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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.

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| **Estimated Expenditure** *(e.g. venue rental, setup, publicity etc)* | **Amount ($)** |
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| **TOTAL EXPENDITURE (A)** | $ |
| **Projected Income** *(e.g. other sponsorships, donations, ticket sales etc)* | **Amount ($)** |
|  |  |
| **TOTAL INCOME (B)** | $ |
| **SURPLUS / DEFICIT (B) – (A)** | $ |

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