|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **GRANT APPLICATION FORM** | | | | | | | |
| **For PSO CSR Trust Use Only:** | | | | | | | |
|  | | | | | | | |
| Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Approved | |  | Amount Approved: | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | Declined | |  |  | | | |
|  |  | |  |  | | | |
| Organization Name: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Cheque/DD No: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | | |  | |  | |
| Tenure of Proposal: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  |  | | | | | | |
| Installments: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | Stamp: | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  | | |  | |  | |
|  |  | | |  | |  | |
| **Trustee Signatures\Resolution:** | | | | | | | |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | 6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
|  | |  | | |  | | |

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**FUNDING CRITERIA AND GUIDELINES FOR GRANTSEEKERS**

1. **Introduction:**

PSO is committed to fulfilling its role as a responsible corporate citizen through support of charitable, social, educational and community welfare organizations and initiatives.

**About the PSO CSR Trust**

PSO’s CSR work shall be undertaken through the PSO CSR Trust. It has been constituted to promote development and advance the welfare and wellbeing of the people of Pakistan and of other countries of the world with the objective of improving their quality of life.

1. **Eligibility and Criteria:**

Applicants must meet the following criteria:

* Their purpose is based on the wellbeing of the community or a specific category of individuals, and their activity is in the areas of focus as mentioned later.
* The submitted project should correspond to the Trust’s purpose, intent and priorities for action.
* The organization must show/demonstrate their effective financial governance.
* In the case of a charity or non-profit organization, must be recognized as a charity and have a charter to that effect.
* Submit a copy of their latest audited annual report with the application, submit a list of the Organization’s Board of Directors/Trustees with their details including CNIC and or/Passport details as appropriate.
* Show self-financing efforts made and a medium-term existence capacity.

**Who can apply?**

Organizations’ can apply if their application purpose is within the PSO CSR Trust “focus area” which is sated below:

* Health
* Education
* Low cost housing
* Disaster Mitigation and Management
* Environmental Protection
* Preservation of Craft, Culture and Heritage
* Poverty Alleviation
* Empowerment of Women
* Rural/Socio Economic Development
* Entrepreneurial Development
* Training Development and supporting improvement related programmes for the strengthening of civil society
* Promotion of Sports

**Who can’t apply?**

The following institutions are in particular not eligible for financial support from PSO CSR Trust:

* Political Parties and/or institutions, which are sponsored and/or controlled by any political party or a political group or advocate a particular political ideology.
* Institutions, which may be on a negative list of any governmental agency.
* Un-registered Charities, trusts, foundations, organizations and associations.
* Lobby and pressure groups.

1. **Application Procedure Guidelines:**
2. The PSO CSR Trust will carry out a prescreening of the proposal.
3. If the proposal meets with the approval of the PSO CSR Trust, then the Grant Application Form will be issued.

Note: The release of the Grant Application Form does not mean that the request has been approved.

1. A staff member of PSO/Trustee of the PSO CSR Trust or who the PSO CSR Trust or its sub-committee appoints for this purpose, may undertake a physical visit to inspect the project for which the proposal has been submitted. The inspection report will be circulated to the Trustees of PSO CSR Trust for final approval.
2. On acceptance of the grant, an acknowledgement letter will be sent to the requesting organization.
3. If the grant/funding is not used for the purpose and period it is approved by the PSO CSR Trust; the Trust reserves the right to cancel the grant, it may also ask for return of the grant with immediate effect and requesting organization may be banned for future support.
4. A periodic progress report, as required by the PSO CSR Trust, must be circulated to the trustees of the PSO CSR Trust. Failure to do that may result in a permanent ban of requesting organization for future funding support.

**GRANT APPLICATION FORM – DETAILS OF THE APPLICANT**

Section B

Name of organization:

Postal Address:

Mobile:

Fax:

Telephone:

E-Mail:

Website:

Type of Organization:

Operating Budget:

Year Established:

Details of Contact Person:

|  |  |
| --- | --- |
| Full Name: | |
| Position Title: | |
| Telephone Number | Mobile Number: |
| Email Address: |  |

How many people are involved in running the organization?

Full Time Paid Staff: Part Time Paid Staff: Volunteers:

In what legal capacity the organization is applying for funding?

Individual Sole trader Limited Company Partnership

Collaboration Research Organization Charitable Trust

Taxation Status:

Section B

Tax Exempt Organization Tax Paying Organization

Not for Profit Organization Others (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registered Tax Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your group a registered charity? Yes No

Registration Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Account Information:

|  |  |
| --- | --- |
| Bank Name: | Branch Address: |
| Title of Account: | Phone Number: |
| Bank Account Number: | Fax: |

Please describe the mission or a Mission Statement of your organization: *(Please provide a separate sheet if necessary)*

Please state the goals of your organization: *(Please provide a separate sheet if necessary)*

Please provide an overview of the services provided by your organization: *(Please provide a separate sheet if necessary)*

**GRANT APPLICATION FORM - DETAILS OF THE PROJECT**

Section C

|  |  |  |  |
| --- | --- | --- | --- |
| Project Title:- | | | |
| Grant Amount Requested |  | Minimum Required |  |
| Project Commencement: - |  | Estimated Completion |  |

How many people will benefit from this project?

