



INTERNAL GRANT APPLICATION FORM - 2025

CLUB DETAILS										
Club Name						Club No				
Club President				NPO No			PBO No			
President Email						President Tel No				
Project Manager					Project Manager Tel No					
Is your Club is in good-standing with:	BrightSight		District		Multiple District		International			
	Yes	No	Yes	No	Yes	No	Yes	No		
Is your Club's Project Account healthy?	Yes	No	Club funds available for project?							
Proposed Project Title										
Project Description										
Project Objectives										
Project Beneficiaries										
Proposed Start Date					Proposed End Date					
PHASES OF WORK & DESIRED OUTCOME										
Phase	Task to Complete				Start Date		End Date			
Phase 1										
Phase 2										
Phase 3										
Phase 4										
Phase 5										
Phase 6										
Phase 7										
Phase 8										
Phase 9										
Phase 10										
PROJECT FINANCIAL DETAILS										
Proposed Number of People to be Screened:							A			
Number of referrals expected for testing at ± 10% of number of people screened:							B			
Number of spectacles expected to be ordered x R250.00 each (B x R250.00):							C			
Expected payment to Optometrist @ R150.00 per patient eye test (B x R150.00):							D			
TOTAL GRANT REQUEST (C + D):										

FOR OFFICE USE			
Date Received:			Comments:
APPROVAL			
Date Approved:			
Amount Approved:			
Approved By:			Funds Source:

PLEASE FILL IN THIS FORM AND EMAIL IT TO THE BRIGHTSIGHT MANCO SECRETARY:
jacquihocking55@gmail.com