



**Waltraut Bergmann
Foundation**

Application Form for Funding

DETAILS OF YOUR ORGANISATION

Name of organization:.....

Postal address:

.....

.....

State/Province:

Postal code:.....

Country:

Telephone number:.....

Fax number:.....

E-mail address:

What kind of registered organization are you? (E.g. Non-Profit Organization, Company, Public Benefit Trust)

.....

Details of the main contact person (e.g. Manager / Director / Project Leader / Coordinator)

Name: Position:.....

Address:

Tel:

Details of the second contact person (e.g. Chairperson):

Name:

Position:.....

Address:.....

Tel:

Are you affiliated to any organizations?If Yes, name them:

.....
.....

(Attach a list, if necessary)

Describe the main purpose of your organization:

.....
.....
.....
.....
.....

SECTION B: THE FUNDS YOU ARE APPLYING FOR, AND HOW YOU WILL USE THEM, IF GRANTED

Are you applying for (Tick the relevant box?)

A grant in support of *your overall operations*? OR New ?

Funding for *specific projects*?

If yes, are they -

Already in existence? An expansion?

.....
.....
.....

What amount of money are you requesting?

.....

For what period? (E .g. 1 year, 2 years, multiyear etc.)

.....

Explain how you will use this money, if granted. **Please attach a detailed budget with a motivation**

Indicate which groups of people will benefit from the funding, if granted and **how many?**
[Give Numbers]

Children:.....

Women:.....

Children with disabilities:.....

Adults with disabilities:.....

The chronically ill:.....

Other (specify):
.....

SECTION C: INFORMATION ON YOUR ORGANIZATION'S FINANCIAL MATTERS

Bank Details

Name in which Account is held:

.....

Name of Bank:

.....

Address of

Bank:.....

Type of account:

Int. Account number:

Branch:.....

Bank Code:

DECLARATION

I confirm, on behalf of

.....

(The name of the organization) that I am authorized to sign this declaration, and that to the best of my knowledge all answers to the questions on this form are accurate. If this application is successful, this organization will use the grant only for the purposes specified in this application, and will comply with all the terms and conditions attached to the grant. I confirm that the organization has the power to accept the grant subject to conditions and to repay the grant if the grant conditions are not met.

Name:

Position in Organization:.....

Date:.....

Stamp & Signature: