

# APAC Charitable Giving Program

Donation Application

Thank you for completing this Donation Application for charitable funding. If you need assistance or have any questions, please email [APACgrants@Arthrex.sg](mailto:APACgrants@Arthrex.sg).

Organisations requesting funding may apply once per year. Please return the completed Donation Applications, along with the required supporting documentation, to the email address listed above.

Please Note: Organisations receiving donations must be approved institutions to which donations are tax deductible under applicable local tax legislation.

Legal Name of Requesting Organisation:		Email Address:
Address:	Phone Number:	Company Registration No./ABN/NZBN

1. **Background:** Please provide a brief history and description of the organisation.

2. **Strategy:** Does the organisation have a strategic plan?  
What key objectives are the organisation trying to accomplish in that plan?



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**3. Purpose of Request:** Describe the specific program for which funding is being sought and how the funds will be used.  
*(Please note that Arthrex does not support political parties, political advocacy, debt retirement or personnel expenses.)*

**4. Funding Request:** What amount of funding is being requested?  
*(It is not typical for Arthrex to be a sole funder of any program.)*

**5. Total Fundraising Goal:** What is the total fundraising goal for this program?

**6. Sector Focus:** Arthrex focuses on funding in the areas of Health & Wellness, Education, and Local Community. Is this request related to one or more of these focus areas? *(Please note that Arthrex does not provide funding to individuals or support the building of venues for professional or amateur sports.)*  
☐ Health & Wellness ☐ Education ☐ Local Community

**7. Geographic Focus:** Arthrex is currently prioritising causes in and around the following areas:  
Please indicate the community that would benefit from this program

- ☐ Local community
- ☐ Regional community
- ☐ National community



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8. **Impact:** Please provide a description of the population and the community that could benefit from this program.

9. **Obstacles:** What are the main obstacles standing between the organisation and its mission, and how the organisation plans to overcome them?

10. **Effectiveness:** How is the effectiveness of the organisation's programs measured and reported?

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11. **Efficiency:** How well has the organisation utilised its funding? Describe how efficiently the organisation has fulfilled its goals of recent years in relationship to the amount of funds raised.

12. **Funding Sources:** Where does most of the organisation's funding come from – and what percentage of its budget is from private donations? What do private donations help the organisation achieve that other sources of funding do not cover?

13. **Board of Directors and Officers:** Please list the organisation's Board of Directors and Officers, including the number of years served:

14. **Annual Report:** Does the organisation issue an Annual Report? If so, is it available on its website?

Name:

Title:

Date:

**Required Documents:** Please submit a formal request letter on the organisation's letterhead, evidence of the organisation's legal status, tax classification or certification from appropriate authorities, and at least the last 2 years of annual reports (to demonstrate financial and administrative stability. Please note that all these supporting documents are required prior to review by Arthrex.

Additional Information is optional. Feel free to attach and/or send a document that would be helpful to Arthrex in reviewing and understanding the program.

