

MALAY LANGUAGE COUNCIL, SINGAPORE

PROGRAMME PROPOSAL &

COLLABORATION FUNDING FORM

– BULAN BAHASA 2019 –

[17 AUGUST to 13 OCTOBER]

**Guidelines for Applicants:**

The Malay Language Council, Singapore (MLCS), provides support to community partners who offer programmes that encourage the appreciation of the Malay language, culture and heritage in Singapore.

All Registered Singaporean non-profit distributing and legally constituted group (company limited by guarantee / registered society), Individual Singaporeans or Permanent Residents and Informal Groups passionate towards the Malay Language landscape in Singapore may apply.

The programmes will be assessed on:

(a) Effectiveness in encouraging the use and appreciation of the Malay language

(b) Audience reach and engagement

(c) Creative value of the programme

(d) Credentials of organisation / individual (including demonstration of good planning and sound budgeting)

These projects (included, but not limited to) are **not** eligible for funding:

1. Events for the sole purpose of fund-raising, charity show, anniversary celebrations
2. Training courses & study tours
3. Publishing and translation projects
4. International touring
5. Religious activities for the promotion of a certain religion
6. Political activities for the promotion of a certain political ideology or party

Please complete and return this Programme Proposal & Collaboration Funding Form and the Vendor Maintenance Form (compulsory for all first-time applicants OR if there has been a change in bank details only) via email to [NHB\_MalayLanguageCouncil@nhb.gov.sg](mailto:NHB_MalayLanguageCouncil@nhb.gov.sg) latest by **21 March 2019**. All proposals received will be evaluated and applicants may be invited for a panel interview. Successful applicants will be notified via email.

Note: MLCS reserves the right of discretion and non-disclosure of reasons for unsuccessful applications. Decisions made by MLCS are final and appeals will not be entertained.

**Funding Disbursement (for Approved Programmes only):**

1. All approved programmes will receive the funding amount after (a) the completion of the programme, (b) fulfilment of other conditions which may be stated in the funding support confirmation email and (c) submission of the Post-programme Report, unless otherwise stated.
2. All approved programmes are to acknowledge support by the “Malay Language Council, Singapore” and “Bulan Bahasa” for all publicity collateral of the programme. Programmes are to include the MLCS and Bulan Bahasa logo in all their publicity material.
3. In the event of any cancellation of programme and / or alteration of programme design, MLCS reserves the right to withdraw any offer of funding support.
   1. Approved programme organisers must inform MLCS immediately of the cancellation or planned cancellation of the programme.
   2. Should a programme be postponed or delayed, continued funding support will be re-evaluated by MLCS, on a case-by-case basis.
4. Unless specified, no part of MLCS’ contribution can be used for any other purposes such as debt / loan repayments, professional fees unrelated to the programme, speculative transactions as well as political activities.
5. Approved programme organisers must inform and declare to MLCS, if they receive any other income (in cash or kind) which has contributed to the overall income for the programme. MLCS reserves the right to assess and determine a revised funding amount should a programme’s overall income exceeds its expenditure.
6. MLCS reserves the right to limit funding support to a maximum of two approved programmes per programme organiser, per calendar year.
7. MLCS reserves the right to audit receipts and statements for expenses declared by approved programme organisers.
8. MLCS has the right to amend any terms and conditions of any funding support at any time. Before any amendment under this clause, MLCS shall notify the funding support applicant regarding its intention to amend the terms and conditions of the funding support at least fourteen (14) days before any amendment is made.

**Part 1: General Information of Applicant**

|  |  |
| --- | --- |
| **(1A) DETAILS OF ORGANISATION** | |
| **NAME OF ORGANISATION** | Click here to enter text. |
| **MAILING ADDRESS** | Click here to enter text. |
| **BUSINESS REGISTRATION** | Singapore registered  Overseas (Please specify Country: Click here to enter text.) |
| **NATURE OF BUSINESS** | Non-Profit  Commercial Entity  Government/ Statutory Board  Grant Disbursing Body |
| **INSTITUTION OF A PUBLIC CHARACTER (IPC) STATUS** | Yes  No |
| **WEBSITE** | Click here to enter text. |
| **SOCIAL MEDIA PLATFORMS** | Click here to enter text. |
| **(1B) DETAILS OF CONTACT PERSON**  Provision of contact details denotes (a) consent to being contacted for further clarification on the proposal, and (b) consent to release of contact details to media organisations interested in obtaining more information on the programme (if application is successful). | |
| **NAME** | Click here to enter text. |
| **DESIGNATION** | Click here to enter text. |
| **TELEPHONE NUMBER** | (O) Click here to enter text.  (M) Click here to enter text. |
| **EMAIL ADDRESS** | Click here to enter text. |

**Part 2: Summary of Programme Proposal**

|  |  |
| --- | --- |
| **(2A) DETAILS OF PROGRAMME** | |
| **TITLE OF PROGRAMME** | Click here to enter text. |
| **FREQUENCY OF PROGRAMME** | Single  Series; number of sessions: |
| **PROPOSED DATE(S) & TIME(S) OF PROGRAMME**  *(Please indicate if the event will take place on more than one date)* | Click here to enter text. |
| **PROPOSED VENUE** | Click here to enter text. |
| **FORMAT OF PROGRAMME**  *(Tick wherever applicable)* | (i) Performance / Theatre Production  (ii) Seminar  (iii) Exhibition  (iv) Workshops  (v) Forum  (vi) Contest / Competition  Others (please specify): Click here to enter text.  *For programmes with format (i) – (iii), please fill in target audience size. For (iv) – (v), fill in target number of participants. For (vi), please fill in both participants and audience (if applicable) in* ***section (2B)****.* |
| **LANGUAGE(S) OF PRESENTATION** | Malay only  Malay with some explanation in English  Others (please specify): Click here to enter text. |
| **SUGGESTED GUEST OF HONOUR**  *(If applicable)* | Click here to enter text. |
| **PROGRAMME CHARGE**  *(If applicable)* | Free  Ticketed, $       per ticket |
| **PROJECTED INCOME**  *(Please provide detailed breakdown in page 7)* | $ Click here to enter text. |
| **PROJECTED EXPENDITURE**  *(Please provide detailed breakdown in page 7)* | $ Click here to enter text. |
| **TOTAL AMOUNT REQUESTED** | $ Click here to enter text. |
| **(2B) TARGET GROUP**  For programmes with audience and participants, please fill in all fields in this section. For programmes with either audience or participants only, please fill in only the required fields. | |
| **TARGET AUDIENCE SIZE**  *(“Audiences” - defined as recipients of information and content* ***without*** *active participation)* | Click here to enter text. |
| **TARGET AUDIENCE PROFILE**  *(e.g. parents, students, working adults)* | Click here to enter text. |
| **TARGET NUMBER OF PARTICIPANTS**  *(“Participants” - defined as those required* ***to actively participate*** *in the programme)* | Click here to enter text. |
| **PARTICIPANTS’ PROFILE** | Click here to enter text. |
| **(2C) PROGRAMME DESCRIPTION** | |
| **OBJECTIVES** | Click here to enter text. |
| **DESCRIPTION**  *(In no more than 500 words, please provide a brief description of the proposed programme. It should include information on how this programme will promote the Malay language.)* | Click here to enter text. |
| **POST-EVENT SURVEY/FEEDBACK MECHANISM**  *(e.g. online survey, feedback forms, etc.)* | Click here to enter text. |
| **TARGET NUMBER OF SURVEY RETURNS** | Click here to enter text. |
| **(2D) MARKETING AND PUBLICITY PLANS** | |
| **PROPOSED OUTREACH** | Social Media (please specify platforms) : Click here to enter text.  Print and broadcast advertisements  Posters and flyers  Others (please specify): Click here to enter text. |
| **EXPECTED MEDIA COVERAGE** | Click here to enter text. |
| **LAST 3 TO 5 YEARS OF ATTENDANCE AND/OR PARTICIPATION FIGURES**  *(If applicable)* | Click here to enter text. |

**Part 3: Other Sources of Funding**

|  |  |
| --- | --- |
| **(3A) DECLARATION OF OTHER SOURCES OF FUNDING** | |
| **FUNDING AGENCY** | Click here to enter text. |
| **AMOUNT OF FUNDING APPLIED** | $ Click here to enter text. |
| **OUTCOME**  *(Please indicate if it is pending, approved or not approved)* | Click here to enter text. |

**Part 4: Proposed Budget for Programme**

All potential sources of funding from government and/or other organisations must be included as well. All projected budget must be as realistic and accurate as possible.

