PROJECT APPLICATION FORM.

|  |  |
| --- | --- |
| 1. General Information | |
| Project name |  |
| Name of applying organisation |  |
| Legal status  *(e.g. NGO, charity etc.)* |  |
| Registration date |  |
| House number, street,  P.O. Box |  |
| Postcode |  |
| Town |  |
| Country | Sri Lanka |
| Telephone and country code |  |
| Email |  |
| Authorised signatory and representative if different from project manager*(Surname, forename, contact details)* |  |
| Project Manager responsible for this project (please attach CV) |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. Organisation | | | | | |
| * 1. Short description of the organisation  *(max. 500 characters)* | *Guiding questions:*   * *Your Founding story: Who was involved, why and how.* * *What is your motivation?* * *What do you do exactly?* * *How many employees does your organisation have?* | | | | |
| * 1. What was your overall organisational budget in the last two financial years   *(Please note: if your annual turnover exceeds 1.000.000 Euros, you*  *are not eligible for funding)* | 20 21 | | 2022 | | |
|  | |  | | |
| * 1. Please list at least 3 of your previously implemented projects *(if applicable*) | Project | Year | Budget | Funding Sources | Reference/Contact |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| * 1. Please describe relevant experience gained from implementing previous projects. |  | | | | |

|  |  |  |
| --- | --- | --- |
| 1. Project | | |
| * 1. Target region |  | |
| * 1. Target group |  | |
| * 1. Number of beneficiaries | Direct | Indirect |
|  |  |
| * 1. Please explain how your indirect beneficiaries are calculated |  | |
| * 1. Project duration |  | |
| * 1. Total costs + funds applied for | Total cost of project  *(in EURO)* | Funds to be covered by the Lemonaid & ChariTea Foundation *(in EURO)* |
|  |  |
| * 1. Other partners, cooperation, co-funders (*If there is a co-funder, please differentiate clearly in the finance plan between your own funds and those of third parties. Please make sure to fill out the last sheet in the budget plan)* | Partner | Amount contributed |
|  |  |
|  |  |
|  |  |
| * 1. Short description of the project *(max. 1000 words)* | | |
| Please be as precise as possible:   * What is the challenge that you want to address? * How many people are involved? Who is the target group? * How are you planning to address the proposed challenge? (Approach, tools, inputs, activities) * Why have you chosen this approach? * What is your expected outcome? | | |

|  |  |
| --- | --- |
| 1. Focus Areas | |
| 4.1 To which Focus areas and cross-cutting themes does your project contribute? | |
| Focus area: | Cross-cutting themes: |
| Access to Finance | Gender |
| Value Chains | Advocacy |
| Education | Climate and Resource Management |
| Innovation | Marginalised People |

|  |
| --- |
| 1. Impact measurement |
| * 1. What is the overall impact that your project aims to achieve? *(max. 500 words)* |
|  |
| * 1. What are the specific project goals *(please list them).* |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 1. Which activities need to be executed in order to achieve the project goals listed in 5.1.? *(Please connect each activity to a project goal and make sure that each activity corresponds to the financial plan).* | | | | | |
| Key Activity | Start Date | End Date | Output  (what is the purpose of the activity?) | Who is responsible? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |
| --- |
| * 1. Do you already have a monitoring and evaluation plan, system or strategy for this project? If yes, please attach. |
| Yes   *(attach it to the application.)* |

|  |
| --- |
| 1. Sustainability & Risks |
| * 1. How do you ensure the financial sustainability of this project? |
|  |
| * 1. If no, please provide a statement on prospects for the sustainability and fundraising of the project beyond funding support from Lemonaid & ChariTea Foundation.   *(max. 1000 characters)* |
|  |
| * 1. What do you currently see as the biggest threat or challenge to the success of your project or initiative? And what are you doing to mitigate this? |
|  |

|  |  |
| --- | --- |
| 1. Additional information | |
| * 1. How did find out about this call for proposal? | |
|  | |
| * 1. Social Media accounts and handles (if applicable). | |
| Website |  |
| Instagram |  |
| facebook |  |
| Other |  |

1. Consent Form

To complete your application please agree to the following terms:

‚Formularbeginn

|  |  |
| --- | --- |
| We reserve the right to edit texts for use on the website and in communications for Lemonaid & ChariTea e.V. By sending photos and logos, you agree to us using them indefinitely on Lemonaid & ChariTea e.V’s website and in promotional materials. You guarantee that we can use the photo and logo without needing permission (e.g. for copyright reasons) from any third party. Further, by mentioning the social media handles above you are consenting to the use of those for marketing purposes. | Yes |
| The applying organisation complies with social and environmental guidelines in force nationally and will do so for the duration of the project. | Yes |
| The applying institution is not the plaintiff, defendant, complainant or respondent in any criminal or civil lawsuit or other legal investigation. The organisation must inform Lemonaid & ChariTea e.V. immediately if they become involved in such a process after the project begins. | Yes |

Formularende

*The contact data of the applicants for project applications in the context of the application to Lemonaid & ChariTea e.V. are collected and electronically stored on the basis of § 28 para. 1 no. 1 BDSG. The storage of contact data is indispensable for the application process. The project application, is discussed in the advisory board that decides on the award and will be forwarded to the advisory board members for this purpose. If the contact data of the applicants are also private data, these personal data will be treated as data of the institution and forwarded to third parties in the context of processing the application. The storage of personal data can be objected to in the future at info@lemonaid-charitea-ev.org or by calling +49 40 2263035 16. If you have any questions about data protection, you can contact our data protection officer at info@lemonaid-charitea-ev.org.*

I hereby guarantee with my signature that the information given here is correct.

Signature:

Location & Date: ……………………………………………………………...

Name & Surname: ……………………………………………………………

1. Document Checklist:

Formularbeginn

|  |  |
| --- | --- |
|  | Project application (this document) |
|  | Founding documents of the organisation (registration certificate etc.), |
|  | Tax certificate with tax number |
|  | Organigram |
|  | Certificate (no older than 3 years) of the organisation’s charitable purpose are attached |
|  | Finance and budget plan (including details of own and third party funds) are attached. Please use our Excel document and attach it. |
|  | Please send a photo representing the project (300 dpi) and the logo of the applicant organisation. |
|  | Monitoring and Evaluation Plan (if applicable) |
|  | CV of Project Manager |

Formularende