



*Sri Lanka Association of  
Greater Washington*

**Project Proposal Form**

**1. About your self**

|  |                                   |                              |
|--|-----------------------------------|------------------------------|
| <b>a. Contact Name</b><br>First Name: _____ Last Name: _____ |                                   | <b>b. Job Title (if any)</b> |
| <b>c. Contact Address</b>                                    | <b>d. Phone Number</b><br>(     ) | <b>e. Email Address</b>      |

**2. Beneficiary Institution's Information (If applicable)**

|                               |                                   |                         |
|-------------------------------|-----------------------------------|-------------------------|
| <b>a. Institute Name</b>      | <b>b. Official Address</b>        |                         |
| <b>c. Contact Person Name</b> | <b>d. Phone Number</b><br>(     ) | <b>e. Email Address</b> |
| <b>f. Position</b>            | <b>g. Website (if any)</b>        |                         |

**3. Project Details**

|  |
|--|
| <b>a. Project Title</b>  |
| <b>b. Brief description of the proposed project.</b> Please provide key objectives of the project. Please state clearly how it will benefit the community. |

|  |  |
|--|--|
| <b>c. Which geographical area is served by the project?</b>  |  |
| <b>d. What is the age-range served by the project?</b>   |  |
| Young People (16-25) <input type="checkbox"/>  | Adults (26 -50) <input type="checkbox"/>       |
| Young Children (0-5) <input type="checkbox"/>  | Over 50's <input type="checkbox"/>             |
| Youth (6-15) <input type="checkbox"/>  | No Specific age range <input type="checkbox"/> |
| <b>e. How many people will benefit from the project?</b> Please provide an approximate guide to the number of direct and indirect beneficiaries.                 |  |
| <b>f. What is the timescale of the project?</b> When do you plan the project to start? Is there a project completion date?                                       |  |
| <b>g. Project financials/Cost.</b> Please provide an estimate for the fundraising target you wish to achieve and project expenditure you think you will incur.   |  |
| <b>h. Additional Information.</b> Please use this space or an extra page, to add any extra information that might make your project more desirable for approval. |  |

#### 4. Signature

|   |                  |             |
|---|------------------|-------------|
| <b>a. Signature and Date</b>  |                  |             |
| To the best of my knowledge, the information on this form is complete and accurate. I certify the information shown above is a true representation of the project and the estimated cost. I will be responsible for all the documents, activities and decisions taken for this project. |                  |             |
| _____   | _____            | _____       |
| <b>Printed Name</b>   | <b>Signature</b> | <b>Date</b> |

Thank you for taking the time to complete this Project Application Form. This will help us to assess your proposal with the key details that we need to make an informed decision. We will be back in touch with you within 1 month after receipt of this Form to advise whether your application has been successful.

Please Mail application for to:  
**SLAGW Project proposal.**  
**The Sri Lanka Association of Washington, D.C.**  
**P. O. Box 30295, Bethesda, MD 20824-0295.**