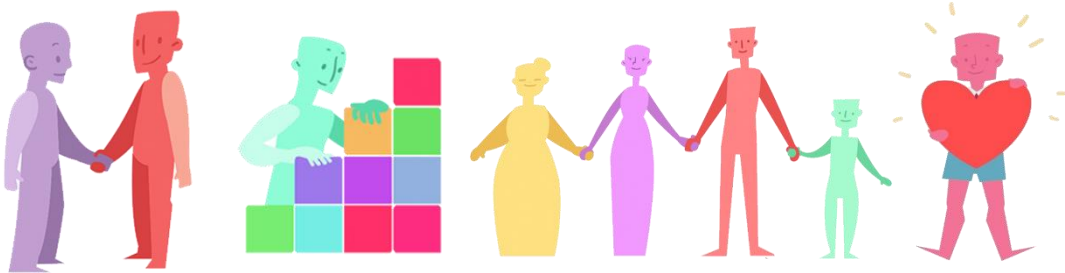


**WeCare**  
**@North West**



## North West WeCare Fund



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**FOR QUERIES AND CLARIFICATIONS**  
Ms Wu Shaoshi, Manager (Partnership & Outreach)  
DID: 6248 5573  
Email: [wu\\_shaoshi@pa.gov.sg](mailto:wu_shaoshi@pa.gov.sg)

## 1) OVERVIEW

### ***About North West WeCare Fund***

North West WeCare Fund was launched in 2013 to support ground-up initiatives in building a caring North West community. Besides providing funding, North West CDC also extends project management expertise and advice, aggregate community resources and connect relevant partners together to support and build up on these initiatives.

The North West WeCare Fund provides funding for 100% of **net deficit\***, up to a maximum of \$10,000, whichever is lower, for each initiative. The aim is to encourage residents, community groups (including social service agencies) and schools to support the community and take ownership through initiating ground-up programmes that benefit the North West community.

*\*Net Deficit: amount after other sources of income / sponsorship, if any. Refer to Annex A for examples.*

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### ***Corporate Information on North West CDC***

The Community Development Councils (CDCs) were established to build a tightly knit, compassionate and self-reliant community. North West CDC works closely with various community and corporate partners to strengthen Singapore's social fabric; and encourages the more able and successful to come forward to help the less successful, and to foster greater sense of community ownership and self-help among the residents.

Vision: A Caring and Healthy North West Community

Mission: Aggregate, Build, Connect

Strategic Directions:

1. Strengthen Social Infrastructure
2. Build Social Resilience and Social Capital
3. Promote a Culture of Giving Back

## 2) Eligibility and Guidelines

### a. The North West WeCare Fund is open to voluntary groups, grassroots organisations (GROs), schools and social service agencies (SSAs)

#### Applicant Profile

- Ground-up initiative driven by volunteers\*, GROs, schools or SSAs

\* *Volunteers who work with schools, SSAs or GROs (e.g Citizens' Consultative Committee (CCCs), Community Development and Welfare Funds (CDWFs), etc.) may apply*

#### Target Group

- Vulnerable residents / community institutions or organisations of the North West District
- For GROs, schools and volunteers' applications: Minimum 40 participants / beneficiaries
- For SSA's applications: Minimum 15 participants / beneficiaries

#### Project Guide

Project / Programme should have the following elements:

- Community Impact: meets the needs or improves the lives of the local community by adopting local causes
- Sustainable: go beyond one-off / ad-hoc activities (i.e, at least twice a year)
- Multiplier Effect: partnering corporates, GROs, schools, SSAs or the Community

#### Other Expenses (For Volunteers/ Staff)

- Training expenses
  - Volunteers are allowed for full reimbursement, up to \$20 per volunteer
  - Training should be related to project proposal and build volunteers' capabilities (i.e. learning to better engage and interact with elderly, children)
  - If training fees cost more than \$20 per volunteer, reimbursement would be on co-payment mode, subject to approval upon application
- Admission Tickets
  - Reimbursement for admission tickets for outings would be on co-payment mode. (i.e. volunteers have to pay 50% of the price of the admission tickets), up to \$20 per volunteer per outing
- Other deviations from above will be subjected to approval upon application

