

Angels Application Form

A. GENERAL

Stichting Angels supports projects which help children. Supports means funding up to € 2000,-

1. Have you ever applied to Stichting Angels before?

a. If so, when? _____

b. What was the outcome? _____

c. How did you find out about Stichting Angels? _____

B. PROJECT DATA

2. Name of project _____

3. Location of project

Country _____

Province _____

City _____

District _____

Address _____

Postal code _____

4. Project description (Max. 5 lines)

5. Goal of your project (Max. 5 lines)

6. Scope of Project

- a. What is the total budget you require to realize your project? _____
- b. How much of the total amount required have you managed to collect up until now? _____
- c. How many people within your organization are currently working on this project on a paid basis? _____
- d. How many people within your organization are currently working on this project on a voluntary basis? _____

C. DATA OF REPRESENTATIVE, APPLICANT AND ORGANIZATION

7. Project Representative (a person who represents the project in Belgium and/or the Netherlands, but who is not an official part of the organization. Cannot be the same person as the Project Applicant)

Name _____

Date of birth _____

Address _____

Phone number _____

(including country code)

Mobile phone number _____

Fax number _____

Email address _____

Profession _____

Relation with project _____

8. Project Applicant (a person legally aligned to the project mentioned under B.)

Name _____

Date of birth _____

Address _____

Phone number _____

(including country code)

Mobile phone number _____

Fax number _____

Email address _____

Profession _____

Relation with project _____

D. EXTRA PROJECT DATA

11. Project status

Please, describe the current state of the project.

(Max.10 lines)

12. Project effect

Which effect do you envision your project to have, compared to the situation right now?

(Max. 10 lines)

13. Term

When are the results/effects/benefits of the project expected?

short term (< 1 year)

middle long term (1-3 years)

long term (> 3 years)

E. PROCESS

14. What tools will you use to measure the success of your project?

1. _____
2. _____
3. _____
4. _____

15. What are the potential risk factors? (Max. 10 lines)

16. How will you deal with them? (Max. 10 lines)

F. AGREEMENT

17. Agreement to granting terms

I, the applicant or representative of the project, agree to the following terms:

The financial support from Stichting Angels will be used only for the project described in this Application form.

Receiving a grant from the Stichting Angels creates the obligation, to deliver the following:

- I. **A minimum of two (2) exhibits of written evidence that you received our donation and have used it for the purpose stated in the application form** - bank receipts, (pro-forma) invoices, financial statements and/or any other form of written confirmation that you have incurred our funds as described in the application form.

- II. **One (1) Angels Report** - This eye witness report of one the children you are helping can be shared with Angels donors via our website. More information on the format of this report can be found on our website.

- III. **A minimum of five (5) pictures of your project and/or the funded objects** - These pictures can be shared with Angels donors via our website. More information on the purpose of these pictures can be found here.

I hereby declare that the information that is provided in this application form and its supplements is correct to the best of my knowledge.

Name of the applicant _____

Representative of the project _____

Name of the organization _____

Position _____

Date _____

Signature