



SOCIAL SECURITY DEVELOPMENT FUND

SOCIAL SECURITY DEVELOPMENT FUND CALL FOR PROJECTS APPLICATION

Instructions for Completion

1. Read this document carefully. If you have any questions, do not hesitate to contact the Anguilla Social Security Board
2. This application is valid only if each section is completed, form is signed, dated and submitted to the Anguilla Social Security Board.
3. Keep a copy for your records.

Note: SSDF funds are public funds and must be properly utilized. Please note that reporting requirements including the submission of a final report containing outcomes and a financial statement showing how the disbursed funds were used, must be strictly followed.

Anguilla Social Security Board
James Ronald Webster Building
P.O Box 243
The Valley, AI2640
Anguilla, B.W.I



Section A: Organisation Overview

1 Name		
2 Address		3 Zip
4 Telephone Number (B) (M) (O)		5 Email
6 Contact Person		7 Title
8 Address		
9 Mailing Address (if different from above)		
10 Purpose of Organization		
11 Year Founded	12 Geographic Area Served	13 Population Served
14 Board leadership		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
9.	10.	
15 Key Staff Members		
1.	2.	
3.	4.	
5.	6.	
7.	8.	
9.	10.	



16 Please describe general programme or project.



Section B: Budget Information

17 Total Organisational Budget	18 Total Project Budget *
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19 List major funding sources, with amount of three largest grants in the past two years.

Name	Amount
Name	Amount
Name	Amount
Name	Amount

20 Please indicate amount requested for general support or specific project.

21 For this specific project, please indicate other sponsors or potential sponsors approached, and any contributions received or pledged.

***PLEASE ATTACH YOUR FULL BUDGET TO THIS PROPOSAL. ENSURE THAT OTHER SOURCES OF INCOME/SPONSORSHIP ARE PROVIDED**



Section C: National Impact

22 Please describe how your programme or project provides opportunities for the youth in Anguilla.

23 What positive social change do you expect to result from your programme or project? Identify a minimum of three (3) outcomes that will result from the proposed project.

24 Indicate the method the organization will use to measure the outcomes.

25 What effect will your programme have on individuals and the community at large?

I HEREBY DECLARE that the information given in this document is true, correct and complete in every respect.

x

Signature of Applicant

x

Date of Proposal (dd//mm/yyyy)

Where to get more information about the Social Security Development Fund Program:

Phone: 1 264 497-2201/02 or 1 718.734-4562

Email: info@ssbai.com

Website: www.ssbai.com