#### The following are specifically disallowed for funding:

- Projects that are profit oriented (i.e. applications from Social Enterprises)
- Projects for fund raising purposes
- Capital expenditure (i.e. fixed assets – equipment, property, land etc.)
- Operating expenditure (i.e. utilities bills etc.)
- Salary payments
- Expenditure deemed extravagant or not integral to the project (i.e. prizes, goodie bag items, overseas trips etc.)
- Inflammatory or discriminatory religious and / or racial elements, advance a partisan political agenda or be contrary to the interest of the community and society at large

***The Evaluation Panel reserves the right to place a cap or not fund categories of expenditure deemed extravagant or not integral to the project.***

## b. Submission & Evaluation Timeline for Applications

Proposals must be submitted at least **8 weeks before** the start of the project to ensure ample time for good planning and execution of the projects. Budget required could be an indicative amount instead of the exact budget required.

The Evaluation Panel will assess the various proposals received based on the strength of their content matter, the soundness of their financial budget as well as the overall viability of their proposals.

Any over budgeting after project approval would require applicant going back to the North West CDC for approval before items could be purchased. No approval will be given if the maximum funding (\$10,000) has been approved for the project. North West CDC will not be liable to pay for the extra cost required if prior approval is not sought for the items.

\*For application timeline sample, please refer to [Annex A](#).

\*For application, please complete [Annex B](#).

### c. Disbursement

**Within 4 weeks after the project / event completion date**, the applicant must submit the following to CDC to make the claim:

|   |   |  |
|---|---|--|
| 1 | <b>Post Event Report and Claim Form</b>             | <p><a href="#">Annex C</a> - Please email the original copy, endorsed by the organisation to North West CDC.</p> <p><i>(please ensure all data is accurate and all receipts are numbered and indicated properly)</i></p>   |
| 2 | <b>Certified True Copy Invoices</b>                 | Please provide a scanned copy of all receipts and invoices with approving officer's endorsement.   |
| 3 | <b>Photographs (high-resolution) of the project</b> | <p>Photographs of the event (minimum <b>30</b> high-resolution photos) are required. Acceptable high-resolution file formats: jpg, png (avoid taking photos and transferring on Whatsapp). File size min. 800 KB.</p> <p>Photo-angles required: Group photo, in-action photos, photos with beneficiaries, etc, subjected to existing Safe Management Measures, when applicable.</p> <p><i>CDC may use these photos on its social media platforms, publications and dissemination to external partners. <b>Please obtain consent from the individuals in the photos for usage, and display North West CDC's Event Advisory for Photos and Videos at your event.</b></i></p> <p>Please share with us via google drive <a href="mailto:partnership.nwcdc@gmail.com">partnership.nwcdc@gmail.com</a></p> |
| 4 | <b>Volunteer forms</b>                              | <p>All volunteers involved should fill in the form - you may scan the forms together with your documents.</p> <p>For schools, please submit the names of the students involved.</p> <p>These records are for audit purposes.</p>   |

**Claim form received after 4 weeks deadline will be considered as late submission, and supporting explanation is required. Reimbursements of claims from late submissions will be subject to approval.**

After receipt of the complete set of necessary documents, North West CDC will reimburse the approved claim amount via bank transfer to the organisation bank account as stated in the application form.

#### **d. Acknowledgement**

It is mandatory to acknowledge North West CDC under “Supported by” and display the North West CDC logo in all publicity materials. Please contact North West CDC for the high-resolution file of the logo if required.

