FOUNDATION MARCHIG

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# All correspondence should be addressed to:

**(c/o Nora Segni Vigevani) Tel: 0041 22 7972230**

**In di Campagn 36 E-mail:** **applications@foundationmarchig.org**

**6528 Camorino**

# Switzerland Website: [www.foundationmarchig.org](http://www.foundationmarchig.org)

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APPLICATION FOR A GRANT

(All application submissions must be typed and preferably,
submitted in both French and English)

(*Use additional sheets if necessary)*

1. NAME OF ORGANISATION/CHARITY:

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 **ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Charity/NGO No:**  **Date of Registration:**

 *(Please Note: Any organisation applying for a grant must have been registered for at least one year in*

 *order to be eligible to apply. A registration number is mandatory.)*

 **Contact Name:** **Position held:**

 **Daytime telephone number:** **E-mail:**

 (Include international dialling code)

 **After hours telephone number (if different):**

 **Website Address:**

 **Main aims of organisation/charity:**

 **Brief history and achievements:**

 **Name any organisation with which you have an affiliation or an association and state any**

 **financial commitment involved as a result:**

2. **FINANCES:**

 Approximate current annual income: Euro …….…...............................

 Approximate current annual expenses: Euro ……………………………

 Approximate current level of financial assets

 (e.g. bank deposits, investments, shares etc): Euro .....…..…........……………

 Property owned by the organisation/charity: Euro .........…...…...…………....

 Number of full-/part-time paid workers: ...............…..…….

 Copy of most recent annual accounts enclosed: YES/NO\*

 \* *Grant applications cannot be accepted without a copy of an organisation’s most recent audited or certified annual*

 *Accounts, preferably in English*

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3. **HAVE YOU APPLIED TO THE FOUNDATION MARCHIG PREVIOUSLY?** YES/NO

 If “YES”, please specify:

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4. **APPROXIMATE NUMBER OF ANIMALS HANDLED EACH YEAR (if applicable):**

 Number taken in: .......................... Rehomed/fostered: ...........…..........

 Sterilised (if applicable) ................. Euthanised: .....................................

 Assisted with vet fees: ...............….

 Released back into the wild (if applicable) ..........................

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5. **PROVIDE FULL DETAILS OF THE PURPOSE FOR WHICH THE GRANT IS REQUIRED:**

5. (Cont.)

 Planned dates for start and finish of project: .......................................................……………………

 What is the total cost of the project?: .....................................................…………………………….

 **(**Swiss Projects – CHF; Euro Zone projects – Euros; UK projects – Sterling; All other countries

 projects – US Dollars)

 How much of this are you seeking from the Foundation Marchig?: ……………………………………….

 Full details of Funding already raised for this project:

6. **WHAT OTHER ORGANISATIONS/INDIVIDUALS HAVE YOU APPROACHED FOR**

 **FUNDING, INCLUDING RESPONSES IF ANY?**

 ***(Due to the overwhelming number of grant applications the Foundation Marchig receives, it is expected***

 ***that you have also applied to other sources for financial support and not seek the full project amount***

 ***from the Foundation Marchig)***

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7. **REFERENCES: *(Provide the names and addresses of at least three organisations/individuals***

 ***independent to yours, that we can* *approach for an opinion on your work)***

NAME: ……...……………………………………………………………………………………………

 ADDRESS: ……...………….……………………………………………………………………………….

 …………..…………………………………………………………………………………………………...

 Telephone number: ……………………………. email address: …………………….…………………...

 NAME: …………………………………..…………………………………………………………….....

 ADDRESS: ………….………………………………………………………………………………………

 ……….………………………………………………………………………………………………………

 Telephone number: ……………………………. email address: …………………….…………………...

 NAME: ……………………………………………………………………………………………...……

 ADDRESS: ………………………………………………………………………………………………….

 …….…………………………………………………………………………………………………………

 Telephone number: ……………………………. email address: …………………….…………………..

 **8. DECLARATION:**

 The information provided factually represents the work of the organisation/charity and the purposes

 for which the grant is sought. If successful, I will provide the Marchig Foundation Council with a

 report within six months of the grant being received

 Signed: .........................................................................

 Name: .......................................................................... Position held: ..........................................

 Date: ............................................................................

(NOTE: Although the Foundation Marchig strives to process applications as quickly as possible, because of the huge volume received from all over the world, this takes a considerable amount of time. Therefore, we ask for your patience and request that you do not contact us to find out when a decision on your application will be reached since this will only delay efforts to process applications. We will contact you.

Both the Grant Application, Annual Accounts and any other supporting documents, must be submitted as individual Microsoft Word or PDF documents and sent by e-mail to - applications@foundationmarchig.org. Individual separately scanned pages or postal submissions will **not** be accepted.)