

**Sri Lankan Psychiatrists’ Association (UK)**

**Application for funding for Mental Health projects in Sri Lanka.**

Please fill all sections of the form to avoid delay in processing it.

Please return all completed forms to [srilankapsychiatrist@yahoo.co.uk](mailto:srilankapsychiatrist@yahoo.co.uk)

A. Organisation Details

Name of organization

Address

What are the aims and objectives of the organisation?

When was the organisation founded?

Briefly describe its activities

B. Contact Details (for person to whom all correspondence will be sent)

Title:

First name:

Surname:

Position held within organisation:

Address:

Tel:

Fax:

Email:

D. Details of proposed project

Describe the project for which the grant is now sought. (Please explain precisely what you need the grant for)

Is this project once-off or part of a continuing operation?

When will/did the project commence?

When is it due to end?

State the estimated: total cost of the project: Rs:

State the amount of the grant now sought: Rs.

Has your organisation made an application to any other source for a grant towards this project?

If yes please state: sources, amounts sought and result if any:

C. Previous SLPA funding

Has your organisation previously received funding from the Sri Lankan Psychiatric Association (UK)? Yes / No

If yes, Please provide details:

Signed:

Date:

Name:

(in block capitals)

On behalf of

(organisation’s name)