



Embassy
of the Federal Republic of Germany
Lilongwe

Application

for financial support in implementing a micro-project

1) Applicant institution

Name: _____

Address: _____

Telephone: _____

Fax: _____

E-mail: _____

2) Legal form of applicant, year of establishment, number of members

3) Responsible contact persons (Name, address)

4) **Project Title**

(a) Short description of project (please provide full documentation if possible):

(b) Development-policy objective of the project (if applicable also with a view to tangibly improving women's lives in the area):

5) (a) Finance plan enclosed? Yes No

(b) Is overall financing guaranteed? Yes No

6) (a) Amount applied for in MWK: _____

(b) Own funds and (if applicable) third-party funds: _____

(c) Total expenditure of project: _____

(d) Other contributions by applicant to project implementation (e.g. work, land or buildings):

(e) Probable follow-up costs: _____

(f) Follow-up costs can be financed by applicant or third party: Yes No

7) Project has not yet started
 started on _____ .

8) (a) Beginning of Project: _____

(b) End of Project: _____

9) Have you applied for or received any other funds for this project?

Yes No

If so, from what institution and how much?

(Place, date)

(Signature)