**Cover page & Checklist for final submission**

*(Please tick off the list to ensure that you have included it in the Final Submission)*

|  |  |
| --- | --- |
| **✓** | **List of Items for Final Report** |
|  | 1. Project Report (Please refer toAnnex B for the report template) |
|  | 1. Pre and post surveys data |
|  | 1. FOS Claim Form with school stamp (*Annex C & D*) 2. Photocopy or photos of original receipts attached to Annex C & D |
|  | 1. Photos and/ or videos of campaign(s)/project(s) |
|  | 1. Hi-res school logo (Preferably in PNG or AI format) |

**Project Particulars**

|  |
| --- |
| **Annex A** |

Here is the template for the FOS report. With font size 12, 1.5 line spacing, please make the report clear and concise. Kindly adhere to the requirements as it will help us greatly in the ease of reading the reports.

1. **Executive Summary**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **Theme: “Kindness means \_\_\_\_\_\_\_\_\_\_\_ “.**  **Project Title:**  **School Name (As to be printed on FOS Certificate):**  **Teacher in-charge(s) name (As to be printed on FOS Certificate)**   |  |  |  |  | | --- | --- | --- | --- | | **SN** | **Teacher(s) in-charge name  (As to be printed on FOS Certificate)** | **Email** | **Contact No.** | | **1** |  |  |  | | **2** |  |  |  | | **3** |  |  |  |      |  |  | | --- | --- | | **SN** | **Nominated FOS Ambassadors Full Names (As in NRIC & to be printed on FOS Certificate)** | | **1** |  | | **2** |  | | **3** |  | | **4** |  | | **5** |  | | **6** |  | | **7** |  | | **8** |  | | **9** |  |   **\*\* (*Please ensure that team member’s FULL NAMES are spelled correctly.***  ***Replacement of the certificate/ trophy may result in delay of the collection. Any additional costs arising from the replacement of trophy or certificate will be borne by the school.***) |

1. **Summary of project in not more than 200 words** 
   * What was done in the project

**Report Format**

**Annex B**

1. **Pre Survey Data**
2. **Activity 1, etc** *(continue adding on for the different activities held, if applicable)*
   * Target audience
   * Activity details *(Point form allowed)*

* What the project activities are
* What each of the project activity is about
* How the project activity contributes to the theme/direction of the project?

1. **Post Survey Data & Reflection** *(not more than 1 page)*

* Level of success
* Limitations/Challenges
* Possible areas of improvement

1. **Appendices (additional relevant report documents)**

* Detailed Claim form *(Annex C & D)* & Photocopied receipts (with certified copy stamp)

***\*Add in your own pages for more activities if required\* (Point form allowed)***

**Claim Form**

|  |  |  |
| --- | --- | --- |
| **PARTICULARS FOR PAYMENT** | | |
| School: |  | |
| Name of teacher: |  | |
| Email address: |  | |
| Contact number (mobile): |  | |
| **PAYMENT MODE: CASH**  *(All reimbursements will be paid via cash to be collected by February 2021 (Anything not collected by then will be forfeited).* | | |
| **DECLARATION BY TEACHER-IN-CHARGE** | | |
| I hereby certify that the information given is to the best of my knowledge and I agree to abide by all the terms and conditions on the award of Friend of Singa fund. I understand that the application will be decided at the sole discretion of SKM, and that its decision is final. SKM shall reserve the right to review, reduce, suspend, terminate or withdraw the assistance in accordance with the stated terms and conditions. Any failure or delay by SKM to exercise any of its rights or powers to claim a breach of the terms and conditions shall not prevent SKM from doing so at any time. I understand that it is the duty of the school to ensure that the original receipts have been seen before it is certified. | | |
| Cash reimbursements collection points:   1. FOS Awards ceremony 2020 2. December 2020 to February 2021 3. FOS Workshop 2021 | | |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Signature & Date** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Official School Stamp** |
| Before you sign the form and send it to us, please check the following:   * Have you filled in every section in the form? * Has the form been endorsed by the teacher-in-charge together with the school stamp? * Have you enclosed ANNEX D + photocopied or photos of the receipts? | | |

**Annex C**

**Funding from SKM**

**ANNEX D**

**SCHOOL:**

**TEACHER:**

**CONTACT NUMBER:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Receipt No.** | **ITEMS** | **PURPOSE** | **AMOUNT PAID ($)** |
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|  |  |  |  |

**Total: \_\_\_\_\_\_\_\_\_\_\_**

*\*Please note that each row is for one receipt. Please do not separate one receipt into multiple rows.*

*\*Please attach photocopies or photos of the receipts behind according to their numbers in this list. Please keep your original receipts for your reference.*