

# Théa Corporate Foundation



## - Subsidy application form\* -

Applicant name: .....

Name of the main project sponsor: .....

Project title: .....

Amount requested (VAT included): ..... Duration: .....

### How did you learn about Fondation Théa?

- Laboratoires théa :  website  e-mail  letter  
 media, which? .....  
 other website, which? .....  
 network leader / federation / other body, which? .....  
 other (please state) .....

Is this your first application to Fondation d'entreprise Théa for this project, or is this a renewal request?

- First request  renewal  new request

\* Project submission to Fondation Théa does not entail any obligation on the Fondation's part to support the project until the Fondation has expressly authorised its support.

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## INFORMATION REQUIRED BY FONDATION THÉA

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### - Essential information

1. Date
2. Project name
3. Country / Region
4. Name of primary project contact person
5. Address
6. Telephone
7. Fax
8. E-mail address
9. Website URL of participating organisations, if available
10. Requested subsidy amount
11. La Fondation Théa's activities have certain priorities. Please identify the project's goal with respect to the Fondation's priorities, as established by the Scientific Committee; the priorities are available for consultation on the Fondation's website: [www.fondation-thea.com](http://www.fondation-thea.com)
12. Please identify the strategy or strategies to be used by the project from the list below.
  - Service provision – support for many eye-care services to underprivileged populations, in particular screening, surgical interventions, medical care and rehabilitation.
  - Human resource training – Training of professionals in the area of eye-care and of management personnel to improve eye-care systems.
  - Infrastructure development – Improvement of existing eye-care structures through donations of essential equipment and/or improvement of facilities to increase the quality and scope of eye care offered.
13. Please summarise the project, briefly describing the problem, needs and proposed solutions (maximum one page).

### - Project framework

1. Based on the latest census information, what is the population of the region served by the project?
2. If available, please provide the following information on demographic aspects of the region where the project will be run, and provide the source of the data.
  - Percentage of the population residing in rural and urban areas.
  - Percentage of the population in various socio-economic levels, including those living below the poverty line
  - Breakdown of the population by gender as a percentage: aged 0-5 years / 6-14 years / 15-49 years / 50+ years.
3. What is the incidence of eye disease and/or loss of vision to which this project responds? If this information is not available, please provide an estimate, indicating how the estimate was obtained.

4. Please describe current availability of public and private eye-care services. Identify the hospitals and ophthalmologic clinics, ophthalmologists, optometrists and/or eye-care professionals at a medium level operating in the project region, and describe the eye-care services they provide.
5. How do patients in the project region pay for eye-care services? Please explain reimbursement methods, if applicable (national programmes, personal coverage, insurance, social security and/or social assistance or charitable programme).
6. Please list and describe the greatest obstacles to eye care in the project region (poverty, distance, lack of awareness, etc.).
7. If national blindness prevention action or VISION 2000 action is being conducted in the project region, how is your project consistent with this action?
8. What are other non-governmental organisations doing currently to resolve the problem addressed by this project?

### - Project plan - provision of services

Please provide the following information if the project proposal includes provision of services:

1. Provide totals of current annual results of services provided under the eye-care project.
2. Estimate targets in terms of screening, diagnostics, care and/or rehabilitation for the proposed project and for the next three years of programme operation.
3. Describe the monitoring protocol and its frequency.
4. If more than one centre is involved, provide a table similar to the one below to provide information on each centre participating in the project. Add more lines as needed.

Establishment	Years of operation	Type (general, specialty)	Level of service (primary, secondary or tertiary)	Operation space (sq. metres)
Name 1				
Name 2				
Name 3				

5. Describe the personnel who will participate in the project and provide their qualifications.
6. For patients whose care exceeds the project's scope, describe the arrangements that have been made with recommended establishments.
7. Describe how the project will be monitored and evaluated.

### - Project plan – Human resource training

1. Please provide the following information if the project proposal includes staff training.
2. Describe the type or types, the goal and the duration of the training programme and provide the number of participants.
3. Provide a brief history of the establishment responsible for training and its accomplishments.
4. Provide information on instructors (number, competencies, experience).

5. How will participants be recruited?
6. How will it be ensured that trainees will have a job upon completion of training?
7. What measures will be taken to ensure that former trainees will remain in their job for at least three years?
8. How will training success or results be measured?

### - Project plan – Infrastructure development

Please provide the following information if the project proposal includes infrastructure development.

1. Create a table similar to the one below to describe all the proposed equipment purchases. Add additional lines as needed.

Equipment	Quantity	Additional or replacement	Availability of maintenance and repairs (yes/no)
Diagnostic			
Surgery/treatment			
Other			

2. Explain why the equipment is needed and how it will improve productivity and the quality of care.
3. Identify staff members who might require training to operate the equipment.

### - Project viability

1. Include an activity plan demonstrating the long-term sustainability of the project.
2. Describe how the project will be identified and how the “Fondation Théa” brand will be used in conjunction with the project.
3. Identify and describe how other partners are participating in this project.
4. If this establishment /programme has already received funds from Fondation Théa or Laboratoires Théa, describe how this project will expand the scope of this support and provide photos of the work done.

### - Deadlines to be respect for project completion

Create a table similar to the one below to illustrate the expected duration of each project-related task/activity.

Project	Year 1			Year 2													
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
<b>Task 1</b>																	
Secondary task A	→																
Secondary task B	→																
Secondary task C	→																
<b>Task 2</b>																	
Secondary task A	→																
Secondary task B				→													
Secondary task C									→								
<b>Task 3</b>																	
Secondary task A			→														
Secondary task B				→													
Secondary task C	→																

### - Project budget

Create a project budget, formatted as in the example below. Add additional categories and years as needed.

expenses	Year 1				Year 2			TOTAL
	Partner 1	Partner 2	Foundation Théa		Partner 1	Partner 2	Foundation Théa	
<b>Infrastructure</b>								
Equipment								
Renovation								
<b>Services</b>								
Consumables								
Staff								
Transportation								
Staff training								
Eye health education								
Supervision & evaluation								
<b>Other</b>								
<b>TOTAL</b>								

## - Supporting documents

Please include the following documents, if applicable:

- Memorandum of understanding or letter of support of project partners, local government and professional medical societies.
- Photographs of the interior and exterior of the establishment on the project site.
- Maps of the region served by the establishment and/or of the region where the project will be run.
- If available, copy of the national/regional blindness prevention project, approved by the government.

## - Project direction and management

Please give the name of the person who will work with project partners and administer the subsidy, i.e. the person who will request, receive, disburse and establish accounts for the subsidy.

