

APPLICATION FOR FUNDING

No / Contact partner in the Working Group
(to be completed by our office)

PLEASE FILL IN THE FORM IN GERMAN OR ENGLISH!

1. INFORMATION ABOUT YOUR GROUP/ORGANISATION

Name of the group/organisation

Country Contact person

Street Postal code Place

Phone for inquiries Fax

Email Website

Bank account

Holder of bank account

IBAN BIC

ANGABEN ZUM BEANTRAGTEN PROJEKT

Project title

Project period Amount applied for

Can you name any persons/organisations as reference?

(Two contact persons, what relationship do they have to your organisation?)

.....

Email Phone

.....

Email Phone

5. BUDGET

Total costs of project

in local currency in euros

Total costs of project

in local currency in euros

6. FINANCING PLAN

Have you applied for project financing elsewhere? Yes No

If yes, where?

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Have you received any commitments concerning financing the project?

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Do you have any own funds?

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