



**DEPARTMENT OF MULTI-ETHNIC
AFFAIRS**

APPLICATION FOR AID ASSISTANCE

NOTE : THIS FORM SHOULD BE COMPLETED IN FULL WITH
DETAILS REQUIRED. ADDITIONAL INFORMATIONS CAN BE
ATTACHED WITH SHEETS OF PAPERS.

NAME OF PROJECT: _____

TYPE OF PROJECT: _____

SETTLEMENT/VILLAGE:

TIKINA:

YASANA: _____

PROJECT MANAGER NAME _____ SIGNATURE _____

NAME DISTRICT ADVISORY COUNCILLOR CONSULTED: _____

DESCRIPTION OF PROJECT

1) STATE THE PROBLEM FACED BY COMMUNITY
REASONS (PRESENT SITUATION)

1) _____

2) _____

3) _____

4) _____

5) _____

2) **STATE THE PROPOSED SOLUTION
REASONS**

1) _____

2) _____

3) _____

4) _____

3) **AMOUNT OF DOLLARS REQUIRED AND FOR WHAT
PURPOSE**

COMPANY NAME

AMOUNT

1) _____

2) _____

3) _____

**PLEASE NOTE ALL QUOTATIONS SHOULD HAVE SAME
ITEMS AND COSTS ACCORDINGLY**

4) **STATE THE INPUT OF COMMUNITY**

1) FUND _____

2) LABOUR _____

3) COMMODITIES _____

TOTAL (IN DOLLAR TERMS) _____

5) **WHAT KIND OF PEOPLE, NUMBER OF HOUSEHOLDS AND
HOW MANY PEOPLE BENEFIT FROM THE PROJECT:**

A) NUMBER OF PEOPLE _____

- B) LIST OF COMMITTEE _____
- C) CONTACT PERSON _____
- D) PHONE NUMBER _____
- E) P O BOX _____
- F) MANAGEMENT REPORT _____

PLEASE PROVIDE ALL INFORMATIONS

- 6) HOW MANY MONTHS WILL IT TAKE TO COMPLETE THE PROJECT?

7) INFORMATION ATTACHED (TICK)

- | | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | 1) QUOTATION |
| <input type="checkbox"/> | 2) PLAN / SKETCH |
| <input type="checkbox"/> | 3) SUPPORT/ CONSENT LETTER |
| <input type="checkbox"/> | 4) COMMUNITY POPULATION |
| <input type="checkbox"/> | 5) ADDITION INFORMATION |
| <input type="checkbox"/> | 6) _____ |

8) **PLEASE NOTE ALL FORMS SHOULD BE ENDORSED BY THE FOLLOWINGS:**

- | | |
|---------------------------------|------------------------|
| 1) DISTRICT ADVISORY COUNCILLOR | -----

DATE |
| 2) CHAIRMAN, D/CHAIRMAN | -----

DATE |
| 3) DISTRICT OFFICER / RAA | -----

DATE |

Please keep a copy of Project paper for your reference.

ALL PROJECT PAPERS TO BE ADDRESSED TO: -

**CHIEF EXECUTIVE OFFICER
MINISTRY FOR MULTI-ETHNIC AFFAIRS AND NATIONAL RECONCILIATION AND
UNITY
P O BOX 18060
SUVA**

Ph: 3313744

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