**APPLICATION FORM REGULAR PROJECTS**

*Centro pa Desaroyo di Aruba*

|  |
| --- |
| **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)
* **Please fill out this form as completely as possible and enclose the attachments requested.**
* **Questions? Call us (+297) 582-7666**
* **Good luck!**
 |

|  |  |
| --- | --- |
| ***To be filled out by CEDE Aruba:*** |  |
| **Date of receipt application:** |  |  |
|  |  |

**I GENERAL**

**1a What is the name of your project?**

|  |
| --- |
|  |

**1b Is this a new or an existing project?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|   | New |  | Existing, since |  |

**1c If new, what is the duration of your project or the activity?**

Starting date (dd-mm-yyyy):

End date (dd-mm-yyyy):

*NB: We can only accept applications for processing for projects that have not yet started!*

**1d Has your organization submitted an application previously?**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes |  | No |

If so, in what year? ……… What was the registration number? ………

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Was your application approved? |  | Yes |  | No |

**II YOUR ORGANIZATION**

***2a Contact details organization***

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

**2b What is the (legal) form of your organization?**

|  |  |  |
| --- | --- | --- |
|  | Foundation |  |
|  | Association |  |
|  | Task force |  |
|  | Committee |  |
|  | Other, namely: ………. |  |

*NB: Authorities (such as municipalities, schools), commercial companies and independent entrepreneurs cannot act as an applicant. They may be involved as a cooperation partner in your project.*

**2c What is the working area of your organization?**

|  |  |
| --- | --- |
|  | Neighborhood or district, district-bound |
|  | Insular, if so, which? ……… |
|  | Interinsular |
|  | Kingdom (including the Netherlands) |
|  | International |

**2d Data contact person application**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Gender: |  | Male |  | Female |
|  |
| Given name: | Initials: |
| Prefix(es): |
| Family name: |
| Title(s): |
| Date of birth (dd-mm-yyyy): |
| Position: |
| E-mail: |
| Telephone (fixed, including land code): |
| Telephone (cellular, including land code): |

**2e Who is on your board and what position do they hold?**

|  |
| --- |
|  |

**2f What are the objects of your organization?**

|  |
| --- |
|  |

**2g From whom does your organization receive its income? (Consideration could be given to contributions, government/island grants, funds, sponsoring by companies, donors and other external financiers).**

|  |
| --- |
|  |

**III YOUR PROJECT**

**3a What is the social background of your project?**

|  |
| --- |
|  |

**3b How does your project solve this problem?**

|  |
| --- |
|  |

**3c Are there any similar initiatives/projects in the island or in the neighborhood/district?**

 **If so, what is the difference between your project and similar projects?**

|  |
| --- |
|  |

**3d What is the objective of your project?**

|  |
| --- |
|  |

**3e For whom is the activity or project intended? Please give a brief description, as specific as possible, of the target group or target groups.**

|  |
| --- |
|  |

**3f Is the target group involved in the set-up of your project? If so, how?**

|  |
| --- |
|  |

**3g How many persons will actively participate in your project?**

|  |
| --- |
|  |

**3h How many other persons will be reached by means of your project?**

|  |
| --- |
|  |

**3i Are there any volunteers involved in the implementation of your project? If so, how many?**

|  |
| --- |
|  |

**3j Do you cooperate with other organizations in the project? If so, which? And what is their role in the project?**

|  |
| --- |
|  |

**3k Give a brief description of your project. You can address the following points:**

* **What will you do to achieve the objective of your project?**
* **How will you do that? Which method will you use (if any)?**
* **Concrete activities (and how often they take place)**
* **Recruitment and selection of participants**
* **Supervision of participants (possibly also after completion of the project)**
* **Duties and roles of volunteers and paid staff**
* **Recruitment and supervision of volunteers**
* **Communication and PR**
* **Schedule**

*NB: You can also send this description as a separate appendix to the application*

**Description:**

|  |
| --- |
|  |

**3l What concrete results do you want to achieve?**

**(For example, number of participants obtained, number of participants moved on, number of volunteers involved in your project, the substantive results for the participants and their environment).**

|  |
| --- |
|  |

**3m What do you consider to be opportunities and threats in your project?**

|  |
| --- |
|  |

**3n How will you evaluate the project or the activity?**

|  |
| --- |
|  |

**3o What are you going to do with the results after completion of the project or the activity? Will the project be part of the permanent activities of your organization? Will you make the project suitable for other organizations? Will the project end?**

|  |
| --- |
|  |

**IV FINANCING**

***4a Please provide a summary of the budget of the activity or project: (please state the total amount f AWG). We request you to include an itemized budget.***

|  |  |  |
| --- | --- | --- |
| **Cost item** | **Explanation** | **Amount** |
| Staff costs |  |  |
| Renovation or refurbishment costs |  |  |
| Furnishing expenses |  |  |
| Materials |  |  |
| Activity costs |  |  |
| PR & Communication |  |  |
| Other costs |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| ***Total*** |  |  |

***4b Financing plan: who did you already ask for money and/or from whom did you already receive money to cover the costs, and, if so, how much?***

|  |  |  |
| --- | --- | --- |
| **Type** | **Asked** | **Promised** |
| *Own contribution* |  |  |
| *Contribution CEDE Aruba* |  |  |
| *Contribution government* |  |  |
| *Contribution participants* |  |  |
| *Contribution funds* |  |  |
| *Contribution donors* |  |  |
| *Contribution sponsors* |  |  |
|  |  |  |
|  |  |  |
| ***Total*** |  |  |

**4c Please indicate below the funds to which you have submitted an application, which funds are still processing your application and which funds possibly already made a commitment?**

|  |
| --- |
|  |

**4d What amount are you applying for at CEDE Aruba? (If you only apply for financing of certain parts of the projects, please state those parts with the corresponding amounts).**

|  |
| --- |
|  |

**V Attachments**

**In order to be able to assess your application, we require different documents.**

**The more complete the documents you send together with this application, the faster you will get a response from us.**

1 ⬜ The articles of your foundation/association.

2 ⬜ A recent copy of your organization from the Chamber of Commerce.

3 ⬜ The last substantive annual report or a summary of the activities of your organization in the past calendar year.

4 ⬜ The financial statements in respect of the previous year (including balance sheets and/or an overview of the savings to your organization).

5 ⬜ The current operating budget this year.

6 ⬜ A project plan. If you have a work plan or a schedule of all activities and duties within the project, we would like to receive it.

7 ⬜ An *itemized* project budget and financing plan.

8 ⬜ Other documents you consider relevant to your application.

**VI Observations or explanation**

|  |
| --- |
|  |

**VII SIGNATURE**

**This form must be duly signed by the person authorized to do so for your organization (such as the president, secretary, treasurer, authorized director).**

By signing and sending this form, you declare having truthfully and duly filled out all information about the project and the persons involved.

|  |  |  |
| --- | --- | --- |
| *Place:* |  |  |
| *Date:* |  |  |
| *Name, initials:* |  | *M/F* |
| *Position:* |  |  |
| *Signature:* |  |  |

**VIII SUBMISSION**

**We would like to receive this completed and signed application form with attachments at the office of CEDE Aruba. You can also scan and email the signed form and the attachments.**

Caya Appeldam 2

Dakota

Aruba

Telephone: (+297) 5827666

Fax: (+297) 5839076

Email: cedearuba@setarnet.aw