



## CaSP Seed Grant Competition

### APPLICATION FORM 2024

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

**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 does your project contribute to work that has been done or address gaps in previous work?**

**How will this project and its activities continue to be sustainable beyond the funding?**

**What is your understanding of community psychology? How does your project relate to this field?**

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**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.

<b>Date</b>		<b>Place</b>	
<b>Signature</b>			

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

Email this completed form to [casp@psyssa.co.za](mailto:casp@psyssa.co.za) by 12 July 2024, 12pm.