

FIRST CONTACT FORM

Name of the institution sponsoring the project:

PRESENTATION OF THE INSTITUTION

Names of directors:

Creation date:

Mission and objectives:
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PROJECT MANAGER

Surname: First name:

Position: E-mail:

Phone:

PROJECT DESCRIPTION

General objective of the project:
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Beneficiaries of the project:
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Expected impact of the project:
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Main activities:

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How are the project's objectives aligned with the goal of the Alphonse Weicker Foundation?

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Envisaged partners:

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Project start date:

Project duration:

Total project budget:

Amount requested from the Alphonse Weicker Foundation:

Possible co-financing granted or envisaged:

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Sworn statement:

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Please send this completed form to the following address: fondation.alphonseweicker@bgl.lu

The Alphonse Weicker Foundation reserves the right to request additional information if necessary.