

APPLICATION FORM FOR CHARITY DONATIONS

PLEASE READ CAREFULLY BEFORE COMPLETING THE APPLICATION

- Applications shall be from a recognized/registered Association, Non-Governmental Organization (NGO) or Intergovernmental Organization.
- Application forms from a recognized/registered Association shall be accompanied by the registration certificate of the charity organization.
- The maximum amount of grant shall not exceed €10,000 within a calendar year.
- Incomplete applications shall not be considered.
- All grantees shall acknowledge receipt of funds within 30 days.
- All grantees shall submit a report within 6 (six) months after receipt of the funding.
- All applications shall be subject to review and approval by the Staff Council Executive Committee.

Application forms shall be emailed to:

PresidentStaffCouncil@iaea.org

or sent by post to:

President, IAEA Staff Association Vienna International Centre, P.O. Box 100, A-1400 Vienna, Austria

All correspondence shall be sent only to the name and email address that appear on this page We reserve the right to contact organizations to confirm the information provided in this application.

GENERAL INFORMATION

Project Title:
Country, City of project site:
Name of recognized/registered Association, NGO or Intergovernmental Organization:
Address:

Contact Person:		
Email:		
Phone:		
Phone:		
If this form has been completed/submitted by an IAEA staff	member in su	ipport of the above-
mentioned project, please provide your contact details:		
ABOUT THE ORGANIZATION		
Has your organization received funding from the IAEA Staff	□ YES	□ NO
Association before?		
If so, when?		
What are the goals and objectives of your organization? (Attach l	brochures and	list web site info)
When was your organization founded?		
	1	
Is your organization recognized as:		
Recognized/registered Association	□ YES	□ NO
Non-Governmental Organization (NGO)	□ YES	□ NO
Intergovernmental Organization	□ YES	□ NO
Please briefly summarize the main projects/activities of your org	anization durir	ng the past year:
What is fare your expenientian/a regular course (a) of five division (a)	0000 indicate '	a narcanta = al
What is/are your organization's regular source(s) of funding? (Please indicate in percentage) We reserve the right to ask for account details when the project is shortlisted.		
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Source Name to the second seco		Percentage
Membership fees	l	%

Self-generated (donations/fund-raising) income		%
Government		%
International Organizations		%
Others (please specify)		%
	TOTAL	100%

PROPOSED PROJECT FOR FUNDING:				
(Attach any relevant brochures, documents	s and pictures if available)			
Г				
Please describe briefly the project for whic	h you are seeking funding.			
BANKING INFORMATION				
Places complete the following information	on the book where the founds will be demosited.			
Please complete the following information	on the bank where the funds will be deposited:			
Name of account holder:				
(Shall be the name of the organization				
applying for charity donation)				
Bank name:				
IBAN:				
BIC:				
This application has been prepared and submitted by:				
T.,				
Name:				
Title:				
Title.				
Date:				