Project / Programme name to incorporate North West branding:

- **North West Project Title**
- **Project Title @ North West**

#### **e. Reference Clause**

- The North West Community Development Council is entitled from time to time, through its Audit Agents, to conduct ad-hoc on-site audits to ensure that the terms of this agreement are being, or were met and that reports and all information submitted to the North West Community Development Council by the grantee are accurate, correct and not misleading.
- The grantee shall ensure that the North West Community Development Council’s Audit Agents are given full access to all accounts, records, documents, assets and premises in connection with the grant, and shall provide the North West Community Development Council and its Audit Agents with all reasonable cooperation and assistance in connection with \_\_\_\_\_ the \_\_\_\_\_ audits.
- The Parties shall bear their own respective costs and expenses incurred in respect of compliance with their obligations under this clause, unless the audit identifies a material breach or default of this agreement by the grantee, in which case the grantee shall reimburse the North West Community Development Council for all of the North West Community Development Council’s reasonable costs incurred in connection with the audit.
- For the purpose of this clause, the term “Audit Agents” means such auditor as may be appointed by the North West Community Development Council.

## Annex A - Timeline

| Timeline                                | Procedure  | Remarks / Examples  |
|---|--|---|
| 8 weeks prior                           | Submit completed application form to North West CDC  | CDC will seek approvals from the Evaluation Panel upon submission of completed project application.   |
|   | Funding amount would be computed based on 100% of net deficit, up to a maximum of \$10,000, whichever is lower | <p><u>Scenario 1 (100% of Net Deficit)</u><br/>           Application for Project Expenditure: \$8,000<br/>           Other sources of income / sponsorship, if any: \$1,000<br/> <br/> <math>\\$8,000 \text{ (expenditure)} - \\$1,000 \text{ (income / sponsorship)} = \\$7,000 \text{ (Net Deficit)}</math></p> <p>CDC will fund maximum \$7,000 upon project approval.</p> <p><u>Scenario 2 (Capped at \$10,000 funding)</u><br/>           Application for Net Deficit (after other sources of income / sponsorship, if any): \$12,000</p> <p>CDC will fund maximum \$10,000 upon project approval.</p> <p>Applicant should seek for alternative income / sponsorship to defray the remaining \$2,000.</p> |
| 1 month review of application by CDC    | Upon approval, North West CDC logo to be included and acknowledged in all publicity materials                  | Approved funding amount is the maximum limit. Final amount should be kept within project expenditure as planned.  |
| Within 4 weeks after project completion | Submission of all required documents   | Reimbursement will be made for actual spending based on receipt of the Post Event Report and Claim Form.<br><br>Submission of: <ul style="list-style-type: none"> <li>• Post Event Report and Claim Form (<a href="#">Annex C</a>)</li> <li>• a scanned copy of all receipts and invoices with approving officer's endorsement.</li> <li>• Photographs of the event</li> <li>• North West Volunteer Form</li> </ul>   |

**Annex B- Application****Application Form**

Please scan a signed copy or mail the original copy to North West CDC.  
Please do not delete any Section of this Form.

**Attention To:**

Ms Wu Shaoshi (Partnership & Outreach)

DID: 6248 5573

Email: [wu\\_shaoshi@pa.gov.sg](mailto:wu_shaoshi@pa.gov.sg)

**PROJECT TITLE**

(**North West** Project Title OR Project Title @ **North West**)

**ORGANIZATION / GROUP**

Please tick the box accordingly

- |   |  |
|---|--|
| <input type="checkbox"/> Grassroots Organisations | <input type="checkbox"/> *Schools (Primary / Secondary / Junior College)       |
| <input type="checkbox"/> Social Service Agencies  | <input type="checkbox"/> *Institute of Higher Learning (Tertiary / University) |
| <input type="checkbox"/> Others _____             |  |

\*Please circle accordingly

\*Please circle accordingly

Organization is an Institution of a Public Character (IPC) :  Yes  No

**A) APPLICANT INFORMATION** (to be completed by applicant)

|  |  |
|--|--|
| Salutation:<br>Name of Applicant (as in NRIC): |  |
| Gender:  | Occupation:                                    |
| Organisation (if applicable):                  | Organisation Registration No. (if applicable): |
| Mobile No.:                                    | Office No. (if applicable):                    |
| Address:                                       | Email:   |



