Checkpoint Charlie Stiftung

Bismarckstr. 63

12169 Berlin

##### Grant Application

**Do not write in this section! Project number and title will be assigned by the Checkpoint Charlie Foundation.**

##### Project No.:\_\_\_\_/\_\_\_\_\_ Date of Receipt:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Project Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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(this section will be filled out by CCF)

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| --- | --- | --- | --- | --- | --- | --- |
| **I. Applicant Information** Institutional applicants complete all sections. Private applicants only complete sections B,C, and D. | | | | | | |
| **A. Name of Institution:** |  | | | | | |
| Address: |  | | | | | |
| Zip code, city |  | | | | | |
| Telephone: |  | | Fax: | |  | |
| Website: |  | | | | | |
| Country of incorporation: |  | | Is this institution registered for VAT? (EU only)  Yes No | | | |
| **B. Contact person/name of private applicant** | | | | | | |
| First name, last name: |  | | | | | |
| Address: |  | | | | | |
| Zip code, city |  | | | | | |
| Telephone: |  | | Fax: | |  | |
| E-mail: |  | | Citizenship: | | |  |
| **C. Bank account details** | | | | | | |
| Account holder: |  | | | | | |
| Financial institution: |  | | | | | |
| Account No./IBAN: |  | | | | | |
| ABA Routing Number |  | | | | | |
| SWIFT code (*important*): |  | | | | | |
| **D. Previous funding:** Have you received funding from the foundation in the past? Yes No If yes, please provide the year, project numbers and amounts for the projects that were funded: | | | | | | |
| Year | Project Number | | | Amount (include $ or €) | | |
|  | / | | |  | | |
|  | / | | |  | | |
|  | / | | |  | | |
| **II. Project Information.** We request support for our project in a(n): | | | | | | |
| **A. Organizational or advisory capacity:** Yes No | | | | | | |
| If yes, in what way:       Approximate person hours required: | | | | | | |
| **B. Financial capacity:** Yes No | | **Amount requested in Euros: €**     **,** | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **C.** **Project Details** | | | |
| Planned timeframe: from       to | | | No. of participants: |
| Accommodations: Host families  Hotel  Hostel  other: | | | |
| **D.** **Project description: please enclose a description of the project no longer than 3 pages** | | | |
| **E. Summary of project budget.** *If you are registered for VAT, amounts provided must be exclusive of VAT. If you are not, amounts must include VAT/sales tax. You must enclose a detailed project budget explaining all of these items. This summary is not a substitute for the detailed project budget.* | | | |
| 1. **Total Cost of the Project** | **€****,** | | |
| 1. Our own contributions | **€**     **,** | | |
| 1. Participant fees | **€**     **,** | | |
| 1. Funding by donations or grants from third parties | | **€**     **,** | |
| Add items 2, 3 and 4 (available funding): | **€     ,** | | |
| 1. **Amount requested from the foundation** | **€     ,** | | |

**III. Confirmation of correctness; acknowledgement of reporting obligations.**I hereby confirm that the above application is correct, complete and up to date. I understand that I am required to use all funds in a economical way and that they may not be used for profit-making purposes. I also acknowledge that any unused funds must be returned and that I must file a project report no later than three months after the completion of the project or return the grant money.

**Please note that your application can only be processed when:**

1) it has been completely filled out and signed.

2) it includes a detailed project budget, including line items for all expected expenses (transportation, fees, meals, printing costs, etc. as applicable) and sources of funding.

3) It contains no more than **6 Letter-sized/DIN A4 pages**! (this two-page form, a project description no **longer than three pages**, and a one-page detailed project budget).

**You may submit your application by E-mail.** Send the complete application in PDF or DOC format to info@cc-stiftung.de. Then print it out, sign below and fax this page to (030) 844 90620 (from Germany) or 011 49 30 844 90620 (from the United States). **If you submit the application as a hard copy, the following guidelines must be followed:**

4) **Nine copies** must be sent to the Foundation (one original + eight photocopies)

5) The pages of the application must not be stapled together - please only use paperclips

6) It is only necessary to provide one copy of supporting materials such as CDs, flyers, etc.

Signature (required) and seal (if appl.)

City and Date:      ,     

Name and title (if appl.) of person signing above

We assure you that the data provided above will be handled confidentially and will not be given to third parties. Please allow us to occasionally inform you about the work of the foundation.

###### Do not write in this space – this area will be completed by the Checkpoint Charlie Foundation

Dem o.g. Antrag wurde auf der Sitzung des Vorstandes am: ..........................................................

entsprochen □ ja □ nein □ Teilfinanzierung

wenn ja, in welcher Höhe Euro ..................... □ Vollfinanzierung

Auflagen: ……………............................................................................................................................................