**APPLICATION FORM**

*Neighbourhood Centers*

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| **ATTENTION:** * **Before filling out this form, please read the minimum criteria to be met by your project at** [**www.cedearuba.org**](http://www.cedearuba.org)
* **Questions? Call us (+297) 582-7666**
* **Good luck!**
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| ***To be filled out by CEDE Aruba:*** |  |
| **Date of receipt application:** |  |  |
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**I GENERAL**

**What is the name of your project?**

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**II YOUR ORGANIZATION**

***Contact details organization***

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| Name organization (according to by-laws): |
| Postal address and (house) number: |
| Place: |
| Website: |
| Number Chamber of Commerce: |
| Number of (paid) employees: |
| Number of volunteers: |
| Established in (year): |
| Bank number: |

**III YOUR PROJECT**

**What is the objective of your project?**

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**How many persons will actively participate in your project?**

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**Are there any volunteers involved in the implementation of your project? If so, how many?**

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**IV FINANCING**

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| **Cost item** | **Explanation** | **Amount** |
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| ***Total*** |  |  |