



NIYAN FOUNDATION

— NIYAN IS THERE FOR ANYONE WHO HAS NO ONE —

Orphanage Meal Support Program

Please complete all sections in full. Approved orphanages receive meal support on a bi-monthly basis (every other month), and applications are reviewed once annually, in March.



Prefer to apply online?

niyanfoundation.com/apply

Use only the official Niyon Foundation application page.

A

Orphanage Information

Name of Orphanage

Registration Number

Registering Authority

Date of Registration

Year Established

Address of Orphanage

Contact Person / Administrator

Designation

Phone Number

Email Address



B

Operational Details

Facility Type - Residential

☐

Yes

☐

No

Facility Type - Non-Residential

☐

Yes

☐

No

Number of Children Currently in Care

Age Range of Children

Approximate Cost of One-Time Meal (per child / per sitting)

Number of Meals Provided Daily

Primary Source(s) of Current Funding (if any)



C Required Documents Checklist

- ☐ Copy of registration certificate with appropriate authorities
- ☐ Current headcount of children (students) in care
- ☐ Statement of residential / non-residential status
- ☐ Approximate one-time meal cost estimate
- ☐ Notarized affidavit from local government authorities confirming authenticity of the above information

SECURE SUBMISSION & PRIVACY

- Use the official Niyen Foundation website or QR code for the safest application route.
- Do not include Social Security numbers, bank account numbers, card numbers, passwords, or login credentials.
- Keep your Foundation-issued application reference number for follow-up and verification.
- Send sensitive supporting documents only through an official Foundation-requested channel.

Security guidance added to reduce unnecessary exposure of sensitive personal information.

Applicant security acknowledgment

- ☐ I will not include unnecessary sensitive identifiers and will use only official Foundation channels.

niyanfoundation.com/apply



Before submitting

Review every section, confirm the required documents, and retain a copy of the completed application.

Do not send sensitive documents to unofficial addresses, social-media accounts, or third parties.



D Legal Declaration & Consent

1. I certify, on behalf of the above-named orphanage, that the information provided in this application is true, complete, and accurate to the best of my knowledge.
2. I understand that Niyani Foundation, or its authorized representatives, may verify any information provided, including registration status and headcount, and may conduct a site visit, and I consent to such verification.
3. I understand that submission of this application does not guarantee approval, and that meal support is granted at the Foundation's sole discretion following its annual review each March.
4. I consent to Niyani Foundation collecting, storing, and processing the information provided herein for the purpose of evaluating this application, in accordance with the Foundation's Privacy and Funding Policy.
5. I understand that providing false or misleading information may result in disqualification of this application and forfeiture of any support already granted.

Signature of Authorized Representative

Date

Printed Name

Designation

Official Seal / Stamp of Orphanage

FOR OFFICE USE ONLY

Reference No.

Date Received

Reviewed By

Niyani Foundation is a family-funded initiative and does not solicit public donations. Submission of this form does not guarantee assistance; final decisions rest with the Foundation's review process.



Official application page

niyanfoundation.com/apply

Use only the official Niyani Foundation website for application follow-up.