

APPLICATION FORM

STARTFUND FRED FOUNDATION

(A) GENERAL (in short)

The support of the Startfund is focused on starting projects in the fields of:

- Healthcare
- Care for nature and the environment
- Community care

- Support means: co-funding from 20% to 50% of the total project budget (*See also: Conditions*)

- The total budget of the project should not exceed the amount of € 100.000.

- Within 9 months after the Startfund's approval of the project, the names of the other co-sponsors and the amounts of the allocated funds must be known to the selection committee of the Startfund. Only then the disbursement of the first instalment can take place.

1. Have you applied to Startfund before?

a. If so, when?

b. What was the outcome?

(B) PROJECT DATA

2. Name of the project

3. Location of the project

Country	
Province	
City	
District	
Street	
Phone number (including country code)	
Fax number	
Email address (no hotmail address)	
Mobile number	

4. Summary of your project (Max. 3-5 lines)

5. Goal of your project (Max. 20 lines)

(C) DATA OF REPRESENTATIVE AND APPLICANT

6. Project representative (*resident of the Netherlands or Belgium*)

Name	
Date of birth	
Street	
City	
Province	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail address)	
Profession	
Relation with project	

7. Applicant

Name	
Date of birth	
Street	
City	
Province	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail address)	
Profession	
Relation with project	

8. Please, briefly describe shortly the history, current programs and services of your organization. (Max. 20 lines)

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9. Bank Account Information

Name Account holder	
Bank name and address	
Bank account number	
Bank code	
IBAN	
SWIFT code	
Internal reference (if needed)	

(D) REFERENCES

10. Personal reference applicant (no family members)

Name	
Street	
City	
Province	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail address)	
Relation with Applicant	

11. Business reference applicant

Name	
Street	
City	
Province	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail address)	
Relation with Applicant	

(E) EXTRA PROJECT DATA

12. Status

Please, describe the existing situation (Max.20 lines)

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13. Effect

What is the envisioned effect on the long term compared to the situation right now (Max. 20 lines)

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14. Duration

What will the duration of the project be?

Date of project start	
Date of project finish	

15. Term

When are the results/effects/benefits of the project expected?

- short term (< 1 year)
- middle long term (1-3 years)
- long term (> 3 years)

(F) PROCESS

16. What tools will you use to measure the success of your project?

1.	
2.	
3.	
4.	

17. (a) What are the potential risk factors? (Max. 20 lines)

18. (b) How will you deal with them? (Max. 20 lines)

19. Flow diagram of project phases and costs

Phase	1	2	3	4

(G) FINANCE

20. Budget in detail with specific attention to the costs related to overhead, salaries, travel, equipment, communication etc.

- The total budget of a project should not exceed the limit of € 100.000,-
- The costs of overhead and salaries should not exceed 15% of the total project costs
- Describe the budget and details in Euro's

21. Which sponsors are committed for this project?

Name	
Address	
Contact person	
E-mail adress	
Phone number	
Amount in €	
Committed since	

Name	
Address	
Contact person	
E-mail adress	
Phone number	
Amount in €	
Committed since	

Name	
Address	
Contact person	
E-mail adress	
Phone number	
Amount in €	
Committed since	

22. Which are the potential sponsors and when do you expect them to be committed?

Name	
Address	
Contact person	
E-mail adress	
Phone number	
Amount in €	
Expected date of commitment	

Name	
Address	
Contact person	
E-mail adress	
Phone number	
Amount in €	
Expected date of commitment	

Name	
Address	
Contact person	
E-mail adress	
Phone number	
Amount in €	
Expected date of commitment	

(H) PROJECT STAFF

Please add as supplements the Curriculum Vitae (in headlines, not more than 1 page) of the project leader(s) and main team members.

23. Data project leader

Name	
Date of birth	
Address	
Place	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail)	
Profession	
Position/Task	

24. Data team members

Name (1)	
Date of birth	
Address	
Place	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail)	
Task, Position	

Name (2)	
Date of birth	
Address	
Place	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail)	
Task, Position	

Name (3)	
Date of birth	
Address	
Place	
Country	
Phone number (including country code)	
Mobile phone number	
Fax number	
Email address (no hotmail)	
Task, Position	

25. How did you learn about the Fred Foundation?

(I) AGREEMENT

26. Agreement to granting terms

I, the applicant or representative of the project, agrees to the following terms:

- (a) The financial support from the Startfund will be used only for the project described in this Application form*
- (b) Receiving a grant from the Startfund creates the obligation, if there is (or will be) a website, to place the Startfund Fred Foundation logo on the homepage as well as on other forms of publicity.*

I hereby declare that the information that is provided in this application form and its supplements is correct to the best of my knowledge.

Name of the applicant/ representative of the project / name of the organization

Position

Date

Signature