**Application for Support or Funding**

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| **Send submissions to: apply@theopticalfoundation.com** |

**Purpose**

The Optical Foundation (TOF) aims to support small-scale, local eye health care projects and initiatives in Ghana. TOF can provide support by way of funding and/or use of equipment for optometry projects that involve Screenings, Education and/or Research.

Acknowledgement of receipt will be sent to the applicant via email, confirming the application has been received by TOF.

**TOF Funding Guidelines**

* TOF cannot approve funding requests for individuals.
* Projects must be in collaboration with the school of optometry at one of the Universities in Ghana, giving optometry students the opportunity to learn through participation in the project.
* TOF requires a signed Letter of Assurance (one page) by the Head of Optometry School at one of the Universities in Ghana indicating that the proposal has been reviewed and meets with the standards of the institution and, if warranted, observes all rules and regulations regarding compliance with research on human subjects.
* Funding requests are to be submitted to TOF by completing TOF’s project support application form.
* The program/project must be for the greater good of the community with the objective of making eye care accessible to people in Ghana, especially children.
  + It is preferred that applications be project based. Details of the project including cost estimates/quotes, timeframes and people involved are to be detailed as requested in the application form.
* TOF does not guarantee funding to all applications.
* Request can only be considered if the project will NOT be started before it has been approved.
* TOF requests a minimum of 90 days to assess applications.
* Non-cash support by TOF (i.e. mentoring, equipment, frames) follows the same requirements and review process as the financial funding support application.

**Summary**

Brief summary of your project (max 200 words):

Total requested funding (in euro):

**Project Support Application Form**

The information you provide should describe your project briefly but precisely; should the project be approved, the information will serve as a basis for a project support contract between you (your organisation) and TOF.

**Note**: Please keep the information you provide short and concise.

**Applicant Information**

Applicant Name

Applicant Organization (if applicable)

Affiliated Optometry School (\*Required)

Address

Phone number (day time)

Phone number (evening)

E-mail

**Project Information**

Project Name

In a few short sentences, describe your program/project

*Max 10 lines*

What are the objectives of your program/project

*Max 3 lines*

Give an estimate of how many people will directly benefit from this project and in what way

*Max 5 lines*

Project location/region (where will the project take place)

When do you anticipate your project will take place?

From: Until:

Does your project align with any current or ongoing local initiatives?

Is there a cooperating organization participating in your project?

How will you measure your impact?

Who will be responsible for collecting information for monitoring and evaluation?

**Outline the key activities to complete the project.   
(Add additional lines as needed)**

Activity

Duration

Activity

Duration

Activity

Duration

Activity

Duration

Activity

Duration

**Volunteer Information**

How many optometry student volunteers will this project involves?

How many licensed optometrist volunteers?

How many community member volunteers?

How will volunteers be selected?

**Who will be responsible for providing a report to TOF?**

Name

Address

Phone number

Mobile

E-mail

**Budget**

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Budget (add lines as necessary)** | | | |
| **No.** | **Description** | **Local cost** | **Cost in Euro** (internal use) |
| 1: |  |  |  |
| 2: |  |  |  |
| 3: |  |  |  |
| 4: |  |  |  |
| 5: |  |  |  |
| 6: |  |  |  |
| 7: |  |  |  |
| 8: |  |  |  |
| 9: |  |  |  |
| 10: |  |  |  |
| 11: |  |  |  |
| 12: |  |  |  |
| **Total budget:** | |  |  |

**Dean or Head of the school of optometry**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Applicant**

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_