## **UN** WG

## THE UNITED NATIONS WOMEN'S GUILD OF VIENNA

Vienna International Center Room F-1036, P.O. Box 400 A-1400 Vienna, Austria Tel.: (+43 1) 2600-24276, 26026-4284

E-mail: unwomens@iaea.org Homepage: www.iaea.org/unwg

Bank Account for Charity Donation: Bank Austria (BLZ 12000) 690001300

## UNWG APPLICATION FORM FOR CHARITY DONATIONS YEAR 2011

## The deadline for submitting this form is Monday, 1 February 2011

- The project must be specifically for children (0 to 15 years, except in the case of disabled children where the age limit is 21).
- Projects benefiting mother-child programmes are eligible for consideration.
- The services of the organisation must be available to all children without discrimination, regardless of gender, race, ethnic origin or religion.
- Projects benefiting individual children are not considered.
- The maximum funding UNWG provides is £7,000 (Euros) or the equivalent in US dollars. IF your project is selected for funding, UNWG requires a Report and a Financial Accounting upon the completion of the project.
- Project expenses such as salaries, taxes, fees, rent, transportation, awareness campaigns, operational and administrative costs <u>will not</u> be funded.
- It is in the best interest of the applicant to submit the application for a donation as soon as possible between 2 February 2010 and 1 February 2011.
- The application form must be fully completed. All requested information is necessary to evaluate submitted projects. When possible, English translations are appreciated.
- Your organisation must have registered with the Government. Applications received without a copy of the registration will not be considered.
- The original application form must be typed or written in block letters, signed, stamped with the organization's stamp and sent to:

Second Vice President, UNWG Vienna International Center, Room F-1036 P.O. Box 400, A-1400 Vienna Austria Or e-mail to: <u>unwomens@iaea.org</u> (Page 9 with signature must be included)

(To be completed by UNWG:	Date received	Received by:	

1. PROJECT TITLE:			
2. COUNTRY (project site):			
3. NAME of ORGANISATION:			
Address:			
Telephone:		Mobile Phone: (include country cod	de):
Fax:		E-mail Address:	
To whom should UNWG send c	orrespondence?	? (All correspondence will be sent to this in	 าdividual):
Name:		Title:	
E-mail Address:		Telephone:	
4. How did you learn about the	<b>United Nations</b>	Women's Guild?	
UNWG or UN Representative	Internet	Friends/Colle	eagues
Other: (specify)			
<ol><li>Reference person from the U applicable:</li></ol>	INWG, UN, Vieni	na International Center (VIC) or A	Austria, if
Ms./Mr.		VIC Address:	
Home Address (if no VIC Address):			
Telephone:		Mobile Phone:	
FAX:		E-mail Address:	
6. What are the GOALS and OB (Use additional pages, attach brook			

7.	7. When was the organization founded?			Date:	Date:			
	8. Is the organization registered with the government?  (if Yes, attach copy to the application)				Yes		No	
8a	Ba. Is this an NGO?				Yes		No	
9.	List projects or recent:	r activities of the or	ganisation duri	ng the las	t 5 years star	ting wi	th the most	
	Project	Funding	Organization	Am	Amount Funded Year Comp		ar Completed	
10	. Has the UNWG	ever funded any p	project(s) for the	e organisa	tion Yes		No	
11	. When was the	project(s) funded?						
Ye	ar	Year	Year	Year		Year		
12	. Was a project	report submitted to	the UNWG?	l				
	Completion Rep	port			Yes		No	
	Financial Accounting (or receipts) of use of UNWG funds		unds	s Yes		No		
	Was the project successfully completed			Yes		No		
13. If the project was not completed, briefly state the reasons:								

14. How many paid staff work in the organisation? (Indicate local, national and international.)	Number:		
15. How many volunteers work in the organisation? (Indicate local, national and international)	Number:		
16. What is the annual budget of the organisation? (Indicate Euros or Dollars for all financials)	Euros	US Dollars	
Administrative Cost:	Euros	US Dollars	
Amount spent for projects/activities:	Euros	US Dollars	
17. What are your regular sources of income? (State in	n percentages)		
Source	, personagoo,	%	
Membership Fees		%	
Self-Generated Income(donations/fund-raising)		%	
Government		%	
International Organization(s)		%	
Others (Specify)		%	
TOTAL		100%	
18. PROPOSED PROJECT FOR FUNDING FROM UNV (Attach relevant brochures, documents and photographs)			
19. Describe the problem this project will solve?			

20. What are the goals of the project?
Long Term:
Short Term:
21 PROJECT PLAN: In chronological order list how you plan to implement the project:
21. PROJECT PLAN: In chronological order, list how you plan to implement the project: (use additional pages if necessary)

Project Plan (Continued):				
22. When do you expect the project to	o start? Date.	:		
23. How long will it take to complete?		Months		Year(s)
<u> </u>				
24. How many children will benefit fro project?	om this	Female	e/Girls	Male/Boys
25. Ages of the Children:		Female	e/Girls	Male/Boys
26. Which of the following apply to th	ese children?			
Victims of Sexual Abuse		Ye	s	No
With Disability – (Specify Type)		Ye	s	No
Victims of catastrophe/calamity – (Special	fy)	Ye	s	No
Extremely Poor		Ye	s	No
Restricted Access to Education		Ye		No
Orphans		Ye		No
Serious Health Problem, e.g., AIDS – (S	Specify)	Ye		No
Other Reasons: (Specify)				
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27. Estimated Cost of Project State estimates in Euros or US Dollars.	Euros	US Dollars
28. Amount Requested from UNWG State estimates in Euros or US Dollars	Euros	US Dollars

29. List items to be funded using UNWG funds and the cost of each:  Use attachment if necessary. Enclose documents supporting the costs including pro-forma invoices (cost estimates from suppliers).				
ITEM	COST (Euros or US Dollars)			

(Note: The UNWG Charity Programme funds will be available for distribution to the selected charities by the beginning of December 2011.)

1. Has an amount been given or promised?				Yes	No	
31a. If YES, indicate the source(s) of the funding, which part of the project this supports and the amount:						
SOURCE PART OF PROJECT AMOUNT (Euros or US Dollars)						
BANKING INFORMATION	l:					
32. IF the project is approve	ed for funding specify	how you wo	uld prefe	er payment?		
US Dollars Euros						
33. Please complete the foll	owing banking inforn	nation:				
Bank Name						
Bank Address						
Name of Account						
Account Number						
IBAN (International Bank Account Number)						
SWIFT NUMBER						

Yes

No

30. Have you applied for funding from other sources for this project?

34. This application has been prepared and submitted by:
Name of Official (print):
Signature of Same Official:
Date:
Stamp/Seal of the Organisation:
AUTHORISATION
This is to certify that the
(Name of the Organisation)
grants the United Nations Women's Guild the authorisation to use any information, slides, or photographs pertaining to the project for purposes of exhibits, promotions, publications, or any other activity as may be deemed necessary.
Signature: Date:
() (Print Name of Official)