**Project Proposal Regine Sixt Children’s Aid Foundation**

(Please fill out in English)

**Please note that the submission of the application is a requirement to enable a non-binding project assessment.**

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| **BASIC DATA (information and contact details of Applicant)** |
| Name Organisation |  |
| Address |  |
| Postal Code |  |
| City |  |
| Country |  |
| Website |  |
| Organisational profile(2-3 sentences) |  |
| Previous cooperation with the Regine Sixt Children’s Aid Foundation or SIXT? | [ ]  Yes[ ]  No | (If yes, please specify the funding amount(s), project title(s) and year(s)) |
| Contact person: | Name:Email:Phone.: |

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| **PROJECT DATA** |
| Project title |  |
| Project country |  |
| Project location(Full address) |  |
| Project start and end (month / year) |  |
| Funding type | [ ]  financial donation[ ]  donation in kind |
| Target group | Age of supported children: Number of supported children:  |
| Funding Area | [ ]  Welfare[ ]  Education | [ ]  Health [ ]  Emergency Aid |
| Goals(Please answer all) | Short term:Medium term: Long term:  |  |
| Short description of project measures(2-5 sentences) |  |
| Corporate Volunteering possibilities? | [ ]  Yes[ ]  No | (If yes, please describe): |
| Total Project Costs in € |  |
| Requested Amount in € |  |
| Have further funds at additional donor(s) been granted?  | [ ]  Yes[ ]  No | (If yes, which amount and by whom?) |
| Bank Information: | Name of bank:address of bank:Account holder:IBAN:BIC / SWIFT: |

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| **ADDITIONAL INFORMATION** |
| Any member of supported organization employed by Sixt? | [ ]  Yes[ ]  No | (If yes, please specify name and position) |
| Other partners involved in the project? | [ ]  Yes[ ]  No | (If yes, please specify name(s)): |
| Checklist Appendices: | [ ]  By laws[ ]  Certificate of non-profit status[ ]  Cost quotations[ ]  Photos (which illustrate the requirement), logo or graphicsPlease submit the above listed documents with the application if possible. |