# APPLICATION FORM

**Cooperating Foundations for the Dutch Caribbean**

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| **PLEASE NOTE:*** **Prior to completing this form, please read the criteria your project needs to meet on** [**www.samenwerkendefondsencariben.org**](http://www.samenwerkendefondsencariben.org)**/en**
* **Fill out this form as comprehensively as possible and please do not forget to submit the requested attachments.**
* **Any questions? Please contact your local SFC advisor**
* **Good luck!**
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| ***To be completed by the Cooperating Foundations for the Dutch Caribbean (SFC):*****Date of receipt of application at SFC: \_\_\_\_\_\_\_\_\_\_\_\_\_ Island:\_\_\_\_\_\_\_\_\_\_\_****Date of receipt of application at Cooperating Foundations The Netherlands: \_\_\_\_\_\_\_\_** |

I GENERAL

1a What is the name of your project?

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**1b Is this a new or existing project?**

[ ]  New [ ]  Existing, since \_\_\_\_\_\_\_\_\_

**1c If new, what is the duration of your project or the activity?**

Start date (dd-mm-yyyy):

End date (dd-mm-yyyy):

*NB: we can only take on applications for projects that have not yet started!*

**1d Has your organization previously submitted an application with the Cooperating Foundations?** [ ]  Yes [ ]  No

If yes, in which year? …………………… What was the registration number? ………………..

Was your application approved? [ ]  Yes [ ]  No

**II YOUR ORGANIZATION**

***2a Contact information of organization***

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| Organization name (according to Articles of Association):  |
| Postal address:  |
| Town/city: |
| Visiting address and house number: |
| Town/city: |
| Island:  |
| General telephone number:  |
| Website:  |
| Chamber of Commerce number:  |
| Number of (paid) staff members:  |
| Number of volunteers:  |
| Founded in (year):  |
| Bank account number (IBAN): |

**2b What is the (legal) status of your organization?**

[ ]  Foundation

[ ]  Association

[ ]  Work group

[ ]  Committee

[ ]  Other, namely: …………………….

***N.B. Authorities (such as municipalities, schools), commercial companies and independent entrepreneurs cannot apply. They can be involved as a collaborating partner in your project.***

**2c In which area does your organization operate?**

[ ]  Neighbourhood or area, district related

[ ]  Insular, if so which island? ……………………

[ ]  Inter-insular

[ ]  Kingdom (including the Netherlands)

[ ]  International

**2d Contact details for application**

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| Gender: *[ ]*  Male *[ ]*  Female |
| First name: Initials: |
| Surname prefix(es):  |
| Surname: |
| Title(s):  |
| Date of birth (dd-mm-yyyy):  |
| Function:  |
| E-mail:  |
| Telephone (landline, including country code):  |
| Telephone (mobile, including country code):  |

**2e Who are the members of your board and which positions do they hold?**

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**2f What is the objective of your organization?**

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**2g Where does your organization receive its income from? (Here you can consider for example membership fees, subsidies, grants, funds, sponsoring by companies, donors and other external financiers.)**

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**3 YOUR PROJECT**

**3a What is the social background of your project? (What occurs in the community which prompts you to start this project?)**

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**3b What is the objective of your project?**

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3c Are there comparable initiatives/projects on the island or in the neighbourhood/area/district?

If yes, what is the difference between your project and comparable projects?

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**3dFor whom is the activity or project intended?**

 **Give a short, but as detailed as possible, description of the target group(s).**

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**3e Is the target group involved in setting up the project? If yes, how? If not, why not?**

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**3f How many people will actively participate in your project?**

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**3g How many people (besides the participants) are reached by your project? Who are they?**

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**3h Are there volunteers involved with the implementation of your project? If yes, how many?**

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**3i Do you collaborate with other organizations on this project? If yes, which ones? And what is their role in the project? How are the tasks divided?**

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**3j Please provide a short description of your project. You can elaborate on the following points:**

* **What will you do to achieve the objective of your project?**
* **How will you achieve this? Which methods (if present) will you deploy?**
* **Specific activities (and how often these take place)**
* **Recruitment and selection of participants**
* **Coaching of participants (possibly also continuing after conclusion of the project)**
* **Tasks and roles of volunteers and paid workers**
* **Recruitment and coaching of volunteers**
* **Communication and PR**
* **Planning**

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| **NB: You can also send this description as a separate attachment with the application** |

**3k Which specific results do you wish to achieve?**

 **(For example the amount of participants reached, number of participants that have completed the program, number of volunteers active in your project, the actual results for the participants and their environment.)**

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3l What do you see as opportunities and threats in your project?

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3m How will you evaluate the project or the activity?

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3n What will you do with the results after the project is concluded?

Will the project become part of the regular activities of your organization or will it stop? Will you make the project suitable for other organizations?

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**IV FINANCING**

**4a Provide a summary of the budget of the activity or the project (please state in ANG/ NAF or Dollars). We request that you send a specified budget.**

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| **Cost type** | **Possibly: calculation****(cost price per piece x number, number of hours x hourly rate, etc)** | **Amount****ANG/NAF/USD (cross out what is not applicable)** |
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| **Total** |  |  |

**4b Cover plan: here it concerns a specification of the financing sources. In the overview you can indicate who you have requested a financial contribution from, who has rejected/accepted your application, and who has agreed to support your request.**

 **ANG/NAF/USD (cross out what is not applicable)**

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| **Type** | **Requested amount** | **Promised amount** | **Rejected?** |
| **Own capital** |  |  |  |
| **Government subsidy** |  |  |  |
| **Contribution of participants** |  |  |  |
| **Funds\*** |  |  |  |
| **Individual donations** |  |  |  |
| **Sponsors (companies etc.)** |  |  |  |
| **Other** |  |  |  |
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| **Total** |  |  |  |

**4c From which funds have you requested a contribution (including amount), which funds are still processing your application and which have already either confirmed or declined a contribution?**

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**4d Which amount are you requesting from the Cooperating Foundations?**

**(If you request financing for only certain parts of the project, please state the parts and the associated amounts.)**

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**V Attachments**

**We need various documents to be able to assess your application.**

**The more comprehensive the information you directly send, the quicker you will receive a response from us.**

1 [ ]  The Articles of Association of your foundation / association.

2 [ ]  A recent extract of your organization from the Chamber of Commerce.

3 [ ]  The last annual report or an overview of the activities of your organization in the last calendar year.

4 [ ]  The financial statements of the annual report over the last two years (including balances and/or insight into the savings of your organisation).

5 [ ]  The running exploitation budget of this year.

6 [ ]  A project plan. If you have a work plan or a schedule with all activities and work activities within the project, then we would like to receive these.

7 [ ]  A specified project budget and cover plan.

8 [ ]  Other documents which you believe are relevant for your application.

**VI Additional comments or explanation**

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**VII SIGNING**

**The form must be legally signed by those who are permitted to do this for your organization (for example chairman, secretary, treasurer, director with power of attorney).** By signing and submitting this form, you state that all information concerning the project and the involved people has been entered truthfully and correctly.

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| Town/city: |  |  |
| Date: |  |  |
| Name, initials:  |  | M / F |
| Function: |  |  |
| Signature: |  |  |

**VIII SENDING**

**Submit this completed and signed application form with attachments to the local advisor of the Cooperating Foundations of the Dutch Caribbean, on the island where the organization is located.**

**The addresses for all islands can be found at** [**www.samenwerkendefondsencariben.org**](http://www.samenwerkendefondsencariben.org)