**Life Healthcare Group CSI - Application form**

**Your organisation**

**Organisation name:**

**Contact name:**

**Address (Physical):**

**Phone number:**

**Email:**

**Website:**

**NPO/NGO registration number:**

**SARS registration number:**

**Please outline the purpose of your organisation:**

**Your proposed initiative**

**An outline of your project/initiative:**

**How much are you applying for?**

**Breakdown of request:**

**Who will benefit from the project?**

**What difference will this make?**

**How will you know that this has been successful? What will success look like for your beneficiaries? How will this be felt by your key beneficiary groups? Highlight three ways:**

|  |  |  |
| --- | --- | --- |
| **Objective:** | **Outputs:** *what will the funds deliver* | **Outcomes:** *what do you hope this will achieve for your beneficiaries?* |
|  |  |  |
|  |  |  |
|  |  |  |

**Life Healthcare CSI contact: Ansuyiah Padayachee**

**Telephone: 011 219 9616; Fax: 086 681 7470**

**Email: foundation@lifehealthcare.co.za**