



CaSP Seed Grant Competition

APPLICATION FORM 2020

SECTION A			
PERSONAL INFORMATION			
Title			
First Names			
Surname			
Preferred name			
ID number			
Gender			
CONTACT INFORMATION			
Mobile		Alternative	
Email 1			
Email 2			
Postal Address			
Physical address			
PROJECT INFORMATION			
Name of overall project			
Project coordinator			
Email address			
Total budget of project			
Total project duration			
Location of project			
Is this project part of a registered NPO?		If yes, what is the NPO number?	
Briefly describe the above project and its beneficiaries			

For which aspects of the above project will the funding* be used?			
How does your project advance community mental health and/or psychosocial wellbeing? List the specific outcomes you anticipate.			
Describe the novel aspect of your project			
How will this project be sustainable beyond the funding?			
What interests you about community psychology?			
DECLARATION			
By signing this application form I confirm my commitment to the Constitution of PsySSA and the Terms and Conditions of this grant, and confirm that I have filled out this form honestly and comprehensively and that should I be successful in receiving this grant*, the money will be used ethically, for its stated objectives.			
Date		Place	
Signature			

*** ATTACH A BUDGET OF MAXIMUM 1 PAGE DETAILING HOW THE FUNDS WILL BE USED**

Email this completed form to casp@psyssa.co.za by 7 August 2020, 12pm.