## **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:	·					
Project Title:						
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	Is this institution registered for					
incorporation:	VAT? (EU only)					
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):						
<b>D. Previous funding:</b> 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 N	<u>Iumber</u> <u>Amount (include \$ or €)</u>					
	_					
	_					
	_					
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 D	etails					
Planned timeframe: from to No. of participants:						
Accommo	dations: Ho	st families 🔲 H	otel  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 €						
-	own contribution	-		€	<u>,</u>	
,	cipant fees	113		€		
,	•	ns or grants from	third parties	<u>-</u>		
•	•	4 (available fund	•	<u> </u>	<u></u>	
		I from the found	•		<u>,</u> €	
J) Allio	uni requested	i iioiii tile ioulid	ation		<u> </u>	
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.  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.  City and Date:						
Signature (required) and seal (if appl.)  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 wenn ja, in weld Auflagen:	cher Höhe	□ ja Euro	□ nein	□ Teilfinanzieru □ Vollfinanzieru		