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| **PARTICULARS OF PROJECT TEAM** | |
| Name of School (As to be printed on FOS School Certificate): | |
| Address of school: | |
| Name of teacher(s)-in-charge: | |
| Email address(es): | |
| Contact No: | |
| **PROJECT DESCRIPTION** | |
| Theme: **“Kindness means \_\_\_\_\_\_\_\_\_\_\_ “.** *(Fill in the blank with your focus)*  Title of project:  Project item(s) and objectives (Add on if there are more than one): | |
| Date (s) of project: | Estimated number of participants:  *(excluding Project Team)* |
| Other partners / sponsors (if any): | |

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| **ESTIMATED EXPENDITURE AND PROJECTED INCOME** |
| Please provide a detailed breakdown for each budget item. If the project consists of a series of activities, please use separate sheets for each activity and give the overall surplus or deficit for the entire project.   |  |  | | --- | --- | | **Estimated Expenditure** *(e.g. venue rental, setup, publicity etc)* | **Amount ($)** | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | |  |  | | **TOTAL EXPENDITURE (A)** | $ | | **Projected Income**  *(e.g. other sponsorships, donations, ticket sales etc)* | **Amount ($)** | |  |  | | **TOTAL INCOME (B)** | $ | | **SURPLUS / DEFICIT (B) – (A)** | $ | |