

DESCRIPTION OF APPLICANT (FOR ORGANIZATIONS)

Are you a non for profit organization? Yes No

Name of your organization: _____ Status (Association, foundation, etc.): _____

Number of employees: _____ Number of voluntary workers: _____

Mission (Attach details): _____

Partners: _____

Accomplishments in the hearing health care area: _____

Balance sheet (attach financial statements for last 3 fiscal years): _____

Contact person's name: _____ Telephone: _____

Address: _____

Web Site: _____ Email: _____

DETAIL OF APPLICATION

Your application concerns:

A hearing aid for an individual (Explain his/her situation and needs in attachment).

An assistive listening device for an individual (Explain his/her situation in attachment).

Professional services. Specify which ones (Audiological, audioprosthetic, other): _____

Training activity. Specify which one in attachment (attach coordinates of the contact as person in charge): _____

Research fund (Attach details of your research project and explain how we can assist you (Purchase of equipment, funding, cooperation with professionals in our group, etc.)).

Support in fund raising campaign (Explain how we can help you, what visibility can be offered in exchange for our support and what cause will benefit from the funds).

Support for a public awareness event (Explain how we can support your project and what visibility we can derive from such support).

DETAIL OF PROJECT

What are the other partners in this project (Confirmed or solicited)? _____

What will be the total budget for this project? _____

What portion will be financed through your partners? _____

How many employees/volunteer workers are dedicated to this project? _____

Describe what clientele is being targeted by this project: _____

Describe the project's impact on hearing health care: _____

How will you communicate the results to your partners? (Attach your communication protocol or explain when it will be available) _____