

**Instructions to Applicants:**

1. Kindly ensure the application form is completed before submitting it to National Youth Council (NYC). All sections are compulsory unless stated otherwise.
2. All applications are to be duly endorsed by the head/ leader of organisation/ school as well as head of National Youth Focal Point before submission.
3. Please submit your applications at least 2 months before the commencement of project. Applicants may be contacted for a discussion.
4. For any enquiries, please email NYC\_Enquiries@nyc.gov.sg and indicate “Singapore-ASEAN Youth Fund” in your email subject.

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| **(I) Applicant Details** *(to be filled in by main project leader/ point-of-contact)* |
| Name of Organisation / School:  |  |
| Salutation: | Mr | Ms | Mrs | Mdm | Dr |
| Name as in NRIC/ Passport (underline surname): |  |
| NRIC/ Passport No.\*: |  | Date of Birth: |  |
| Race: |  | Gender: | M/ F\* |
| Nationality: |  Singaporean√xz |
|  Singapore Permanent Resident (Resident of \_\_\_\_\_\_\_(country))z |
|  |  Foreigner ( \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(country))z |
| Designation at Organisation / School: |  |
| Organisation / School Address: |  |
| Contact Details: | (Mobile) | (Office)  |
| (Email)  |

\*delete accordingly

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| **(II) Bank Account Details** *(for SAYF grant crediting; must be a corporate bank account)* |
| Bank Name: |  |
| Branch Name: |  |
| Account Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Account: |  |
| Finance Personnel’s Email: |  |

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| **(III) Project Details** |
| Project Title: |  |
| Project Dates: |  |
| Grant Amount Requested in Singapore dollars: |  |

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| **(IV) Declaration of Interest** |
| I would like to declare the following existing/ potential conflict of interest situation in relation to this grant application: - |
| 1. I will be procuring services/goods from a company/ organisation which I am related to (e.g. I hold shares of the said company/organisation, or I am an appointed member on the said company/organisation key management committee/board, or I have a relative in that said company/ organisation)

 Yes Please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ √xz No √xz |
| 1. I will be receiving monetary and/or non-monetary benefits from working with a particular company/organisation, regardless of whether it is in relation to this project seeking SAYF funding.

 Yes Please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ √xz  No √xz |
| 1. I am related to the NYC directly or indirectly (e.g. a NYC staff is appointed to the key management committee/board in my outfit, or I sit on board a NYC’s volunteer committee/board/ council)

 Yes Please elaborate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ √xz No √xz |
| 1. Others (Please elaborate below)

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| **(V) Declaration and Acceptance by Endorser (Preferably Head/ Leader of Organisation/ School)** |
| 1. I hereby certify that the information given is to the best of my knowledge and I agree to abide by all the terms and conditions on NYC grants. I understand that the application will be decided at the sole discretion of NYC. I also understand that NYC has the right to reject my application should the information I submit be incomplete and/or inaccurate. The NYC shall reserve the right to review, reduce, suspend, terminate or withdraw the assistance in accordance with the stated terms and conditions. NYC reserves the right to act on the breach of its terms and conditions at any point in time. Any decision undertaken by NYC is final.
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| (b) I have also ensured the following in my submission (Please '√'): I have completed all relevant sections of the application form, including the relevant Annexes and the budget template.√xz I have attached all other necessary documents required (e.g. proposal) for my application to be processed.√xz |
| 1. I understand that upon receipt of my satisfactorily completed application, NYC will notify me of the outcome and credit the 1st disbursement of the grant to the designated bank account (if the project is approved) within 8 weeks from the date of receipt of the duly signed Letter of Acceptance of the grant awarded.

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| (d) I understand that NYC may terminate or reduce the grant with immediate effect by giving written notice to the grant recipient upon the occurrence of events including but not limited to the following: (a) failure of the grant recipient to complete any of the deliverables; (b) the final project costs are calculated to be lower than the project costs which were projected in the application; and(c) breach of any terms of the grant documents by the grant recipient; I hereby acknowledge and agree that where NYC terminates or reduces the grant, I shall immediately pay to NYC on demand: (a) all grant monies which have been paid to the organisation up to the date of termination; and (b) subject to NYC's discretion, interest calculated thereon at such rates and for such periods as NYC may, at its sole discretion, decide. |
| 1. I understand that the SAYF grant may be taxed according to each country’s tax authorities as part of the gains or profits from the trade or business if it supplements the trading receipts or defray operating expenses of my organisation unless my organisation is a registered or exempt charity. For clarification on the taxability of the grant, I would refer to [www.iras.gov.sg](http://www.iras.gov.sg) if I am a Singapore-based applicant, or consult a professional tax advisor in my country.
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| Here at NYC, we value your privacy. We’d like to seek your consent to update and notify you about NYC programmes, grants and events. We will keep your details strictly confidential. If you’d like to opt out of all notifications, please drop us a note at NYC\_Enquiries@nyc.gov.sg. Thanks for your support! |
| **Name of Endorser** *(underline surname)* | Signature & Organisation Stamp (if any) |
| **Designation**  |
| **Contact Number** |
| **Email** | **Date** |

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| **(VI) Endorsement by Head of National Youth Focal Point** |
| I hereby endorse the project <project name> by <organisation name> for this SAYF application. |
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| Name of Endorser *(underline surname)* | Signature & Organisation Stamp (if any) |
| Designation  |
| Department/Section: |
| Name of Organisation: |
| Contact Number:  | Date: |