

Form of Application for Local Cooperation Fund (LFC)

Information of the applicant's organization

Name of the organization Date of receipt ________\2016 No ____		
Registration number	Telephone(s)	Email
Address (city, region)		

Description of the Organization

Date of establishment	Place of activities		
Area of Activities			
Three projects implemented by the organization, budget in euros			
Name	Year(s)	Budget	Financed by (contact person, phone, email)
No previous projects <input type="checkbox"/>			
Number of Staff:	Do you have external audit?		
Number of Volunteers:	No <input type="checkbox"/> yes <input type="checkbox"/> With which frequency?		
Your total budget for the year 2016 and financial sources			

Person in charge of the financement for the project

His/her responsibilities in the organization	National identification number (optional)
Complete name, phone, email	
Nationality	Profession

Information on the project to be financed

Name of the project	Fields of the application	
Estimated duration of the project in months	Beneficiaries	
Objectives of the project. What to modify/improve and how?		
Experience of the organization in this field?		
Three concrete results of this project and how to verify them		
Planned actions		
Estimated budget in euros	Total distribution	Distribution of LCF
Activities	%	%
Human resources	%	%
Equipment	%	%
Administration	%	%
Others	%	%
Amount requested from LCF		
Input of the applicant and the beneficiaries? In cash or kind/work. In both cases value in euros		
Other financing of the project NO <input type="checkbox"/> YES <input type="checkbox"/> how much in euros?		

Application send by

Name and signature	Date
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Attn! Application without date and signature will be rejected.