SLHTA Tourism Enhancement Fund (TEF)

*Grant Application Form*

1. TEF Grant Application form is to be completed electronically and emailed to [slhtaceo@gmail.com](mailto:slhtaceo@gmail.com)
2. All supporting documents or proposals must accompany application at time of submission
3. Please note that grants will not be provided directly to private individuals in the form of scholarships or bursaries
4. Applicants **MUST** complete **ALL** cells in the application form to be eligible for consideration
5. Please allow **10** working days for a response

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| **1** | **Name of organization on whose behalf application is being submitted:** | **Date of Application: dd/mm/yr** |
| **2** | **Name of Applicant completing application form:** | |
| **3** | **Relationship between Applicant and Organization stated in 1 and 2 above:** | |
| **4** | **Has your organization ever received any grant funding before?** (If yes, please provide a brief explanation of the project funded, the organization providing funding and the results) | |
| **5** | **Provide a brief description of your project for which funding is being sought from TEF:** (Attach a detailed project proposal if necessary) | |
| **6** | **Description of the problems this project is designed to address and the groups which will benefits from this project being implemented successfully:** | |

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| **7** | **(Please tick the appropriate line)**  **Is this project:**  **Directly related to Tourism? \_\_\_\_**  **Indirectly related to Tourism? \_\_\_\_** | |
| **8** | **What is the estimated total cost of the project?** | |
| **9** | **Name of personnel responsible for managing project implementation:** | |
| **10** | **Contact details of persons named in #9:** | **E-Mail Address:**  **Mobile #:**  **Work #** |
| **11** | **What is the amount of financial support requested from the TEF?** | |
| **12** | **How soon is the support from the TEF required?** | |
| **13** | **Please list names of other agencies participating in the project and list their contributions. (Please indicate the amount of funds which they are contributing to the project.)** | |

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_