



## AVIATION YOUTH OUTREACH SEED FUND APPLICATION FORM

### **Instructions to Applicants:**

1. All applications for funding from the Aviation Youth Outreach Seed Fund must be submitted using this application form.
2. For initiatives involving a few organisations, the application form shall be submitted by a lead applicant. The lead applicant shall declare all other parties involved in the initiative in the application form.
3. Applicants must be registered with either ACRA or ROS, with the exception of student groups. Student groups shall submit their application through their schools/institutions, with a letter of support from the principal.
4. All application forms shall be submitted to:  
  
Civil Aviation Authority of Singapore (CAAS)  
Singapore Changi Airport  
PO Box 1, Singapore 918141  
  
Attn: Planning and Development Section  
Aviation Industry Division
5. All documents submitted as part of the application form will be retained by CAAS.
5. Incomplete applications will not be considered.
6. The final decision whether to fund any project lies with CAAS. CAAS will not enter into correspondence with any person concerning its decision and is not obliged to explain, justify or defend its decision.
7. CAAS will acknowledge all applications within 3 working days of receipt. For any clarification, please email [caas\\_ai@caas.gov.sg](mailto:caas_ai@caas.gov.sg)

# AVIATION YOUTH OUTREACH SEED FUND APPLICATION FORM

<p>You may need 10 minutes to fill in this form. All fields in this application form must be filled in. Please indicate N/A where the requested information does not apply to you. All necessary supporting documents must be submitted together with your application.</p>	<p>For CAAS Reference:</p>
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## PART 1 – APPLICANT INFORMATION

### Type of Application (Tick and fill in where applicable)

<p><input type="checkbox"/> Individual organisation application</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Company/Association/Society</li> <li><input type="checkbox"/> School/Educational Institution</li> <li><input type="checkbox"/> Student Group<sup>1</sup></li> </ul> <p><input type="checkbox"/> Group application. The other organisations involved are:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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### Name of Lead Applicant (“Applicant”)

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<b>Registered Name of Applicant</b>	<b>ACRA/ROS Registration Number:</b> <small>This applies to Companies, Community Groups and Organizations</small>

### Brief Description of Organisation Profile and Objectives

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### Mailing Address

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<sup>1</sup>Student groups without ACRA or ROS registration should submit their application through their schools, with a letter of support from their principals

<b>Contact Person for Project Proposal</b>		<b>Designation</b>	
<b>Telephone / Fax Numbers</b>		<b>Email Address</b>	
<b>Brief Description of Aviation Youth Outreach Programmes organised in the past 12 months</b>			
For background of participants, indicate the level of study for youth/schools, names of industry companies and profile of public visitors that were engaged			
For event description, provide a brief write-up for each event (limit to maximum 50 words)			
Event Name 1	From – To (dd/mm/yyyy)	No. of Participants	Background of Participants (eg. age group, educational level, families)
Event Description			
Event Name 2	From – To (dd/mm/yyyy)	No. of Participants	Background of Participants (eg. age group, educational level, families)
Event Description			
Event Name 3	From – To (dd/mm/yyyy)	No. of Participants	Background of Participants (eg. age group, educational level, families)
Event Description			

*Note; Please add on rows where necessary*

**PART 2 – PROJECT INFORMATION**

**Name of Project**

**Description of Project**

**Objectives of Project (please tick applicable box(es))**

- Raising youth awareness of the aviation Industry
- Engaging youths with a strong interest in aviation
- Promoting industry careers
- Others, please elaborate: \_\_\_\_\_

**Start Date**

**End Date**

**Details of Project**

**a. Frequency**

- Once-off event
- Annually
- Bi-ennially
- Long-term project, \_\_\_ times per year  
up to \_\_ years
- Others, please elaborate:  
\_\_\_\_\_

**b. Is this project new?**

- Yes
- No  
If no, the project has been conducted  
\_\_\_\_\_ times before

**Benefits of Project**  
Please describe the project's benefits and expected results in the short or long term.

**Marketing Plan and Strategies**  
Please describe the marketing strategy and activities to attract youth attendance

**Expected Participation**  
List and supplement with quantifiable numbers

No.	Category of Participants	Volume
1.	Number of youth participants	
2.	Number of schools participating	
3.	Number of industry companies taking part	
4.	Number of public visitors	
5.	Others, please specify:	
6.	Others, please specify:	
7.	Others, please specify:	

**Background of Participation**  
Indicate expected participant background e.g. age groups, educational level, types of industry companies and profile of public visitors

Youth/Schools:

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Industry:

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Public Visitors:

**PART 3 – ESTIMATED PROJECT COST**

**Project Development Costs**  
 Includes costs for manpower and expertise limited to external consultants and experts engaged for the duration of the planning and execution of the event/initiative. Excludes all airfare and accommodation which are not supportable costs.

No.	Description of Cost Item	Amount (S\$)
1.		
2.		
3.		
<b>Sub Total</b>		

**Marketing and Publicity**  
 Includes design and printing of collaterals and advertisement.

No.	Description of Cost Item	Amount (S\$)
1.		
2.		
3.		
<b>Sub Total</b>		

**Other Costs**  
 Includes venue, set-up, facility, equipment, entertainment, F&B refreshments etc. (limited for use during event only)

No.	Description of Cost Item	Amount (S\$)
1.		
2.		
3.		
<b>Sub Total</b>		

**Potential Revenue Sources**  
 Includes participation fees, sponsorship and funding from other grants etc

No.	Description of Revenue Item	Amount (S\$)
1.		
2.		
3.		
<b>Sub Total</b>		

**PART 4 – OTHER INFORMATION**

Please indicate whether your group/school/organisation has received, is receiving any other grant, or is in the process of applying for any other grant from other government agencies, for any component of this proposal.

Agency	Status (Approved/Rejected/ Application under consideration/Not yet applied)	Amount (S\$)	Duration of grant, if successful. (Start and end dates)

**PART 5 – DECLARATION**

I, \_\_\_\_\_ declare that all particulars and information stated in this application and any documents attached hereto are true and accurate to the best of my knowledge and I have not willfully suppressed, withheld or distorted any material fact. I accept that if any of the information given by me in this application is in any way false, misleading or incorrect, or if there is any material non-disclosure of any fact on my part, my application may be rejected.

I understand that if I obtain funding by false or misleading statements, I may be prosecuted accordingly. In addition, CAAS may at its discretion, withdraw funding and recover immediately from my group/school/organization any amount of the funds that may have been disbursed. The decision of CAAS is final and no further correspondences will be entertained.

Name of Applicant : \_\_\_\_\_

Designation of Applicant : \_\_\_\_\_

Signature of Applicant\* : \_\_\_\_\_

Date of Application : \_\_\_\_\_

Company Stamp : \_\_\_\_\_