



BELIZE NATURAL ENERGY TRUST

2010 Application for Partnership

Send the completed application to:

**Attn: Project Coordinator
3401 Mountain View Blvd.
Belmopan City, Cayo District**

**June 7th, 2010
By 4:30pm**

Please note that late submissions will not be accepted or reviewed.

Application Form

Applicant

Organization/Institution _____

Contact Person

Name _____ First name _____

Function _____ Address _____

Phone _____ Cell _____

Email _____ Website _____

Contact person (if applicable)

Name _____ First Name _____

Function _____ Address _____

Phone _____ Cell _____

Email _____ Website _____

Application

Please give full title of planned project.

What is the core purpose of your group/organization?

Describe the target population you mainly work with?

How many people are involved in running your group?

Management Committee Members _____ Full Time Staff _____

Part Time Staff _____ Volunteers _____

What is your organization's income? Provide information for the last three years.

| Financial Year | Income | Expenditure | Reserves |
|----------------|--------|-------------|----------|
| | | | |

About the Project

Briefly describe the project. (max. 15 lines 12 font)

Why is the project needed?

How will you know if the project is a success?

How much will the project cost in total?

Where will the money come from? (Also complete Attachment A #1)

What specifically will BNE Trust funding be used for? (Also complete Attachment A #2)

Please provide dates of planned project start and conclusion?

Explain how the results of this project will contribute to meeting the development objectives of the country or region.

What are the plans for this projects continuity once funding from BNE Trust has been exhausted?

Declaration

This should be copied and place on a separate page, signature must be in **blue ink** on the original.

1. I am authorized to make the application on behalf of the above organization.
2. I certify that the information contained in this application is correct.
3. If the information in the application changes in any way I will inform BNE Trust.
4. I give permission for BNE Trust to record the details of my organization electronically and to contact my organization by phone, mail or email with information about its activities and about other relevant partnering opportunities.

| | |
|--------|------|
| Signed | Date |
|--------|------|