**YSO Partnership Agreement Application Form**

**Instructions:**

1. Kindly ensure the application form is completed before submitting it to Youth Corps Singapore (Youth Corps). Insert a “√” whenever selection by check boxes is provided**.** All sections are compulsory unless stated otherwise.
2. All applications are to be endorsed by the head/ leader of organisation before submission.
3. Please submit your application via email to [charmaine](mailto:charmaine)\_eu@nyc.gov.sg **by 28 February 2022.** Applicants may be contacted for a discussion.
4. For any enquiries, please email [charmaine](mailto:charmaine)\_eu@nyc.gov.sg and indicate “YSO Partnership Agreement” in your email subject.

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| **(I) Applicant Details** *(to be filled in by point-of-contact)* | | |
| POC Name and Designation at Organisation: |  | |
| POC Contact Details: | (Mobile) | (Email) |
| Name of Organisation: |  | |
| Organisation UEN: |  | |
| Organisation Address: |  | |
| Organisation Vision and Mission: |  | |
| ACRA Business Profile/ROS profile/IPC/Charity status: |  | |

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| **(II) Proposal** |
| Please submit a proposal of partnership together with this application form.  The proposal should include:   * Organisational background and key programmes, including the past two year’s financial statements, details of organizational portfolio, profile of management team and executive committee or board members, staff and volunteer strength * Past relevant organisation experience in youth volunteering * Proposed plan to meet the objectives of this partnership agreement * Proposed target outputs and outcomes (broken down by year and to include all the outputs and outcomes indicated in the template for the progress/final report template) * Proposed Budget with specific line items for each year of partnership and a line item for staff to be stationed at Youth Corps to support the Business Development and Partnership Management work * Proposed Team structure * CVs of proposed Volunteer Managers and key staff involved in this partnership * CV of proposed staff for Integrated Working Arrangement (not required for new hire) |

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| **(III) Inter-Bank GIRO Details** *(must be a corporate bank account)* | | | | | | | | | | | | | | | | | | | | |
| Bank Name: |  | | | | | | | | | | | | | | | | | | | |
| Branch Name: |  | | | | | | | | | | | | | | | | | | | |
| Account Number: |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name of Account or Name of Organisation: |  | | | | | | | | | | | | | | | | | | | |

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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 (please put NIL if there are not conflict of interests): - |
| 1. Name of persons/ companies/ organisations which applicant / applying organisation has relations to or related persons/ companies/ organisations which applicant / applying organisation plans to procure their services/goods: |
| 1. Brief description of the conflict arising from the applicant / applying organisation’s association listed in item (a) above: |

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| **(V) Declaration and Acceptance by Endorser (Head/ Leader of Organisation)** |
| “Applicant” refers to the organisation applying to be part of this Partnership Agreement.  I/We and the Applicant, declare that: <<Where are these from? >> |
| 1. Has the Applicant been or is currently being:  * Investigated for or charged with or convicted of any criminal offence or subject to any criminal proceedings; or * Subject to any disciplinary proceedings or regulatory action by any regulatory or licensing authority, in any jurisdiction in the last 5 years?   Yes  No |
| 1. Has the Applicant been or is currently being engaged in any civil suit or proceedings in any jurisdiction in the last 5 years?   Yes  No |
| 1. Has the Applicant been or is currently:  * Bankrupt, wound up or under judicial management * Subject to any bankruptcy, winding up or judicial management proceedings, or * Appointed a receiver or manager?   Yes  No |
| 1. Has the Applicant applied for or obtained any other grant, tax incentive or financial incentive for the plans in this proposal?   Yes  No |
| 1. Has the Applicant commenced on any part of the plans in this proposal prior to this application, such as signing any contract and making any form of payment to any supplier or service provider engaged?   Yes  No |
| 1. Do any of the suppliers and service providers engaged as part of the plans in this proposal have any relationship, connection, association or dealings with the Applicant, its related companies or their directors and shareholders?   Yes  No |
| 1. If the answer to Question 6 is yes, will the Applicant be claiming project costs which may be incurred by such suppliers and service providers?   Yes  No |
| 1. Is the Applicant related directly or indirectly to the Agency (e.g. staff of the Agency, appointment holder or member of any committee/board/council overseen by the Agency)? <<Who does this agency refers to? If it is NYC, state so>>   Yes  No |
| Consent & Acknowledgement The Applicant consents to the release of any information provided in this application, in support of this application or on any consequential provision of grant by the Agency to other public agencies for the purposes of assessing the Applicant’s suitability for the Partnership Agreement or other assistance schemes or for public policy analysis or formulation or public data analytics purposes, and to external auditors and assessors.    The Applicant gives its consent for the Agency to obtain and verify information from or with any source, as the Agency deems appropriate for the assessment of this application.  The Applicant acknowledges that the submission of this application does not, of itself, automatically entitle the Applicant to funding, and all funding stated in this application is purely an estimation and will be subject to evaluation. The Applicant also understands that the grant (if approved) shall be subject to such further terms and conditions as may be set out in the Letter of Award, where applicable.  The Applicant acknowledges and agrees that the Applicant shall be undertaking the plans in this proposal at the Applicant’s own cost and risk. The Applicant agrees that in no event will the Agency be liable to the Applicant for any direct or indirect losses or damages, including loss of income, profit, or savings or indirect, incidental, special, consequential, or punitive damages arising from or in connection with this application.  The Applicant agrees to indemnify the Agency against any claims made against the Agency or incurred by the Agency arising from or in connection with this application.  I/We and the Applicant declare that all facts stated in this application and all accompanying information are true and correct to the best of our knowledge and that we have not withheld or distorted any material facts or information.  I/We and the Applicant understand that I/we and the Applicant have a continuing obligation to promptly notify the Agency if there is any change affecting any fact or information set out in this application form and declaration.   I/We and the Applicant understand that I/we and the Applicant may face prosecution if I/We and the Applicant provide false or misleading statements or fail to disclose material facts or information, and the Agency may, at its discretion, withdraw the grant and recover immediately from the Applicant any amount of the grant that may have been disbursed, and I/We and the Applicant shall have no claim against the Agency in relation thereto.  I/We and the Applicant consent~~s~~ to and acknowledge~~s~~ all of the above. |
| Here at NYC, we value your privacy. We’d like to seek your consent to update and notify you about Youth Corps 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 [youth\_corps\_enquiries@nyc.gov.sg](mailto:youth_corps_enquiries@nyc.gov.sg). Thanks for your support! |

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| **Name of Endorser** *(underline surname)* | **Signature & Organisation Stamp (if any)** |
| **Designation** |
| **Contact Number** |
| **Email** | **Date** |