**B) ENDORSEMENT OF ORGANISATION**

*\*To be completed if applicant represents an organisation. Do note that the **Authorised Official cannot be the applicant.***

|  |            |   |
|--|------------|---|
| Salutation:<br>Name of Authorised Official (as in NRIC):<br>Name of Authorised Organisation:<br>Designation: |            |   |
| Office No:   | Mobile No: | Email:                                  |
| _____<br>Signature of Authorised Official  |            | _____<br>Official Stamp of Organisation |

## C) PROJECT DETAILS

a) What are the objectives and desired outcomes of this project?

|  |
|--|
|  |
|--|

b) Target Audience

|   |  |                                  |  |
|---|--|----------------------------------|--|
| <input type="checkbox"/> Children (<12) | <input type="checkbox"/> Youth (13-35) | <input type="checkbox"/> Adults  | <input type="checkbox"/> Elderly (>50) |
| <input type="checkbox"/> Low-income     | <input type="checkbox"/> Disabled      | <input type="checkbox"/> Others: |  |

c) Details of Project:

|   |  |
|---|--|
| Date:<br>(please indicate a period if it is ongoing)  |  |
| Time:   |  |
| Venue:  |  |
| Estimated No. of Participants / Beneficiaries:  |  |
| Estimated No. of Volunteers:  |  |
| Name of Project Partner / Beneficiaries Organisation:   |  |
| Contact No. of Project Partner / Beneficiaries Organisation:  |  |
| Email of Project Partner / Beneficiaries Organisation:  |  |
| Programme Proposal:<br>(please use separate sheet if necessary)<br><br><i>Note:<br/>Please indicate all partners involved, if any, including their form of support and whether the partnerships are pending or confirmed.</i> |  |



## E) DECLARATION AND ACCEPTANCE

I hereby clarify that the information given is to the best of my knowledge and I agree to abide by all the terms and conditions on North West WeCare Fund. I understand that the application will be decided at sole discretion of North West Community Development Council. I also understand that North West Community Development Council has the right to reject my application should the information I submitted be incomplete and / or inaccurate. I also declare that I do not have of any potential conflict of interest with regard to my voluntary service in the North West Community Development Council.

North West Community Development Council shall reserve the right to review, reduce, suspend, terminate or withdraw the assistance in accordance to the stated terms and conditions or if the project's objectives differ from what is reported in the application form.

North West Community Development Council reserves the right to act on the breach of its terms and conditions at any point of time. Any decision undertaken by North West Community Development Council is final.

### Consent for North West Community Development Council's programmes

I consent to the use and disclosure of my/ my child's/ ward's personal data to North West CDC for the purposes of receiving from North West CDC newsletters and/or marketing messages on programmes, courses, events, services and/or products run or provided by North West CDC via the following modes of communication\*:

Phone  SMS  Email

\*Please tick how you wish to receive marketing messages from North West CDC.

|                   |                        |      |
|-------------------|------------------------|------|
|                   |                        |      |
| Name of Applicant | Signature of Applicant | Date |

### **TO BE COMPLETED ONLY IF APPLICANT IS UNDER 21 YEARS OLD.**

Parent / Guardian / Teacher (for applicant under 21 years old), please read, sign and date the following:

I hereby certify that the information given by the applicant is true and correct and I agree to abide by all the terms and conditions on North West WeCare Fund. I understand that the application will be decided at sole discretion of North West Community Development Council and that its decision is final. North West Community Development Council reserves the right to review, reduce, suspend, terminate or withdraw the funding. North West Community Development Council reserves the right to act on the breach of its terms and conditions at any point of time.

|   |  |  |      |
|---|--|--|------|
|   |  |  |      |
| Name of<br>Parent / Guardian /<br>Teacher | Contact number<br>Parent / Guardian /<br>Teacher | Signature of<br>Parent / Guardian /<br>Teacher | Date |

## Annex C- Post Event Form

### Post Event Report and Claim Form

Please submit original signed copy of Annex C to North West CDC.  
We would not accept scanned copy of Annex C.

Please complete all the fields in this Form.

