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National Solid Waste Management Authority Community Grants Application Form

Name of Group:

.....

When was Group started:

.....

List of past projects completed:

.....

.....

.....

.....

Contact Information for Accountable Person(s)

Name

Address



Tel. _____ **Cell.** _____

Name

Address _____

Tel. _____ **Cell.** _____

Name

Address _____

Tel. _____ **Cell.** _____

Project Information

Title of Project:

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Purpose of Project:

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.....

Project goals & objectives:

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What is the time frame for completion of project?

.....to.....

Description Of project:

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How will the project benefits be sustained after grant is spent?

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