

GRANT APPLICATION FORM

| NAME OF ORGANIZATION | | |
|------------------------------------|----------------------|--|
| ADDRESS | | |
| TYPE OF ORGANIZATION | | |
| Government | | |
| NGO – Non Profit | | |
| Social Enterprise | | |
| Other | | |
| Organization Registration Number | | |
| TAX EXEMPTION STATUS | | |
| 80G | | |
| 35AC | | |
| PAN Number | | |
| | ORGANIZATION DETAILS | |
| BOARD MEMBERS | | |
| Managing Trustee / Chairperson | | |
| Name | | |
| Email Address | | |
| Board Members / Trustees – Names | | |
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| | | |
| OPERATIONAL HEAD / PRIMARY CONTACT | | |
| Name | | |
| Email Address | | |
| Phone Number | | |
| Secondary Contact | | |
| Name | | |
| Email Address | | |
| Phone Number | | |
| STAFF STRENGTH | | |
| Full Time | | |
| Part Time | | |
| Volunteers | | |



| ANNUAL BUDGET FOR THE LAST THREE YEARS | |
|---|--|
| GEOGRAPHICAL LOCATION(S) OF OPERATIONS | |
| TYPE OF PREMISES | |
| Owned | |
| Rented | |
| Both | |
| BANK DETAILS | |
| Name of Bank | |
| Address | |
| Bank Account Number | |
| IFSC Code | |
| NAMES OF 3 ORGANIZATIONAL DONORS IN THE PAST 3 YEARS ONLY | |
| Donor 1: | |
| Name | |
| Email | |
| Phone | |
| Donor 2: | |
| Name | |
| Email | |
| Phone | |
| Donor 3: | |
| Name | |
| Email | |
| Phone | |
| | JECT DETAILS (ALL details are mandatory) |
| Name of Project | |
| Estimated Start Date of Project | |
| Total Project Period Objectives of Project | |



| Details of project – Background & Justif | ication (Please expand in 1000 words) |
|---|---------------------------------------|
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| Detailed Budget Estimate | |
| Detailed Budget Estimate | |
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| Milestones and expected outcomes (500 w | orde) |
| whilestories and expected outcomes (500 w | ords) |
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| Expected Number of Beneficiaries |
|---|
| (Please expand if necessary) |

- a) Kindly attach photocopies of the following documents:
 - i. Organization registration certificate
 - ii. Tax exemption certificate
 - iii. Last 3 years audited balance sheets
 - iv. Annual Report for the last 3 years
- b) Please send the above information in PDF format to rani.desai@biocon,com and a hard copy to the address below:

Biocon Foundation, 20th KM Hosur Road, Electronic City, Bangalore 560100

| For Biocon Foundation - OFFICE USE ONLY | | |
|---|--|--|
| Project ID | | |
| Date of Grant | | |
| Project Focus Area | | |
| Health | | |
| Water & Sanitation | | |
| Education | | |
| Rural Development | | |
| Safety & Empowerment of Women | | |
| Art & Culture | | |
| Other (Please Specify) | | |
| Type of Funding | | |
| Capital Expenditure | | |
| Infrastructure | | |
| Operating Expenses | | |
| Corpus | | |
| Scholarships | | |
| Sponsorships | | |
| | | |



PRIVATE & CONFIDENTIAL

Proposed Project Details

This section should provide a brief description about the rationale for proposing this program. Please include the following:

- a. The problem or issue which the proposed program seeks to resolve and the potential objectives expected through this program.
- b. Targeted location/s or recipients of this program. (Program beneficiaries).
- c. How the proposed program relates to the CSR objective of the Biocon group.
- d. Are there are other programs and activities which will complement the proposal.
- e. If the request is for overall institutional support / corpus, please indicate clearly.

Budget Details

This section should provide information of the following:

- a. Overall amount of expenditure budgeted for this program.
- b. Bifurcation of amount into Direct Expenditure and Overheads.
- c. Proposed Cash out flow over the program period.
- d. Whether any part of the budget will be carried forward to next financial year.
- e. Break up of budgeted amount proposed to be spent across various locations / sectors (if applicable).

Program Implementation and Management Plan

This section should provide information of the following:

- a. Overall program execution timelines and milestones (broken at activity level).
- b. Potential risks that would impact the program.
- c. Details of any partners proposed to be used in the program
- d. Potential number of beneficiaries of this program.
- e. Internal Monitoring mechanism to ensure timely completion of the program.