

# ST. LUCIA NATIONAL LOTTERIES AUTHORITY

## Application for Financial Assistance

Please complete and submit to the office of the St. Lucia National Lotteries Authority at least three(3) months in advance of the project or event. Please ensure that the relevant documents are attached, as incomplete applications will not be considered. Only Youth and/or Sports organizations are eligible for Financial Assistance.

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

### OFFICERS

President: \_\_\_\_\_ Tel No: \_\_\_\_\_ (H) \_\_\_\_\_ (w)

Secretary: \_\_\_\_\_ Tel No: \_\_\_\_\_ (H) \_\_\_\_\_ (w)

Treasurer: \_\_\_\_\_ Tel No: \_\_\_\_\_ (H) \_\_\_\_\_ (w)

Contact Person: \_\_\_\_\_ Tel No: \_\_\_\_\_ (H) \_\_\_\_\_ (w)

Project Title: \_\_\_\_\_

Estimated Cost \$: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Start date of Event/Project     /     /     Location: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_ Organization's Contribution: \$ \_\_\_\_\_ Other Funding: \$ \_\_\_\_\_

### FOR ENDORSING / PARENT BODY USE ONLY

Endorsed by: (Please stamp) \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_ Date:     /     /

Please attach a Project Proposal which includes (1) a Cover / Request letter (2) a Rationale / Justification for the project and (3) an itemized Budget.

### **FOR OFFICIAL USE ONLY**

Date received:     /     /     Date Screened:     /     /

Decision taken:      Approved      Denied      Deferred      Other

Amount Granted: \$ \_\_\_\_\_ In words: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **Chairman**

\_\_\_\_\_ **Board Member**

