

# THE CHEN YET-SEN FAMILY FOUNDATION LIMITED

## 陈一心家族慈善基金有限公司

### Pre-proposal Inquiry Form (PPI)

### 申请资助项目意向书

Name and address of organization: 机构名称及地址:		Tel: 电话: Fax: 传真: Email: 电邮:	
Names of individual(s) submitting application: 申请人姓名:		Submission date: (dd/mm/yy) 递交日期:	
Title of Program: 项目名称:		Proposed starting date: 项目开始日期:	
		Proposed completion date: 项目完成日期:	
<p><b>Note: As Grants are given out every May and November, The Program starting date has to be after July or January. We will not accept any application where the start date of the Program is before the Grant's approval date.</b>                  由于本基金会项目审批时间分别是每年的5月和11月，因此申请的项目开始日期必须为7月或1月以后。我们不接受任何项目资金未到位前，项目已开始或进行的申请。</p>			
Total amount requested (in local currency): 申请资助总额(请用本地货币单位):		Current Annual Organizational/Departmental Budget (in local currency): 机构本年度财政预算(请用本地货币单位):	
Has your organization applied for funding support from the Foundation before? If yes, please state which year and whether the application was successful. 机构曾否申请本基金会的资助? 如有，请注明年份。			
1 (a) Is your organization registered with the government as a not-for-profit or charitable organization? <input type="checkbox"/> Yes <input type="checkbox"/> No 机构是否已向当地政府注册成为非牟利/慈善团体? 是 否			
If answered "Yes" in (a), 如(a)项填“是”， Registration No. _____ Country of Registration _____ Number of Board Members _____ 注册号码 注册所在的国家 董事会成员人数			
If answered "No" in (a), 如(a)项填“否”， Business Registration No. _____ Country of Registration _____ Number of Board Members _____ 工商登记号码 注册所在的国家 董事会成员人数			
Scope of Operation _____ 经营范围/业务性质			
(b) Are audited financial statements available for review? <input type="checkbox"/> Yes, most recent year _____ <input type="checkbox"/> No 是否有已审计的财务报告以供参考? 有, 最近年份 没有			

2. Please summarize the history and purpose of your organization, including your current mission statement.  
请简述机构的历史及目标，包括使命宣言。

3. Please provide background information about your organization's founders and board members.  
请简述机构的创办人和理事会成员背景资料。

4. Please briefly describe your core service and indicate how they are funded.  
请简述机构的核心服务及其资助来源。

5. Please describe characteristics of target clients and their needs addressed by the proposed Program with supporting evidence.

请简述项目所服务的对象及其需要，并提供相关支持论据。

6. Please summarize key elements (including objective, target beneficiaries, Program structure, etc.) of your proposed Program.

请陈述项目预期达到的效果（包括具体目标、特定受益群体、项目结构等）。

7. Please state the expected visible/quantifiable impact to be achieved by this Program.

请陈述项目预期达到的可视化或可被量化影响。

8. Please state whether there will be professional and/or financial contributions to the Program from any other sources. If yes, please describe briefly.

请陈述项目有否获得其它专业上/金钱上的协助。如有，请简述。

9. Please indicate whether you will plan to cooperate with any other organizations in the community in launching the Program. If yes, please give details.

请陈述会否与社区内其他机构合作推行项目。如会，请简述。

10. Please state whether your Program plans to involve volunteers from the community. If yes, please provide details on their roles and responsibilities.

请陈述会否有社区的义工参与项目。如有，请简述这些义工在该项目里的角色和责任。

11. Please provide a list of previous donors of your organization and their contact information.

请提供曾经资助贵机构的资助方的名单及联系方式。

## Attachments and Reminders 附件及注意事项

- Budget for the Program in excel form, including key expenses items in with calculation formulas and rationale  
项目预算，以 excel 文档列明主要支出条目和明细，并应用表中的计算公式自动合计金额

### Disclaimer:

The total amount requested in this form is for social services or charity purpose only, and is neither of business, commercial nor political nature. I hereby declare that all information provided in this form is up-to-date, accurate and truthful, and The Chen Yet-Sen Family Foundation Limited reserves the rights to take legal actions against any misleading or inaccurate information provided in this form.

### 声明：

此申请资助总额纯粹用作社会服务或慈善用途，并无任何营利、商业或政治性质。本人在此保证本意向书内提供的资料皆为最新的、准确及真实的。陈一心家族慈善基金有限公司对本意向书内任何误导或不真实的资料保留法律追究的权利。

Signature of Applicant: \_\_\_\_\_  
申请人签名

Name of Applicant: \_\_\_\_\_  
申请人姓名

Official Title: \_\_\_\_\_  
职衔

Date: \_\_\_\_\_  
日期

Agency Chop: \_\_\_\_\_  
机构印鉴