#### Attention To:

Ms Wu Shaoshi (Partnership & Outreach)

DID: 6248 5573

Email: [wu\\_shaoshi@pa.gov.sg](mailto:wu_shaoshi@pa.gov.sg)

### PROJECT TITLE

### PROJECT UPDATE

|  |   |
|--|---|
| Date:  |   |
| Time:  |   |
| Venue:   |   |
| Guest-of-Honour (if any):  |   |
| No. of Participants/Beneficiaries:   | No. of Chinese:<br>No. of Malay:<br>No. of Indian:<br>No. of Other Races:<br><br>Total Number of Hours per Participant: |
| No. of Volunteers:   | No. of Chinese:<br>No. of Malay:<br>No. of Indian:<br>No. of Other Races:<br><br>Total Number of Hours per Volunteer:   |
| Partners Involved:   |   |
| <i>Please indicate all partners involved, if any, including their form of support.</i> |   |



## FEEDBACK

We would like to hear from you about the whole application process and execution of the project. Please do fill up the feedback form below.

| S/N | Description   | Very dissatisfied | Dissatisfied | Satisfied | Very Satisfied | Not Applicable |
|-----|---|-------------------|--------------|-----------|----------------|----------------|
| a)  | What is your level of satisfaction on the overall experience?   |                   |              |           |                |                |
| b)  | Level of satisfaction for event management advice given for projects.<br><i>Was assistance and advice given helpful and prompt?</i>                   |                   |              |           |                |                |
| c)  | Level of satisfaction on the processing time for approval.<br><i>Were you satisfied with the processing time for approval?</i>                        |                   |              |           |                |                |
| d)  | Level of satisfaction on submission for reimbursement.<br><i>Were you satisfied with the assistance rendered for the submission of reimbursement?</i> |                   |              |           |                |                |
| a)  | Would you/ your organisation be keen to participate/ organise the project again?  |                   |              |           |                |                |
| b)  | Please share feedback if there are any areas for improvement/ suggestions for the project.  |                   |              |           |                |                |

**Quotes**

Please share with us a few quotes/ feedback from your beneficiaries and volunteers on the project.

|                                    |  |
|------------------------------------|--|
| <b>Participating Beneficiary 1</b> |  |
| Name:                              |  |
| Email and Contact No:              |  |
| Quote/ Feedback:                   |  |
| <b>Participating Beneficiary 2</b> |  |
| Name:                              |  |
| Email & Contact No:                |  |
| Quote/ Feedback:                   |  |



|                                  |  |
|----------------------------------|--|
| <b>Participating Volunteer 1</b> |  |
| Name:                            |  |
| Designation:                     |  |
| Email and Contact No:            |  |
| Quote/ Feedback:                 |  |
| <b>Participating Volunteer 2</b> |  |
| Name:                            |  |
| Designation:                     |  |
| Email & Contact No:              |  |
| Quote/ Feedback:                 |  |

Please obtain the consent of the participating beneficiaries and volunteers before filling in the form. By providing the contact numbers of participating volunteers, they may be contacted/ quoted for use of their feedback/ quotes in CDCs' publications or publicity materials.

THANK YOU FOR YOUR FEEDBACK!

**BANK ACCOUNT INFORMATION (FOR FUNDS DISBURSEMENT)**

\* Please provide your Organisation's UEN, and Bank Statement that indicates your Organisation's name and account number.

|                   |  |
|-------------------|--|
| Bank Name & Code: |  |
| Name of Account:  |  |
| Account Number:   |  |

I hereby certify that the information as per post review report and statement of account is correct and final. Kindly reimburse the final claimed amount to the stated bank account (as per application form).

|                   |           |
|-------------------|-----------|
|                   |           |
| Name of Applicant | Signature |

If applicant is endorsed by an Organisation:  
(Do note that the Authorised Official cannot be applicant.)

|                             |                                  |                                |
|-----------------------------|----------------------------------|--------------------------------|
|                             |                                  |                                |
| Name of Authorised Official | Signature of Authorised Official | Official Stamp of Organisation |

If applicant is below 21 years old:

|                                     |  |
|-------------------------------------|--|
|                                     |  |
| Name of Parent / Guardian / Teacher | Signature of Parent / Guardian / Teacher |