

**Application Form**  
**Proposals on Community-based Support Projects for**  
**People with Disabilities and their Families**

Name of the Project: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Brief Description of the Project (Not more than 100 words):

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Funding Required (per year): \_\_\_\_\_

Details of Service Components of the Project (not more than 3 components):

Nature of Service	Brief Description (Including service provision, operational hours, manpower provision, service output and fee charges, etc)	Target Users	Service Cluster(s)/ SWD District(s) (Pl. refer to the Annex for details)	Estimated no. of beneficiaries in a year	Budget
<b>Total</b>					

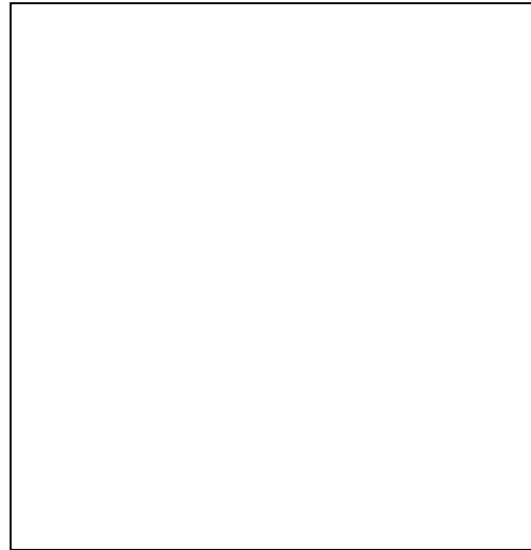
Contact Person: \_\_\_\_\_

Post(s) : \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail address : \_\_\_\_\_

Correspondence Address: \_\_\_\_\_



Agency Chop/Stamp/Seal

Signature: \_\_\_\_\_

Name of Agency Head: \_\_\_\_\_

Post Title: \_\_\_\_\_

Date: \_\_\_\_\_