# **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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|  |  |
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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

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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