

Funding Application Form

- The applicant represents that the information submitted as part of this application form is, to the best of their knowledge, accurate and true. Any declaration found to be false may be pursued to the fullest extent of the law;
- The application form should be submitted in full, including the annexes requested, to either of the following:
 - Email: csrp@rgf.org.mt
 - Address: Responsible Gaming Foundation 90/91, Psaila Street,
 Birkirkara, BKR 9073, Malta.
- Only applicants who are registered Non-Profit Organisations with the Commissioner for Voluntary Organisations, and who carry out work for societal, civic, sporting or cultural purposes shall be eligible to apply;
- The aim of the project for which the applicant is applying for funding, shall act as an alternative activity to gambling;
- The maximum number of successful applications for each individual entity shall be of not more than one per 2 calendar years;
- The maximum amount of funding per successful application shall not exceed Five Thousand Euro (€5,000). For requests exceeding One Thousand Euro (€1,000) the applicant must contribute at least 20% of the grant.
- From the date of application approval to the date of cheque pick-up/payment transfer, up to a maximum of 1 year should pass.

NAME OF APPLICANT:	
ADDRESS:	
OCVO REGISTRATION	
NUMBER:	

DATE OF APPL	ICATION:	
SECTOR IN WH		
	HICH THE	
APPLICANT IS		
INVOLVED:		
DESCRIPTION	OF THE	
PROJECT FOR	WHICH	
FUNDING IS BEING		
REQUESTED:	20	
MEQUESTED.		
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FUNDING AM	OUNT	
REQUESTED (i	nc. VAT):	
REQUIRED ANN	NEXES:	
negomes / mm	TEXES!	
QUO	TATIONS FO	R THE EXPENSE DUE FOR THE PROJECT
-		tations for each good or service needed to carry out the indicated project,
		o the funding amount requested for procurement purposes
CERT	IFICATE ISSU	JED BY THE COMMISSIONER FOR VOLUNTARY ORGANISATIONS
ANNI	JAL RETURN	IS AND ANNUAL ACCOUNT COMPLIANCE CERTIFICATE
1 1 1 1 1 1		
NAME OF THE	PERSON	
FILLING OUT THE		
APPLICATION:		
ALLECATION.	•	
5500000		T
DESIGNATION	<u> :</u>	
EMAIL ADDRE	SS:	
PHONE NUME	BFR:	
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A D D D E C C .		1
ADDRESS:		
SIGNATURE:		
SIGNATURE.		
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