



**MINISTRY OF WELFARE, COMMUNITY WELLBEING, WOMEN, FAMILY AND
CHILDHOOD DEVELOPMENT**

SOCIAL INTERVENTION PROGRAM AND ACTIVITY GRANT APPLICATION FORM

PART A – APPLICATION INFORMATION

Name of Organisation

Registered Address

Person In – Charge Details

Name

Designation

I.C No.

Contact
Details

Telephone

Fax

Mobile

Email

PART B – SUMMARY OF INTERVENTION PROGRAM AND ACTIVITY DETAILS

Title

Date

Location

Target
Community

***PLEASE ATTACH PROPOSAL OF SOCIAL INTERVENTION PROGRAM /ACTIVITY (Lampiran 1A)**

PART C – ACCOUNT VERIFICATION DETAILS

Account Name

Account Number

Bank Name

PART D – APPLICATION DECLARATIONS

Signature:

Organisation Stamp:

Name:

I.C No:

Designation:

Date:

Note: Please attach a copy of the following

1. NGO Profile & Certification,
2. Account Book Front Page,
3. Proposal Paper

For office use only

Date Received:

Officer In-Charge:

Note:

Reference No: