



Request for Financing

Which area ?	<input type="checkbox"/>	Education	
	<input type="checkbox"/>	Targeted Assistance	In particular:
			Entrepreneurial Project <input type="checkbox"/>
			Assistance to individuals in need <input type="checkbox"/>
			Others <input type="checkbox"/>

1. Description of project

Country – Region – Town	
Name of Project	
Number and nature of the beneficiaries (adults, children)	
Expected duration of project	
Describe the project	
Objectives	
Indicators	Of follow-up :
	Of success :
Total personnel in place	

Details of the responsible person locally	
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2. Financial plan (in USD) *

Expected duration	Years	Autonomous after: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Total project costs	USD/€		
Personnel costs	USD/€		
Administrative Cost	USD/€	As percentage of total cost:	
Auto-financing Amount	USD/€	As percentage of total cost:	
Other funds applied for	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Name & Amount of funds requested / received			
	Name of donor:	Amounts received:	
Amount requested from The Robin Hood Institute	USD / €		

3. Organisation

Name of the Organization	
Address	
Name of the project responsible person	
Nationality	
Fonction / Since	
Telephone (direct) / e-mail	

4. References (optional)

Name, organization, tel.	
Name, organization, tel.	

5. Enclosures

<input type="checkbox"/> Business Plan	<input type="checkbox"/> Budget	<input type="checkbox"/> Schedule	<input type="checkbox"/> Illustrations
<input type="checkbox"/> Country map	<input type="checkbox"/> Exact location	<input type="checkbox"/> Access details	<input type="checkbox"/> Others

6. Date & signature

Date		Signature	
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* A full Budget is to be attached to this Request for Financing