|  |  |  |
| --- | --- | --- |
| **PROJECTED INCOME** | | |
| **Part A** | **Projected Ticket Sales** *(if applicable)* | |
| 1 | Cost per ticket |  |
| 2 | Expected no. of ticket sales |  |
|  | **Total projected income from ticket sales (S$)** | **$** |
| **Part B** | **Projected cash donations and sponsorships** *(if any)* | |
| **S/N** | **Name of Donor/Sponsor** | **Amount of funding applied (S$)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  | **Total projected cash donations and sponsorships** | **$** |
| **Part C** | **Other projected revenues** *(if any for e.g. merchandise sales)* | |
| **S/N** | **Description of Item** | **Amount Earned (S$)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
|  | **Total projected income from other revenues** | **$** |
| **Total Projected Income (Part A + Part B + Part C)** | | **$** |
| **PROJECTED EXPENDITURE** | | |
| **S/N** | **Description of Expenses** | **Amount Spent (S$)** |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |
| 5 |  |  |
| 6 |  |  |
| 7 |  |  |
| 8 |  |  |
| 9 |  |  |
| 10 |  |  |
| 11 |  |  |
| 12 |  |  |
| **Total Projected Expenditure** | | **$** |
| **PROJECTED INCOME** | | **$** |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | new_NHB_logo   |  | | --- | |  | | **VENDOR MAINTENANCE FORM** | | | | | | |
|  |  |  |  |  |  |  |  | |
|  | **Date** |  | |  | **Our Ref.** |  | | |
|  |  |  |  |  |  |  |  | |
|  | **\* Section I:- General Information** | |  |  |  |  |  | |
|  |  |  |  |  |  |  |  | |
|  | **UEN No. (for company)** |  | |  | **NRIC No. (for individual)** |  | | |
|  |  | **eg: 010267100A for Company** | |  |  | **eg: SXXXXXXXA** |  | |
|  | **Vendor Name** |  | | | | | | |
|  |  |  |  |  |  |  |  | |
|  | **Address** |  | | | | | | |
|  |  |
|  |  |  |  |  |  |  |  | |
|  | **Postal Code/City** |  | |  | **Country** |  | | |
|  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  | |
|  | **Contact Name/Designation** |  | | | | |  | |
|  |  |  |  |  |  |  |  | |
|  | **Contact No.** |  | | **Fax No.** |  | |  | |
|  |  |  |  |  |  |  |  | |
|  | **Email** |  | | | | *(payment advise notification)* | | |
|  |  |  |  |  |  |  |  | |
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|  | **\* Section II: Bank Details (Compulsory for e-payments)** | | | |  |  |  | |
|  |  |  |  |  |  |  |  | |
|  | **Bank Name:** |  | | | | | | |
|  |  |  |  |  |  |  |  | |
|  | **Bank Address:** |  | | | | | | |
|  |  |  |  |  |  |  |  | |
|  | **Account Holder:** |  | | | | | | |
|  |  |  |  |  |  |  |  | |
|  | **Account No.:** |  | | | | | | |
|  |  |  |  |  |  |  |  | |
|  | **Bank Code:** |  | | **Branch Code:** |  | **Swift Code:** |  | |
|  |  |  |  |  |  |  |  | |
|  | **IBAN (for European accounts):** | |  | | | | | |
|  |  |  |  |  |  |  | |  |
|  | **\* Section III: Credit Terms** | |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  | **Credit Terms granted:** | **30** | | **Days** |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  | **Declaration** |  |  |  |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  | **I / We declare that all the above information given is true.** | | | |  |  | |  |
|  |  |  |  |  |  |  | |  |
|  | **Name** |  | | |  |  | | |
|  |  |  |  |  |  |
|  | **Designation** |  | | |  |
|  |  |  |  |  |  |
|  | **Signature/Date** |  | | |  |
|  |  |  |  |  |  | **Affix Company Stamp** | | |
|  |  |  |  |  |  |  |  | |
|  | **NHB/Finance Department (For official use only)** | | | |  |  |  | |
|  |  |  |  |  |  |  |  | |
|  | **Completed By:** |  |  |  |  |  |  | |
|  | **Name/Signature** |  | | | **Vendor  ID no.** |  | | |
|  |  |  |  |  |  |  |  | |
|  |  |  |  |  | **Date created:** |  | | |
|  | **Reviewed/Approved By:** | |  |  |  |  |  | |
|  | **Name/Signature** |  | | | **Date** |  | | |
|  |  |  |  |  |  |  |  | |
| ***\* Note: All fields must be completed & form must be signed by authorised personnel of the Company eg. Managing Director, General Manager, CFO or Accountant, Finance Manager etc.*** | | | | | | | | |
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