

**AFRICA RE FOUNDATION STAKEHOLDER/BENEFICIARY APPLICATION FORM**

**A. Stakeholder/Beneficiary Details**

Name:

Nature of Business/Engagement:

**B. Contact Details:**

Person / Physical Address:

Name:

Title:

Tel:

Website:

Email:

**C. Project/Initiative:**

Project Name/Subject:

Scope:

Justification/Problem/Knowledge Gap:

Individual/Community/Corporate Impact:

Execution Rate:	1. <b>Recurrent:</b> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/>															
	2. <b>One-Off</b> <input type="checkbox"/>															
Project Timeline:	Start Date <input style="width: 150px;" type="text"/>															
	End Date <input style="width: 150px;" type="text"/>															
<b>D. Beneficiary Partner (if any):</b>																
<b>E. Project/Initiative Estimated:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 5%;">SN</th> <th style="width: 70%;">Description</th> <th style="width: 25%;">Cost (USD)</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">2.</td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">3.</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Total</td> <td></td> </tr> </tbody> </table>	SN	Description	Cost (USD)	1.			2.			3.				Total	
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1.																
2.																
3.																
	Total															

**SIGNED**

**Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_