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| **PROPOSAL TO SET UP SOCIAL COMMUNAL FACILITIES (FOR UNFUNDED PROGRAMMES/SERVICES)** |
| **Important Note:**   1. Please complete all sections of this proposal and submit it together with supporting documents to [facilities\_support@msf.gov.sg](mailto:facilities_support@msf.gov.sg). 2. Incomplete or illegible proposals will not be considered. 3. MSF will only assess and evaluate proposals for Social Service Agencies (SSAs) that provide direct **social services**[[1]](#footnote-1). For all other programme/services not under MSF’s purview, please approach the relevant supervisory authority/ Ministry to request for support. 4. SSAs submitting the proposal should have either Charity or IPC status. The proposed programmes/ services provided must be secular, non-political in nature and be open to all residents regardless of their race or religion. Proposals to house headquarters or office administrative purposes solely will not be accepted. |

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| **Please indicate the site you are bidding for:** | |
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| **Particulars of Organisation** | |
| **Name of Organisation** |  |
| **Address of Organisation** |  |
| **Legal Status of Social Service Agency** | Registered with Registry of Societies / Accounting and Corporate Regulatory Authority  *Registration number*:  Please check the relevant boxes:  Registered with Commissioner of Charities as a charity  *Charity Registration number*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Acquired Institution of Public Character (IPC) Status  *IPC registration number*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Note: Please email us a scanned copy of relevant registration documents.* |
| **Name of Requestor** |  |
| **Designation** |  |
| **Email** |  |
| **Contact No.** |  |

1. **Summary of Proposed Programmes/Services**

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| **Please describe briefly what kind of programmes/services will be provided** |
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1. **Details of Programmes/Services**

Please provide the following information on theprogrammes/services to be operated at the site:

| **Name of programme/service** | **Description** | Target Clientele and Needs | Age group of Target Clientele | No. of clients served per year | Regularity | Desired outcomes |
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| **[Optional] If the centre serves different client groups, please breakdown in percentage (approximate) the use of the premises space / resources to service the various client groups** | | | | | | |
| **Target Clientele** | | Age | **Percentage of space / resources allocated to service this group** | | | |
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| **Please indicate the areas that the programmes/services will serve**. |
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| **Please elaborate on how the programmes/services will meet the needs and address service gaps in the community?** |
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| **Please list the names of similar programmes/services serving the same profile of clients in the vicinity of the requested premises i.e. within a 2-km radius from the proposed location (if any). If there are, please elaborate on your programmes’/services’ value proposition and how your organisation’s programmes/services differs from the other existing programmes/services in the vicinity.** |
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| **Please list the other programmes/services your organisation also provides. Please also attach any supporting documents of track records in meeting the outcomes of these programmes/services over the past 3 years:** |
| |  |  |  |  | | --- | --- | --- | --- | | **Name of Programme/Services** | **No. of Years the Programme/Service has been running** | **Government Funded (Y/N)** | **No. of Clients Served Yearly** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Please state how the proposed programme/services will be funded e.g. through donations, charging of fees** |
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| **Please indicate the composition of staff who will be required to run the proposed programmes/services as well as their skills/qualifications. Please also specify if you are tapping on volunteers.**   |  |  |  |  | | --- | --- | --- | --- | | **Staff Designation** | **Number** | **Role in the Programme/Service** | **Relevant Qualification/Experience in the Social Service** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Are you prepared to share the space with other agencies or other community partners**  **Yes**  **No. Please state why not:** |

1. **Details of Use of the Space**

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| **Please provide information on proposed space breakdown and utilisation of the selected site:**   | **Type of room(s) required** | **Floor area (m2) of room(s)** | Quantity | Purpose(for programme, activity, admin, etc) | Frequency of use | Capacity per room | Space Type: Community vs Auxiliary | | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |  | |  |  | | |  | | | | **TOTAL** | About \_\_\_\_m2 | | | **Community space: \_\_\_ m2**  **Auxiliary space: \_\_\_\_m2** | | | |

1. **Declarations**

**We declare that:**

1. our organisation is free from any litigation.
2. All the facts stated in this proposal and the accompanying information are true and correct to the best of our knowledge and that we have not withheld/ distorted any material facts. We understand that if we obtain MSF support by false/ misleading statements/ partial disclosure not in line with the support intent, MSF reserves the right to immediately withdraw the support; and
3. we understand that the MSF reserves the right to reject our proposal, and that the reason(s) for rejection need not be disclosed.

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| SIGNATURE OF BOARD CHAIRMAN |  | SIGNATURE OF REQUESTOR |  | ORGANISATION STAMP |
| NAME (IN BLOCK LETTERS) |  | NAME (IN BLOCK LETTERS) |  | DATE |

1. The SSA should be providing direct programmes/services under the charge of MSF listed in the cover letter. This excludes direct financial aid, legal, sports, recreation and education programmes/services. [↑](#footnote-ref-1)