1-100 100-300 300-500 500+

What geographical area will be served?

How do you intend on reporting the progress and success of the project? *(Please provide a separate sheet if necessary)*

What other projects has your organization been involved with? *(Please provide a separate sheet if necessary)*

Briefly mention why this project is needed and what it aims to achieve? *(Please provide a separate sheet if necessary)*

How will the project be sustained in the future? *(Please provide a separate sheet if necessary)*

Section C

Have you previously received a grant from the PSO CSR Trust for this project or any other project? Yes (please specify) No

Have you applied for funds to any other organizations for this project?

Yes (please specify) No

|  |  |
| --- | --- |
| Name of funding source | Amount funded (Rs.) |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Do you have an endowment fund? Yes No

If yes (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much of the project is funded from your own sources? *(Please provide a separate sheet if necessary)*

Provide details of the proposed outcomes of the project and how and when these outcomes will be evaluated? An example is provided below:

Section C

|  |  |  |  |
| --- | --- | --- | --- |
| Proposed Outcome | Date to be completed | How will this outcome be evaluated | Date of evaluation |
| Buy 10 computers for XYZ | 10/08/2011 | Computers purchased & operational | 15/09/201X |

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed Outcome** | **Date to be completed** | **How will this outcome be evaluated** | **Date of evaluation** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Funding Details of Current Project(s):**

|  |  |
| --- | --- |
| **Project Funding** | **Amount (Rs.)** |
| **Cash Reserves** |  |
| **Fee/Subscription/Levies** |  |
| **Sponsorship** |  |
| **Loans** |  |
| **Fundraising Activities** |  |
| **Other** |  |
| **Total Funds Currently Available** |  |

**Breakdown of Budgeted Costs of the Proposed Project:**

Section C

1. **Breakdown of Salaries**

|  |  |  |
| --- | --- | --- |
| **Academics** | **Number of Employees** | **Amount (Rs.)** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

1. **Breakdown of Major Equipment**

|  |  |  |
| --- | --- | --- |
| **Item** | **Amount (Rs.)** | **Location of the Equipment** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

1. **Breakdown of Operating Expenses**

|  |  |  |
| --- | --- | --- |
| **Item** | **Amount (Rs.)** | **Location of the Expenses** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

1. **Breakdown of Travel Expenses**

|  |  |  |
| --- | --- | --- |
| **Name** | **Amount (Rs.)** | **Destination** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **Total** |  |  |

**TERMS AND CONDITIONS FOR PSO CSR TRUST GRANTS**

Section D

* The PSO CSR Trust is under no obligation to meet requests for grants. The funds belong to the Trust which has the sole right to determine whether a grant will be approved and no dialogue or correspondence will be entered into regarding decisions made on applications.
* No fee or commission payment is attached to this application.
* Grants must be used for the benefit of the community for the purpose stated above.
* The project must start within 03 months from receipt of the grant and complete as per timelines agreed with Trust.

**Should you have any queries in respect to completion of this form, please contact the PSO CSR Trust:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Office Address:** | PSO House,  Khayaban-e-Iqbal, Clifton, Karachi. | **Telephone:** | UAN: 111 111 PSO (776) Ext (2468 & 2470) |
|  |  |  |
|  | **Email** | [psocsrtrust@psopk.com](mailto:psocsrtrust@psopk.com) |

**DOCUMENTATION REQUIREMENTS**

Section E

1. **Bank Account Details:**
2. **Financial Records:**

Attach a copy of your organization’s audited annual financial statements of the last 3 years.

1. **Charitable Trust:**

If your organization is a charitable trust it must provide the Certificate of Incorporation and /or Trust Deed and/or Proof of Charitable Status.

1. Certification from Pakistan Centre for Philanthropy, about not for Profit Organization Status (if applicable).
2. List of Directors/Trustees with Names & details of CNICs.

**DECLARATION**

Section F

I declare, to the best of my knowledge that the information provided on this form is true, correct and complete and I am authorized to submit the form on behalf of the organization. Any further information provided to the PSO CSR Trust during the course of assessment of this application will be true and correct.

We understand that any funds provided by the Foundation will be used for specific purposes outlined in this form and the Foundation may seek confirmation that any grant has been properly applied.

We agree to acknowledge the PSO CSR Trust in any press release, editorials relating to the project, or whenever our organization acknowledges/thanks supporters.

We understand that providing wrong or deliberately misleading information is an offense and that such information may be used against us in any subsequent criminal investigation.

We accept that any decision made by the PSO CSR Trust in relation to this application is full and final. PSO CSR Trust is under no obligation to enter into correspondence to the decision.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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