

## REQUEST FOR AID FOR INTERNATIONAL COOPERATION PROJECTS

The request for aid can be sent to the email address: [fundacion.accionsocial@mapfre.com](mailto:fundacion.accionsocial@mapfre.com), by fax to **91.581.83.82** or by post to the following address:

### FUNDACIÓN MAPFRE

Instituto de Acción Social  
Carretera de Pozuelo, 52  
28220 Majadahonda (Madrid)

### Project title

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### 1. APPLICANT ORGANISATION DETAILS

<b>Organisation details</b>	
Name of the Organisation:	
Fiscal Code:	
Legal status:	
<input type="checkbox"/> Association <input type="checkbox"/> Foundation <input type="checkbox"/> NGO <input type="checkbox"/> Other (specify)	
Year established:	Registration no.
The Organisation is recognised as Public Interest Organisation:      YES      NO (Attach supporting document)	
Sphere of Action: (state, regional, local)	
Address:	
Town:	Postcode:
Website:	
Legal representative:	ID/Tax ID
Position:	

<b>Contact details</b>	
Name and surname(s):	
Address for correspondence:	
Telephone	E-Mail:

<b>Financial details</b>
Give a brief description of the Organisation's funding sources:
<ul style="list-style-type: none"><li>- Own resources.</li><li>- Private funding sources.</li><li>- Public funding sources.</li></ul>
Last presentation of accounts:

## **2. PROJECT DETAILS**

<b>Project Description (Summary)</b>

<b>Project beneficiaries:</b>
No. of direct beneficiaries:
No. of indirect beneficiaries:

<b>Financial details:</b>
Total amount of the project:
Amount requested from FUNDACIÓN MAPFRE:

<b>Geographical sphere of action</b>
Geographical sphere:
Project duration (in months)
Project commencement date (mm/yyyy):
Forecast completion date (mm/yyyyy):

<b>Do other organisation collaborate in the project?: YES      NO</b>
If so, indicate which:

## **3. PROJECT FOLLOW-UP AND CONTROL**

### **3.1 Indicators for measuring the impact in the community (Summary)**

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### **3.2 Timeframe of project activities**

ACTIVITIES	MONTH 1	MONTH 2	MONTH 3	MONTH 4	MONTH 5	MONTH 6	MONTH 7	MONTH 8	MONTH 9	MONTH 10	MONTH 11	MONTH 12

**4. Compulsory additional information**

- Descriptive report of the project which must include: diagnosis and justification of the project, objectives and goals, activities included and carried out in the project, organisation for performing the activities and human resources for carrying them out, including the possibility of including volunteers.
- Descriptive report of the organisation: staff employed, main projects carried out, etc.
- Certification of compliance with fiscal obligations and with Social Security contributions or statement by the legal representative to this effect.

**Mr./Ms.** \_\_\_\_\_ **, with ID no.** \_\_\_\_\_  
**HEREBY DECLARES the information provided in this request form to be true. I also certify that the documentation attached hereto is true.**

In \_\_\_\_\_, on \_\_\_\_\_

**Signed (and stamped)**

All data provided and any data provided in the future is confidential and will be included in a file which is the responsibility of and is held by FUNDACIÓN MAPFRE, with Fiscal Code no. G28520443, for the purpose of managing the request for aid and sending information on the activities of the aforementioned Foundation.

FUNDACIÓN MAPFRE assumes responsibility for adopting security measures of a technical and organisational nature to protect the confidentiality and integrity of the information, in accordance with the provisions of Organic Law 15/1999, of 13 December on Personal Data Protection, and other applicable legislation. By signing this document the interested party hereby authorises the aforementioned treatment of their data, even if the aid should not be granted or once this has finalised, and may exercise the rights of access, rectification, opposition and cancellation pursuant to the aforementioned Law by means of written notification to FUNDACIÓN MAPFRE, Monte del Pilar, Sn, 28023 - El Plantío (Madrid), indicating the reference "LOPD" on the envelope.