

## COMMUNITY-IN-TRANSLATION EVENTS GRANT (CiTEG) APPLICATION FORM

### POINTS TO NOTE

Unless otherwise mentioned, all fields in this application form are compulsory. Please complete this application form to the best of your knowledge of your proposed project. Do not remove any form fields.

Please submit the completed application form, together with all relevant supporting documents via the submission form at <https://go.gov.sg/citeg-submit>. In your submission, please name your completed application form in the format [*Name of applicant*] *Name of event*, e.g. [MCI] Translation Camp.

Successful applicants can expect to be notified of their application outcome within two months of application submission.

The information you provide in this form will be used by us for purposes of the Grant (including the processing of your application and administration of the Grant if it is awarded to you). We may also, if necessary, share your personal data with other Government agencies or with non-Government entities which have been authorised by us, for purposes of the Grant. To safeguard your personal data, all electronic storage and transmission of personal data is secured with appropriate security technologies.

PART 1: DETAILS OF APPLICANT	
Applicant type	<input type="checkbox"/> Individual (please fill in Section A) <input type="checkbox"/> Organisation/Institution (please fill in Section B)
<b>A) FOR INDIVIDUALS</b>	
Salutation:	Mr/Mrs/Ms/Mdm/Dr
Name of Applicant (as in NRIC):	
Address:	
Telephone No.: (Provide at least one)	(Mobile) (Home) (Office)
Nationality:	
Email:	
<b>B) FOR ORGANISATIONS/INSTITUTIONS</b>	
Registered Name:	
Unique Entity Number (UEN):	
Type of organisation	<input type="checkbox"/> Non-profit organisation <input type="checkbox"/> MOE Government/Government-aided/Autonomous school <input type="checkbox"/> Independent school/Private Educational institute <input type="checkbox"/> Commercial entity <input type="checkbox"/> Government ministry/Statutory board <input type="checkbox"/> Institution of a Public Character <input type="checkbox"/> Others (please specify):
Registered address:	
Salutation:	Mr/Mrs/Ms/Mdm/Dr
Name of Applicant (as in NRIC):	
Designation:	
Telephone No.: (Provide at least one)	(Mobile) (Home) (Office)
Nationality:	
Email:	
Website (if any)	
<b>Social media</b> (if any) (Please indicate any <b>corporate</b> social media accounts you may have, along with handles.)	<input type="checkbox"/> Facebook: / <input type="checkbox"/> Twitter: @ <input type="checkbox"/> Instagram: @ <input type="checkbox"/> YouTube: / <input type="checkbox"/> Others (please specify):

PART 2: DETAILS OF PROPOSED PROJECT	
<b>Title</b>	
<b>Type of Project</b> (Tick wherever applicable)	<input type="checkbox"/> Seminar/Workshop/Forum/Conference <input type="checkbox"/> Exhibition <input type="checkbox"/> Contest/Competition <input type="checkbox"/> Others (please specify):
<b>Total funding amount requested</b> (Please provide the estimated breakdown in Appendix A.)	S\$
<b>Date(s) and time(s)</b> (Please indicate if the event is a single session, or a series.)	
<b>Venue(s)</b> (For physical events, please include addresses.)	
<b>Languages involved</b> (Tick wherever applicable)	<input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil
<b>Is/Are the event/s ticketed?</b> If yes, please state the ticket price and the reason for ticketing.	<input type="checkbox"/> Yes, ticket price: \$_____
	<input type="checkbox"/> No Reason for ticketing:
<b>Guest-of-Honour/ Special Guest(s)/ Judge(s)/Speaker(s)</b> (if any) (Please provide names and designations.)	
<b>Projected media coverage and/or media plan</b> (if any)	
<b>Co-Organisers/Partners/ Supporting Organisations</b> (if any)	

<b>PART 3: DETAILS OF EVENT ORGANISER</b>	
<b>Name of event organiser</b>	
<b>Length of experience as event organiser</b> (if any)	
<b>Previous events organised</b> (if any) <i>(Please list the last three events you or your organisation has organised, including dates. You may also submit event reports, consolidated feedback, images and media reports as separate attachments.)</i>	
<b>Referees/Contact details</b> <i>(Please provide the names and contact details of two referees for the event organiser.)</i>	

PART 4: DESCRIPTION OF PROPOSED PROJECT	
<b>Target Participants</b> <i>(Profile of participants, e.g. students, translators, teachers, general public.)</i>	
<b>Target Participant Size</b> <i>(Total number of participants involved)</i>	
<b>Target Audience</b> (if any) <i>(Profile of audience, e.g. students, translators, teachers, general public.)</i>	
<b>Target Audience Size</b> (if any) <i>(Total number of audience present)</i>	
<b>Objectives</b> <i>(Please state the aims of the proposed project.)</i>	
<b>Synopsis</b> <i>(Please provide a description of the proposed project. It should include detailed information on the project timeline, key milestones, the project's focus/emphasis on translation and the role of translation in the project, e.g. the proportion of translation-related questions in a competition, the topic of a workshop/seminar, how the project will be implemented etc. You may also attach publicity materials of the event, e.g. posters or advertisements, as separate attachments.)</i>	
<b>Post-Event Survey/Feedback</b>	<input type="checkbox"/> Online survey <input type="checkbox"/> Feedback form <input type="checkbox"/> Email <input type="checkbox"/> Others (please specify):  Target number and/or proportion of returns:

<b>PART 5: DECLARATION</b>		
<b>A. Declaration of other sources of income</b>		
<b>Sponsors</b> (if any) <i>(Please attach any correspondence with potential sponsors and/or proof of sponsorship.)</i>		
<b>Total projected sponsorship amount</b> (if any)		
<b>Item/s supported by the sponsorship</b> (if any)		
<b>Outcome</b> (if any)		
<b>B. Declaration by Applicant</b>		
<p>I/We acknowledge that the accompanying information and documents supporting my/our application are true and correct, and that the NTC shall have the right to reject my/our application if there is any false declaration.</p>		
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Name of Applicant	Date	Signature and Official Stamp of Organisation (if applicable)

citeg/appln/form/v2  
Last updated: 30 April 2021

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<p>Date received by NTC Secretariat:</p> <p>_____</p> <p>Checked by (name):</p> <p>_____</p> <p>Date:</p> <p>_____</p>	<p>Evaluation Panel for CiTEG:</p> <p><input type="checkbox"/> Recommended for full funding</p> <p><input type="checkbox"/> Recommended for partial funding</p> <p><input type="checkbox"/> Not Recommended for funding</p> <p>[please tick appropriate box]</p> <p><b>Amount Recommended:</b> <input type="text" value="S\$"/></p> <p>Date:</p> <p>_____</p>
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