CHASE Fund Project Proposal Outline Health

BASIC INFORMATION

- PROJECT TITLE: (Should accurately reflect the essence of the project in as few words as possible)
- NAME OF APPLICANT (organization/individual):
- CONTACT INFORMATION (address, telephone number, fax number, email address)
- TRN (tax registration number)

- NAME OF CONTACT PERSON (Where an organization is the applicant):
  POSITION:
  CONTACT INFORMATION (address, telephone number, fax number, email address)

APPLICANT INFORMATION

- Type of Organization and History (registration particulars)
- Purpose of Organization
- Management Structure
- Major Source of Operating Budget
- Main achievements of the organization/individual to date and/or describe major projects undertaken over the past five years

PROJECT CATEGORY (choose one)

1	Building of Health Facilities	2	Equipping/Enhancing Health Facilities
3	Prevention of Drug Abuse	4	Programmes for Cancer Care
5	Support for the Mentally Challenged	6	Development of Healthy Life Styles
7	Collaboration with Private Sector	8	Training
9	Research		

Note: treatments for Renal Disease are treated under category #6

PROJECT SUMMARY

- Background
- Purpose of Requested Funding
- Objectives of the Project
- Beneficiaries (target group, numbers)
- Outputs and outcomes (expected results of the project)
- Duration (indicate expected start and end dates)
- Management (Explain how project will be managed; give the names and responsibilities of key management personnel)
- Total Project Cost
- Amount requested from CHASE
- Other funding Sources (indicate source and amount of funding highlight commitments)

DETAILED IMPLEMENTATION SCHEDULE AND BUDGET

Implementation Schedule (Complete schedule using either Date or Month).

Activity	Schedule Type - Date		Schedule Type – Month (Month 1 – 12)	
	Start	End	Start	End

PROJECT BUDGET: List the prices of goods and services required for successful Implementation of the project

Item	Unit Cost($)	Qty	Total($)	Funding		
				CHASE ($)	Equity ($)	Other Sources ($)
Totals						