

**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. **Recurrent:** Monthly  Quarterly  Annually   
 2. **One-Off**

Project Timeline: Start Date End Date

D. Beneficiary Partner ( if any):

E. Project/Initiative Estimated:	SN	Description	Cost (USD)
	1.		
	2.		
	3.		
		Total	