# **Project inquiry mates4health e.V.**

(Please complete in English)

**Note:** The information provided is required for review and documentation in accordance with the legal requirements for non-profit organizations (§ 63 of the German Fiscal Code). Please complete all fields.

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| **Applicant – if single person** | |
| First name, Last name |  |
| Address |  |
| E-mail address |  |
| Telephone number |  |
| Membership | Member of mates4health e.V.  External |

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| **Applicant – if organization** | | |
| Name of the organization |  | |
| Address |  | |
| E-Mail address |  | |
| Telephone number |  | |
| Website |  | |
| Profile of the organization  (2-3 sentences) |  | |
| Tax-privileged purpose(s) according to AO |  | |
| Membership | Member organization of mates4health e.V.  External | |
| Contact person within the organization | Name: |  |
| E-mail address: |  |
| Telephone number: |  |

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| **Project details** | | |
| Project title |  | |
| Project location  *(full address)* |  | |
| Local contact person/ organization  *(name, role, e-mail, address)* |  | |
| Problem description  *What is the specific problem being addressed?* |  | |
| Brief project description (max. 500 characters)  *What specifically is to be done?* |  | |
| Target group |  | |
| Project objectives  *What exactly does the project aim to support?* | Overall |  |
| Short-term |  |
| Medium-term |  |
| Long-term |  |
| Number of expected beneficiaries |  | |
| Background of the project  *How did you come up with the project?* |  | |
| Planned project period (day/month/year)  *Please provide start and end date.* |  | |
| Is the project one-off or long-term?  One off  Recurring  Permanent project | |
| mates4health area of support | Education  Social Justice | Health  Science |
| Which tax-privileged purpose(s) within the meaning of the AO are being pursued with the project? | Promotion of professional training  Promotion of science and research  Promotion of development cooperation | |
| How does the project contribute to the association's mission? |  | |

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| **Financial Details** | |
| Subproject/intended purpose | Estimated costs in EUR |
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| **Total amount in EUR** (estimated) |  |

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| --- | --- | --- |
| Amount requested from mates4health e.V. in EUR |  | |
| How will the payment be made? | Direct transfer to the partner  Reimbursement after presentation of receipts  Cash payment on site  Other (please specify): | |
| How is the proof of use provided? |  | |
| Further (co-) funding | Yes  No | If yes, from whom and in what amount? |

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| **Performance measurement & Public relations** | | |
| How is the success of the project measured? |  | |
| How will the project be reported? | Final report  Photo documentation  Public presentation | Social media contributions  Online updates  Others (please specify): |
| Are there photos of the project? | Yes  No  Possible on request | |
| Can these photos be used for documentation and public relations (with the consent of those involved)? | Yes  No | |

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| **Support requested from mates4health** |
| Financial Support  *Please specify the exact amount.* |
| Project coordination/ consulting |
| Help with logistics/ organization in the partner country |
| Support with public relations/ communication (e.g. social media, website, …) |
| Providing contacts/ expert knowledge |
| Other (please specify): |

Please send the **completed project inquiry** by e-mail to: [info@mates4health.com](mailto:info@mates4health.com)

Thank you for your interest in working with mates4health e.V. and we look forward to inspiring and sustainable projects.

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Is there anything else you would like to tell us?

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