

CHILDHOOD

WORLD CHILDHOOD FOUNDATION

APPLICATION DETAILS

Required fields are marked with a red border.

ORGANIZATIONAL DETAILS

Name of organization

Country Region City

Organization address:

Zip City Country

Legal address of organization Same as organization address

Zip City Country

Organization phone number

Organization e-mail address

Website

Organization vision statement (no more than three sentences)

Head of organization

Audit Firm

PROJECT DETAILS

Name of project (max 80 letters)

Target group (choose one or several options)

Children victims of abuse

Street Children

Children in alternative care

Families at risk

Grant period starting date: Month

Day

Year

Grant period ending date: Month

Day

Year

Total project budget including funding from other donors (only the total sum, no details)

Total project budget applied from Childhood

Choose currency

SEK USD EUR

Amount

Project contact person

Contact person name

Contact person phone number

Contact person e-mail address

APPENDICES:

If available, submit following supporting documents in English. If the documents are not available in English, supporting documents might be submitted in the original language. Check the box for each submitted document.

- Organizational budget for current and two previous years
- Latest Financial Audit
- List of current donors to organization in general and to the proposed project in particular (incl. contact information).
- An organizational chart (description of the structure of the organization)
- Latest Annual Report
- Activity Plan
- Child Protection Policy
- Contact information to other relevant stakeholders in the project
- Results matrix
- Evaluations of projects implemented by the organization