

**Learning Opportunity For Everybody**

**Read the criteria to qualify for a grant on the website before you fill out this application and do not apply if you do not meet these criteria!**

**Be aware that incomplete applications will not be taken into consideration!**

**THE APPLICANT**

|  |  |
| --- | --- |
| Name of organisation |  |
| Type of organisation |  |
| Date of establishment |  |
| Country of registration |  |
| Legal status and registration number |  |
| Official address of organisation |  |
| Website of organisation  |  |
| Name of applicant  |  |
| Applicant’s function in organisation |  |
| Email address |  |
| Telephone number |  |
| Who introduced you to us? |  |

**THE PROJECT**

|  |  |
| --- | --- |
| **Project Title** |  |
| **Priority Area (select one)** |  |
|  | Adult education / empowerment |  |
|  | Youth education / empowerment |  |
|  | Street children education / empowerment |  |
|  | Disabled youth education / empowerment |  |
| **Location** |  |
|  | Country  |  |
|  | Region  |  |
|  | Town / County / Sub-county |  |

**Project Duration**

|  |  |  |
| --- | --- | --- |
|  | Planned start (month / year) |  |
|  | Planned completion (month / year) |  |

**Project Objectives**

Provide a short and precise description of the project and the project goals!

**Project Justification**

Describe the root causes of the problems the project intends to address, and how the project will address them.

**Beneficiaries**

* Direct beneficiaries

How many young men and young women (between 14 – 28 year) and how many younger boy / girls (< 14 year) or elder men and women (> 28 year) will directly benefit from the project?

* Indirect beneficiaries

How will the community at large (indirectly) benefit from the project?

* Selection of beneficiaries

How will the direct beneficiaries be selected, what are the eligibility criteria for the direct beneficiaries and how much do beneficiaries pay for the training / empowerment, and how long will the training / empowerment last?

**Description of activities**

Describe the activities that will be undertaken to achieve the project objectives – when are those activities planned to be done, and what are the expected results and estimated cost of each activity?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Activity | Start date | End date | Expected result | Cost in local currency |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| TOTAL |  |

**Financial coverage**

|  |  |  |
| --- | --- | --- |
|  | Amount | Status (\*) |
| Total project cost (in local currency) |  |  |
| Own contribution (in local currency) |  |  |
| Requested support from Van Doorn Foundation (in local currency) |  |  |
| Other donors (specify) |  |  |

(\*) indicate whether available, committed or requested

**Motivation**

Provide three concise reasons why the Van Doorn Foundation should support this project

1

2

3

**SIGNATURE**

Place and date, Signature (applicant)

**MANDATORY SUPPORTING DOCUMENTS**

Do not forget to attach the following supporting documents:

* Certificate of registration of the organisation (in the year of establishment)