



## **ANNEX 2**

# **THE NATIONAL INSURANCE BOARD HEALTHY PEOPLE PROGRAM INSTRUCTIONS FOR PROJECT APPLICATION**

*December 2010*

**ANNEX 2**

**NATIONAL INSURANCE BOARD**

**NPDP/HPP INSTRUCTIONS FOR PROJECT APPLICATION**

All relevant sections must be completed for the application to be considered.

Please append all supporting information at the end of this document i.e. N.I. Number; Evidence of previous projects implemented; Banking Data.

(1) **PROJECT SUMMARY INFORMATION**

a) ORGANISATION/GROUP: \_\_\_\_\_

b) PROJECT TITLE: \_\_\_\_\_

c) LOCATION OF PROJECT: \_\_\_\_\_

d) DURATION OF PROJECT: \_\_\_\_\_

e) GRANT REQUESTED (B\$\$): \_\_\_\_\_

f) NAME OF PROJECT LEADER: \_\_\_\_\_

g) OTHER KEY MEMBERS OF MANAGEMENT TEAM:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

h) ORGANIZATION ADDRESS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

i) TELEPHONE: \_\_\_\_\_ j) FAX: \_\_\_\_\_

k) E-MAIL: \_\_\_\_\_

(2) PROJECT OUTLINE

|   |                                      |
|---|--------------------------------------|
| a) Purpose  |                                      |
| b) Key Components   | i)<br><br>ii)<br><br>iii)            |
| c) Duration   |                                      |
| d) Target Group(s)  | i)<br><br>ii)<br><br>iii)<br><br>iv) |
| e) Total Expected Cost (B\$\$)                                      |                                      |
| f) Grant Requested (B\$\$)  |                                      |
| g) Other Sources of Project Funds (B\$\$) inc. In-kind contribution | i)<br><br>ii)<br><br>iii)            |

**(3) STATEMENT OF PROBLEM**

|   |  |
|---|--|
| a) Problem(s) to be Addressed (be specific)                                 |  |
| b) Root Causes of Problem(s)  |  |
| c) Effects on Community (expressed in quantitative terms where appropriate) |  |
| d) Consequences of Inaction   |  |

**(4) PROJECT OBJECTIVES, ACTIVITIES, EXPECTED OUTPUTS**

| OBJECTIVES | SPECIFIC ACTIVITIES | EXPECTED OUTPUTS |
|------------|---------------------|------------------|
| a)         |                     |                  |
| b)         |                     |                  |
| c)         |                     |                  |
| d)         |                     |                  |

**(5) IMPLEMENTATION SCHEDULE**

| MAIN ACTIVITY | TIMELINE |
|---------------|----------|
|               |          |
|               |          |
|               |          |
|               |          |

**(6) PROJECT FINANCING PLAN**

| ACTIVITY     | GOODS & SERVICES<br>REQUIRED | COST(S)               |
|--------------|------------------------------|-----------------------|
|              | --<br>-<br>-<br>-            | -<br>-<br>-<br>-      |
|              | -<br>-<br>-<br>-             | -<br>-<br>-<br>-      |
|              | -<br>-<br>-<br>-<br>-        | -<br>-<br>-<br>-<br>- |
|              | -<br>-<br>-<br>-             | -<br>-<br>-<br>-<br>- |
| <b>TOTAL</b> |                              |                       |

(7) PROJECT SUSTAINABILITY/RELATED PROJECTS ONGOING OR PLANNED

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