

Form of Application for Local Cooperation Fund (LFC)

| Name of the organization Telephone(s) Email Address (city, region) | | | |
|---|--|--|--|
| Address (city, region) | | | |
| Address (city, region) | | | |
| Address (city, region) | | | |
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| Description of the Organization | | | |
| Date of establishment Place of activities | | | |
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| Area of Activities | | | |
| | | | |
| Three projects implemented by the organization, budget in euros | | | |
| Name Year(s) Budget Financed by (contact person, phone, email) | | | |
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| No previous projects □ | | | |
| Number of Staff: Do you have external audit? | | | |
| Number of Volunteers: No □yes □ With which frequency? | | | |
| | | | |
| Your total budget for the year 2016 and financial sources (max 500 characters) | | | |
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| | | | |
| | | | |
| Person in charge of the financement for the project | | | |
| His/her responsibilities in the organization National identification number (optional) | | | |
| That it is significant the organization in the organization | | | |
| Complete name, phone, email | | | |
| | | | |
| <u> </u> | | | |
| Nationality Profession | | | |



Information on the project to be financed

| Name of the project | Fields of the application | | |
|---|---------------------------|---------------------|--|
| Estimated duration of the project in months | Beneficiaries | | |
| Objectives of the project. What to modify/improve and how? (max 500 characters) | | | |
| Experience of the organization in this field? (max 500 characters) | | | |
| Three concrete results of this project and how to verify them (max 500 characters) | | | |
| Planned actions (max 500 characters) | | | |
| Estimated budget in euros | Total distribution | Distribution of LCF | |
| Activities | % | % | |
| Human resources | % | % | |
| Equipment | % | % | |
| Administration | % | % | |
| Others | % | % | |
| Amount requested from LCF | | | |
| Input of the applicant and the beneficiaries? In cash or kind/work. In both cases value in euros (max 500 characters) | | | |
| Other financing of the project NO \square YES \square how much in euros? | | | |
| Application send by | | | |
| Name and signature | | Date | |

Attn! Application without date and signature will be rejected. After completing the form, please, print it and sign. Scan the form and send it by email (kio.pym@formin.fi) in pdf-form. No other attachments needed.