ANNEX A

2027 PROJECT FUNDING APPLICATION GUIDELINES

Project Information Form

GENERAL INFORMATION

Organization Name:

Legal Status:

Date of Establishment:

Registered and Operational Address:

Tax Identification Number / Registration Number:

Website:

Project Contact Person:

Email:

Number of Employees:

Number of Volunteers:

Brief Description of the Organization's Mission:

PROJECT PARTNERS

Name:

Contact Person (First Name and Last Name):

Address / Headquarters:

PROJECT PROPOSAL

PROJECT TITLE

PROJECT IMPLEMENTATION LOCATION

EXPECTED START AND END DATES

PROJECT DESCRIPTION

Please specify:

- The context and specific needs the project intends to address
- The project timeline
- Short-term and long-term objectives
- Planned activities
- Methodology and approach adopted
- Direct and indirect beneficiaries (number and type)
- Any other relevant information

EXPECTED RESULTS

Please specify the indicators (for example, the numbers expected to be achieved: number of patients, number of medical camps, etc.) and the anticipated impact.

NOTES / COMMENTS

BUDGET OVERVIEW

Area/Activity	Timeline	Estimated Cost	Financial Support Requested from Cuore Fratello (€)	Financial Support Requested from Other Partners or Applicant Contribution

Total Estimated Cost:

Total Financial Support Requested from Cuore Fratello:

Total Financial Support Requested from Other Partners or Applicant Contribution:

DECLARATIONS

☐ I declare that the information provided is true and complete.

☐ I authorize the processing of personal data for the purpose of evaluating this application.

☐ I undertake to provide a final report and financial statement if funding is granted.