

Foundation Remembrance, Responsibility and Future
Friedrichstr. 200
10117 Berlin

Education
Education drives the future
YOUNG PEOPLE remember

To be completed by the EVZ Foundation
Eingang

_____ . _____ . _____
Aktenzeichen
_____ . _____ . _____

FUNDING PROGRAM YOUNG PEOPLE REMEMBER [re]create digital history

Please answer each question succinctly and within the limits of the fields provided. Please do not send any supplements or additional material; email the signed application by April 16, 2023 to jugenderinnert@stiftung-evz.de.

Title of the project (meaningful, short description)

Project period

(including preparation and follow-up, max. 18 months, earliest start date July 1, 2023)

Privacy Policy

Data protection is an important concern for the EVZ Foundation. Consequently, we would like to inform you about the data processing for your institution in the context of a project application: www.stiftung-evz.de/en/privacy-policy

Declaration of consent: Privacy policy

☐

I have read the privacy policy and consent to it.

By checking the box above in the privacy policy, you consent to receive future emails from the Foundation Remembrance, Responsibility and Future. The EVZ Foundation provides you with up-to-date information about funding programs, events and other projects on a regular basis. In this connection, please note the data protection risks from third countries mentioned in our privacy policy. The legal basis for the data processing is your consent (Art. 6 (1) a) GDPR). You may revoke this consent at any time by sending an email to info@stiftung-evz.de. For further information, please refer to our privacy policy.

Project financing

Total costs (in euros)

Of which requested from the EVZ Foundation (in euros)

Thereof own funds (in euros)

Thereof third-party funds committed (in euros)

From which funding institution?

Of which third-party funds applied for (in euros)

With which funding institution?

Brief description of the project (max. 500 characters)

1. Details of the applicant organization

Name of the applicant organization

Telephone

Homepage

Email

Street, zip code/city and country

The contact person for the project is: (name, function, telephone and email)

The legal representation of the applicant organization is stated in: (e.g. paragraph in the statutes, indication of page)

The applicant organization is legally represented by: (name(s), function(s), telephone and email)

Legal form of the applicant organization (e.g., registered association). Please attach a copy of the entry in the register of associations, statutes and certificate of non-profit status.

Is there an affiliation with an umbrella organization? If so, which one?

Self-presentation

Please describe your institution, association, etc. briefly, for example full-time employees and active persons on a voluntary or paid basis, financial resources, tasks and objectives of the organization, target groups (max. 1,000 characters)

2. Cooperation partner

Name of organization

Telephone

Homepage

Email

Street, zip code/city and country

The cooperation partner is legally represented by: (name, function, telephone and email)

Legal form of the organization (e.g. registered association, church, local authority...)

The contact person for the project is: (name, function, telephone and email)

Since when has the partnership existed? _____

How did this partnership come about? What do the respective partners contribute to the project?

3. Cooperation partner

Name of organization/person

Telephone

Homepage

Email

Street, zip code/city and country

The cooperation partner is legally represented by: (name, function, telephone and e-mail)

Legal form of the organization (e.g. registered association, church, local authority...)

The contact person for the project is: (name, function, telephone and email)

Since when has the partnership existed? _____

How did this partnership come about? What do the respective partners contribute to the project?

4. Cooperation partner

Name of organization/person

Telephon

Homepage

Email

Street, zip code/city and country

The cooperation partner is legally represented by: (name, function, telephone and email)

Legal form of the organization (e.g. registered association, church, local authority...)

The contact person for the project is: (name, function, telephone and email)

Since when has the partnership existed? _____

How did this partnership come about? What do the respective partners contribute to the project?

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Have joint projects already been carried out? If so, please fill in the following table

Topic	When?	Where?	Funded by

Have any of the institutions involved previously received funding from the Foundation Remembrance, Responsibility and Future?
If so, when and for which project(s) (please provide reference number):

Project title	When	Reference number

Which target groups do you wish to reach with the project? (max. 1,000 characters)

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How do you plan to test the digital formats with target groups? Please provide information about the concept, participants and sequence (max. 1,500 characters)

Which historical places of National Socialist persecution and extermination are to be included in the project? Which challenges or needs of international historical-political education OR youth educational work do you intend to address with your project?

How are contemporary challenges such as various forms of antisemitism, racism, historical revisionism and current forms of group-focused enmity (online hate speech, Holocaust distortion) reflected in your project?

What is your experience in the design and implementation of digital projects for international historical-political education OR youth educational work? (max. 1,500 characters)

Will the project work with campaigning? ☐ Yes ☐ No

If yes: What specific measures are you planning and why? Which objectives are they intended to achieve?

What experience do you have with campaigning?

What forms of PR work are you planning for the project if you do not include any campaigning in your project? How do you use social media for this purpose? (max. 2,000 characters)

Which specific criteria do you apply to measure the success of the project? Please use SMART criteria for this and formulate points for it (max. 2,000 characters)

How do you address possible challenges in the project? (max. 2,000 characters)

How do you guarantee sustainable use of the project results beyond the project period? (max. 2,000 characters)

What is the time schedule for the project? What are the milestones in the course of the project?
 What are the specific project results?

Period	Milestone	Activity/project result

Attachments

The attachments marked with ☑ must be submitted by email with a binding status.

If you are including additional attachments, please indicate this by checking the relevant boxes.

- ☒ Cost and financing plan (see template/attachment as Excel file)
- ☒ Copy of statutes from all project partners (please mark the place where the statutory/legal representative named). In case of ambiguity, please attach a valid excerpt from the official register.
- ☒ Copy of the certificate of non-profit status from all project partners
(Certificate of corporate exemption or copy of the result of the last tax audit)
- ☐ Copies of notifications of grant awards from other donors

The applicant(s) hereby declare that all information included in this project application is true and that the project application has been prepared jointly with all project partners.

You confirm that you have taken note of the funding conditions and information about the selection process and communication. At the same time, you agree that if the project is funded, the results may be published and can remain in the archives of the Foundation Remembrance, Responsibility and Future.

**It is signed by the legal representatives of all cooperating organizations.
A digital signature will suffice.**

Applicant:

Place, date	Legal representative Project Partner I
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Project partner:

Place, date	Legal representative Project Partner II
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Place, date	Legal representative Project Partner III
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Place, date	Legal representative Project Partner IV
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Explanatory notes on applied personnel costs

No. in cost plan	Function	Description of tasks or services; qualifications required, if any	Weekly working time in hours

Explanatory notes on applied fees

No. in cost plan	Function	Description of tasks or services; qualifications required, if any	Amount in euros per hour/day

Explanatory notes on planned acquisitions (“non-recurring material costs”)

No. in cost plan	Planned acquisition	Description of tasks or services; qualifications required, if any