INTERNATIONAL COMMITTEE
FOR THE FELLOWSHIP OF THE LEAST COIN (ICFLC)

FLC PROJECT GRANT APPLICATION FORM

All applications must be sent first to respective Regional Representative (RR).
The RR then sends to the ICFLC Executive Secretary not later than JUNE 25.
Submit in Word format (not pdf).

1. Name of the Project:
   _____
2. Country Location of the Project: _____
3. Purpose of the Project: _____
4. Name and address, including email and phone number of the person submitting the application and responsible for all correspondence in connection with this project:
   _____
5. Name and address of the organization designing, planning and administering this project:
   _____
6. Briefly describe the work of your organization: (use separate sheet in needed)
   _____
   _____
   _____
7. Amount requested in US $: _____
8. Name and address of two signatories administering the grant, if given:
   a) _____
   b) _____
9. Sources of financial contributions:
   a) _____
   b) _____

NOTE: *Upon approval of application, a bank certification stating that the applicant holds an active account would be requested by the ICFLC Treasurer together with the complete bank details.*

10. Endorsed by
    a) **Name and titl**e (president or the general secretary of the national ecumenical organization):
       _____

       Address:_____

       Signature: _____ Date: _____

b) Name of the regional representative to the ICFLC _____

Signature: _____ Date: _____

11. Person submitting the application:

Signature: _____ Date: _____

DESCRIPTION OF THE PROJECT WORK (not more than 300 words)

1. What are the project goals and how will they be reached?

2. What specific results do you expect this project to produce? How will you measure your actual results? How does this relate to empowerment of women?

3. List the activities necessary for achieving each result:

BUDGET:

How much will it cost to do this project? USD _____

Attach a detailed budget (what, how many, cost per unit), indicating income and expenses for the project to this application. **INCLUDE YOUR QUANTIFIED 'OWN CONTRIBUTION'** such as use of your facilities, etc.

NOTE: *Application submitted without this information cannot be considered for funding.* **State the currency in US dollars.**

Application received in the office of the Executive Secretary of ICFLC:

Date: _____