

Application for Assistance

- Company name:
 - Contact person applying for assistance:
 - Title (Position in company):
 - Email:
 - Tel:

- Name of the hospital/ clinic the company is wanting to assist:

- Hospital/ clinic contact details:
 - Head of facility (full name):
 - Tel:
 - Email:
 - Contact person's name:
 - Cell:
 - Physical address (Street, Suburb, City, Province, Postal Code):

- What is the company's budget for the project:

- **Wish List** – *(Briefly describe what you would like to assist the hospital/ clinic with i.e. medical equipment, renovations etc.):*

- **Is the hospital/ clinic situated in an area of limited services:**

Yes

No

- **Reason for request** – *(Explain why you are approaching us for assistance):*

- **Unique service or interesting information about the hospital/ clinic:**

- **Has your company supported health initiatives in the past, and what impact have those initiatives had?**

- What is the timeline for the funding application process, and when can we expect to hear back about the application?

- What are the expectations for reporting back to your company on the progress and impact of the project, and what metrics will you be looking for?

- Are there any specific conditions or requirements for receiving funding from your company, such as branding etc.:

- Comments

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Telephone: (0861) 222 379

E-Mail: info@samefoundation.org.za

Website: www.samefoundation.org.za