

Application for funding

Application for support in an case of emergency by the following association: Name of association: Address: Website: Association register Tax no./tax office: First chairperson: Contact person: Phone number: E-mail-address: Description of the emergency and effects on the project: Please describe as detailed as possible for what costs you apply to ETN e.V. and why (if needed, use additional sheets of paper) Cost estimate or cost planning with listing of the individual expenses: Is the project already supported by another association? If so, by which association?



If not, was funding requested from another	
association? If so, which association?	
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How door your accognition generate manay?	
How does your association generate money?	
Why should ETN e.V. support your project?	
подрежения и подрежения в подре	
How many animals are supposed to receive help?	
The state of the s	
How many animals are affected in total?	
riow many animals are affected in total:	
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What kind of animal is it about?	
Are you cooperating with the local authorities?	
- If so, how?	
 Would the authorities agree to participate 	
in the financing?	
- If not, are there reasons for this? (e.g.	
household security concept)?	
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Are there any contact people at the authorities	
that ETN e.V. would be able to reach out to?	
that ETN e.v. would be able to reach out to:	
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Are there enough volunteers that would support	
this project?	
Do you educated the local community about the	
project?	
- If so, how? Please give examples.	
Are there discounts available from suppliers? E.g.	
for animal food, construction materials etc.	
Tor animal 100a, construction materials etc.	
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Can the applying association contribute to the	
project? (finances or staff) If so, how?	



Other remarks	
By applying for funding with this contract the ap	plicant is obliged to document their process and any other
	es, reports etc.) if funding is received by the ETN e.V. The
ETN e.V. will also be allowed to publish and use the material.	
Responsible for the application:	

DATE, SIGNATURE OF THE APPLICANT