



தமிழர் பேரவை
TAMILS REPRESENTATIVE COUNCIL

APPLICATION FOR FUNDING OF PROGRAMMES

The Tamils Representative Council (TRC), a Corporate Member of Peoples' Association is the umbrella body for 30 Tamil based organizations. Founded in 1952 by the late Mr G Sarangapany, it has been actively involved in uplifting the educational and social status of the Tamil speaking community. As part of its objective, TRC has also been promoting the Tamil Language and the Arts. TRC collaborates with all Tamil community organisations, the media, Institutes of Higher Learning and schools to organise language, literature and cultural activities.

Organisations who wish to apply for funding must complete the Funding Application Form and forward to TRC for its consideration in accordance with the programme guidelines.

APPLICATION/PROPOSAL FORM

1. The information provided in this form is critical for making our funding decisions. TRC reserves the right to request for additional information. If you have any questions while completing this application, please contact the TRC Secretariat for assistance.
2. Please submit the completed form with detailed proposed budget and a program proposal of not more than 2 pages.
3. Please submit your completed form and proposal to:
The General Secretary
Tamils Representative Council
546A Serangoon Road, Singapore 218168
Tel No. 6292 1966
Email : info@trc.org.sg
Web : http://www.trc.org.sg
4. Please note that funding is limited to a maximum of \$500.00 per calendar year per organisation.
5. All applications for funding must be received by TRC at least 2 months before the programme date.
6. All applications for funding will be considered at the sole discretion of TRC.
7. Your proposal may also be submitted in Tamil, if you wish to.

TAMILS REPRESENTATIVE COUNCIL

APPLICATION FOR FUNDING OF PROGRAMMES

(Please submit completed form with DETAILED PROPOSED BUDGET AND PROGRAM PROPOSAL)

Part 1: General Information

| 1. Information on applying organisation | Contact Person 1 | Contact Person 2 |
|---|------------------|------------------|
| Name of Organisation: | Name: | Name: |
| Name of Proposed Program: | Position: | Position: |
| Address: | Telephone: | Telephone: |
| Telephone: | Handphone: | Handphone: |
| Fax: | Fax: | Fax: |
| E-mail: | E-Mail: | E-Mail: |
| 2. We acknowledge that the accompanying information and documents supporting our application are true and correct. | | |
| <p>3.</p> <p style="text-align: center;"> _____ Name of Head of Organisation Date Stamp of Organisation </p> | | |
| <p>4. Please submit the completed form with detailed proposed budget in the template provided and a program proposal of not more than 2 pages to:</p> <p style="margin-left: 40px;"> The General Secretary Tamils Representative Council 546A Serangoon Road, Singapore 218168 Tel No. 6292 1966 </p> <p style="text-align: right; margin-right: 40px;"> Email : info@trc.org.sg Website : http://www.trc.org.sg </p> | | |

Part 2: Programme Details

| | | | | | | |
|---|----------------------|---------------------------------|----------------------|---------------------------------|----------------------|---|
| 1. Programme title: | | | | | | |
| 2. Objective(s) of programme: | | | | | | |
| 3. Target Group: | | | | | | |
| Students | <i>[please tick]</i> | Teachers | <i>[please tick]</i> | Parents | <i>[please tick]</i> | Public (Indicate target group/s) |
| Pre-primary | | Pre-primary | | Pre-primary | | |
| Primary | | Primary | | Primary | | |
| Secondary | | Secondary | | Secondary | | |
| JC/Pre-U | | JC/Pre-U | | JC/Pre-U | | |
| Others <i>[please indicate]</i> | | Others <i>[please indicate]</i> | | Others <i>[please indicate]</i> | | |
| 4. Type of activity | | | | | | |
| 5. Expected number of participants | | | | | | |
| 6. Frequency of programme | | | | | | |
| 7. Duration of each session | | | | | | |
| 8. Programme timeframe: | Start Date: | | End Date: | | | |
| 9. Name of programme partners/service provider(s) <i>[if any]</i> Please indicate name of person(s) or organisation(s) and types of service | Partners: | | | | | |

Part 3: Proposed Budget

Please provide detailed breakdown of the proposed budget for the activities that will be carried out in the proposed program.

| S/N | ITEMS/ACTIVITIES | UNIT AMOUNT | TOTAL AMOUNT |
|-----|------------------|-------------|--------------|
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| GRAND TOTAL | | | |

Part 4: For Official Use

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| Date received by TRC Secretariat: | TRC Decision |
| | <p>Approved <input type="checkbox"/> Not Approved <input type="checkbox"/></p> <p>[please tick appropriate box]</p> |
| Checked by: | <p>_____</p> <p style="text-align: center;">Chairman's Signature / Date</p> |
| | TRC Fund Approving Panel |
| <p>_____</p> <p style="text-align: center;">Name</p> | <p>Amount Approved: \$ <input style="width: 100px;" type="text"/></p> |
| <p>_____</p> <p style="text-align: center;">Signature/Date</p> | <p>_____</p> <p style="text-align: center;">Chairman's Signature / Date</p> |