Application form/ Institution Discovery Foundation Awards for Healthcare in rural areas



(CLOSING DATE : 15 JANUARY 2022)	
Full name of applicant:	
Title:	
Surname:	First names:
Designation:	
Name of facility:	
Short biography of facility (max 50 words):	
Unit/Department:	
Associated academic institution:	
Department:	
Contact details:	I
Email:	Fax:
Telephone:	Cellphone:
Physical address:	Postal address:
Budget breakdown:	
Expected date of completion:	
Attach the following documents:	
A 2–3 page CV	
A letter of support from the associated academic institution	
Short motivation for application (max 300 words)	
A letter of support from the CEO of the host institution	
Details on project applying for support (max 300 words)	
Detailed budget including the number of years support is required	

If funding is to be channelled through an institution, the following documents are required:		
Certificate of proof of Public Benefit Organisation (PBO) status from SARS		
Latest audited financial statements		
Constitution of the organisation		
Letter of support from the CEO of the facility		

Important notice: Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered.

Email completed application forms and supporting documents to discoveryfoundation@tshikululu.org.za