

**Learning Opportunity For Everybody**

**Please carefully read the criteria to qualify for a grant, and do not apply if you do not meet the criteria!**

* **Did you download this application form from the website? yes / no**
* **Do you meet application criteria? yes / no**
* **Do you the maximum grant we provide, and can it finance the project? yes / no**

**Please note 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 areas** | | |  |
|  | Adult education / empowerment |  | |
|  | Youth education |  | |
|  | Street children education |  | |
|  | Disabled youth education / empowerment |  | |
| **Location** | | |  |
|  | Country |  | |
|  | Region |  | |
|  | Town / County / Sub-county |  | |

**Project Duration**

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

**Project Objectives**

Clearly describe the goals of the project!

**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 16 – 26 year) will directly benefit from the project and how many younger or elder men and women will directly benefit from the project?

* Indirect beneficiaries

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

**Description of activities**

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

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| No. | Action / Activity | Start date | End date | Expected result | | Estimated cost |
| 1 |  |  |  |  | |  |
| 2 |  |  |  |  | |  |
| 3 |  |  |  |  | |  |
| 4 |  |  |  |  | |  |
| 5 |  |  |  |  | |  |
| TOTAL | | | | |  | | |

**Financial coverage**

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