**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 graphics  Please submit the above listed documents with the application if possible. | |