

Application form/**Institution**  
**Discovery Foundation Awards for Healthcare in rural  
and undeserved areas**



(CLOSING DATE: 15 JANUARY 2025)

**Full name of applicant:**

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

Surname: \_\_\_\_\_ First names: \_\_\_\_\_

Designation: \_\_\_\_\_

Name of facility: \_\_\_\_\_

Short biography of facility (max 50 words): \_\_\_\_\_

Unit/Department: \_\_\_\_\_

Associated academic institution: \_\_\_\_\_

Contact details:

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Telephone: \_\_\_\_\_ Cellphone: \_\_\_\_\_

Physical address: \_\_\_\_\_ Postal address: \_\_\_\_\_

**Budget template for rural institutional award:**

**Important notice:** Please complete the application form in full. An incomplete application form may result in disqualification. Failure to adhere to the page and word-count limit may also result in disqualification. Anything other than the requested documents will not be considered.

Category	Cost per unit	No. of units	Total cost	Motivation	Additional funding amounts	Source of funding	Comments
<b>1. Personnel</b>							
Salary of X							
<b>2. Travel and accommodation</b>							
Flights							
Car hire							
Accommodation							
Travel/km							
<b>3. Workshops/trainings/meetings/visits</b>							
Conference package							
<b>4. Administrative equipment and consumables</b>							
Software							
Hardware							
Printing							
Stationery							
Data/airtime							

**Budget template for rural institutional award (continued):**

Category	Cost per unit	No. of units	Total cost	Motivation	Additional funding amounts	Source of funding	Comments
<b>5. Communication and dissemination</b>							
Printing of PHD*							
Conference attendance**							
<b>6. Other specify</b>							
<b>7. PBO or University levy</b>							

\*ALTERNATIVE HEADINGS by PROJECT ACTIVITY CAN BE USED e.g Capacitate/optimize x by 1,2,3

**What is not covered and other notes**

Duplication of salary expenses or payment of individuals already paid by province or university

Costs that are clearly a core provincial or university responsibility

Duplication – fully covered by another funder

Conference attendance to be directly related to the project, a motivation is required, together with the details of the conference to be attended

Expected date of completion:

**Attach the following documents:**

A 2 – 3 page CV

A letter of support from the associated academic institution

Short motivation for application (max 300 words)

A letter of support from the CEO of the host institution

Details on project applying for support (max 300 words)

Detailed budget including the number of years support is required

**If funding is to be channelled through an institution, the following documents are required:**

Certificate of proof of Public Benefit Organisation (PBO) status from SARS

Latest audited financial statements

Constitution of the organisation

Letter of support from the CEO of the facility

Email completed application forms and supporting documents to [discoveryfoundation@tshikululu.org.za](mailto:discoveryfoundation@tshikululu.org.za)