If so, please identify the phase(s) and the associated cost(s).	
PHASE(S)	AMOUNT (\$BDS)
<u></u>	
1	

SECTION 4: Funding Request & Sources

Funding Request:	
Total Project Cost:	
Amount of Funds Requested:	
Briefly explain how the requested funds will be used/spent? Type details here	
If only partial funding is given, how will the shortfall be met?	
Type details here	
Other sources of funding (state amount), including self-funding:	
SOURCE(S)	AMOUNT (\$BDS)
Briefly explain what efforts were made to secure other funding and t	he outcome:
Type details here	
Other support (technical or in-kind, if applicable): Type details here	

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SECTION 5: Supplementary Information (Select boxes as appropriate)

 \Box A detailed line budget must accompany this application for it to be processed.

□ List of organisation's senior officers (management team) and directors, and board of directors.

□ Evidence of organisation's status – charity, not-for-profit, Government

□ Evidence of funding and/or commitment of funding from other sponsors

□ Financial statements of the organization (last two years)

□ Copies of valid original quotations from service providers/suppliers

If any of the above is unchecked, give reason(s) here why this information is missing.

Type details here...

SECTION 6: Declaration (Select boxes as appropriate)

Completed Grant Application form, along with all supporting documentation, can be submitted		
Signature:	Date:	
 I declare that the proposed with authority, as a commitme I declare that all information is true, accurate and complete I understand that giving fal funding. I understand that completion receive part, or all funding receive 	application has been endorsed by the applicant's Board or person nt to the execution of this project. In contained in this application, together with any statements provided to the best of my knowledge. See and/or misleading information will disqualify this application for on of this application is <u>not</u> a guarantee that the organization will	
I have read and understood	the Grant Application Form	

to:

MASSY FOUNDATION (BARBADOS) INC. P.O. BOX 1227C MASSY DOME, WARRENS, ST. MICHAEL BB11000

Attention: Advisory Committee

OR/

Email: massyfoundation.bb@massygroup.com