

To be completed by the EVZ Foundation

Received:

Ref

MEET UP! Youth for Partnership

A funding program of the Foundation Remembrance, Responsibility and Future (EVZ)

Application form for international youth encounters 2023

We thank you most sincerely for your interest in implementing a project at MEET UP! Youth for Partnership. Please exclusively use this program form for your project application. Please keep your responses brief and to the point and avoid duplicate responses. Please use the size of the text box as a guide for your responses! Use the Cost and Funding Plan to calculate the funding amount you may request for your project.

Please email the completed application form, **signed by all partners**, by **October 31, 2022** to meetup@stiftung-evz.de

1. Project name

2. Brief project description

Please give a concise description, in **three to five sentences**, of the specific content of your project, the issues it addresses and the type of product planned to result from the project.

3. Please tick what you are applying for:

- Digital encounter(s) Hybrid encounter(s) Analog encounter(s), including trips

Declaration of consent: Data protection

- I have read the privacy policy and agree to it.

By ticking the below box for the data protection declaration, you give your consent to receive future emails from the Foundation Remembrance, Responsibility and Future. The EVZ Foundation regularly sends out information on current funding opportunities, upcoming events and other projects. Please note the information on data protection risks from non-EU countries in our data protection declaration. The data processing is based on your consent (Art. 6 (1) lit. a) GDPR). You can revoke this consent at any time by sending an email to info@stiftung-evz.de. For further details, please see our [privacy policy](#).

4. Topic: (Multiple topics possible)

- Crisis – Conflict – Cooperation
- Culture of remembrance
- Youth participation
- UN sustainable development goals

5. Project funding

Total costs	<input type="text"/>	euros
of which applied for at the EVZ Foundation	<input type="text"/>	euros
of which covered by own funds or participant contributions	<input type="text"/>	euros
of which third-party funds	<input type="text"/>	euros

6. Information on the project partnership

6.1 Applicant organization based in Armenia, Azerbaijan, Germany, Belarus, Georgia, Republic of Moldova or Ukraine

Information about the primary contact person assigned to the project who is in charge of administering funds in the event that a grant be awarded.

▶ Name of institution

▶ Core activity, functions and objectives

(Non-school institutions: please additionally include bylaws and non-profit status certificate/ certificate of exemption)

▶ Street/house number

▶ Zip code

▶ City/location

▶ Country

▶ Phone

▶ Institution's email address

▶ Website

▶ Institution's social media channels

▶ Head of institution/legal representation/applicant

(Please provide an exact job description of the institution's executive management, e.g. principal, director, chairperson, and attach to your email the bylaws or documents certifying legal power of representation.)

- ▶ Name of primary contact person assigned to the project
(Please name only one person responsible for all communications with the EVZ Foundation)

- ▶ Contact person's function
- ▶ Contact person's phone no.
- ▶ Contact person's email address

6.2 Project partners based in Armenia, Azerbaijan, Germany, Belarus, Georgia, Republic of Moldova or Ukraine (mandatory)

- ▶ Name of institution

- ▶ Core activity, functions and objectives
(Non-school institutions: please additionally include bylaws and non-profit status certificate/
certificate of exemption)

- ▶ Street/house number
- ▶ Zip code ▶ City/location ▶ Country
- ▶ Phone
- ▶ Institution's email address
- ▶ Website
- ▶ Institution's social media channels

- ▶ Head of institution/legal representation/applicant
(Please provide an exact job description of the institution's executive management, e.g. principal, director,
chairperson, and attach to your email the bylaws or documents certifying legal power of representation.)

- ▶ Name of primary contact person assigned to the project
(Please name only one person responsible for all communications with the EVZ Foundation)

- ▶ Contact person's function
- ▶ Contact person's phone no.
- ▶ Contact person's email address

6.3 If applicable, additional project partners based in Armenia, Azerbaijan, Germany, Belarus, Georgia, Republic of Moldova or Ukraine (voluntary)

▶ Name of institution

▶ Core activity, functions and objectives

(Non-school institutions: please additionally include bylaws and non-profit status certificate/certificate of exemption)

▶ Street/house number

▶ Zip code

▶ City/location

▶ Country

▶ Phone

▶ Institution's email address

▶ Website

▶ Institution's social media channels

▶ Head of institution/legal representation/applicant

(Please provide an exact job description of the institution's executive management, e.g. principal, director, chairperson, and attach to your email the bylaws or documents certifying legal power of representation.)

▶ Name of primary contact person assigned to the project

(Please name only one person responsible for all communications with the EVZ Foundation)

▶ Contact person's function

▶ Contact person's phone no.

▶ Contact person's email address

6.4 If applicable, additional project partners based in Armenia, Azerbaijan, Germany, Belarus, Georgia, Republic of Moldova or Ukraine (voluntary)

▶ Name of institution

▶ Core activity, functions and objectives

(Non-school institutions: please additionally include bylaws and non-profit status certificate/certificate of exemption)

▶ Street/house number

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(Please provide an exact job description of the institution's executive management, e.g. principal, director, chairperson, and attach to your email the bylaws or documents certifying legal power of representation.)

▶ Name of primary contact person assigned to the project

(Please name only one person responsible for all communications with the EVZ Foundation)

▶ Contact person's function

▶ Contact person's phone no.

▶ Contact person's email address

6.5 How long has the partnership been in existence?

6.6 How did this partnership come into existence? Why is this particular combination of countries useful or relevant to the project topic and project partnership? (maximum 1.600 characters)

6.7 Have joint projects already been realized? If so, please complete the table below.

Topic	When?	Where?	Funded by
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

7. General information about the project

7.1 Number of participants

Please enter the number of young people (between the ages of 14 and 35) and project heads. There should be at least one person from each country designated as project head (both for digital and for hybrid format projects realized locally). There should be at least six participants per country.

Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total
Participants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project heads	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Number of instructors, workshop leaders, etc.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Age of participants (between 14 and 35 years)

7.2 Anticipated project realization period and program of encounters

Date (DD.MM.YYYY)	Format (digital/analog/ hybrid)	Program (In this column, please enter the content-related focus areas for each encounter day and briefly indicate the mode and method of joint group work.)

8. Project description

Please be aware that we may only fund projects addressing issues closely related to those outlined in the call for applications. Please keep your project **description brief and to the point**, using complete sentences.

8.1 Which topic is key to your project work? What objectives do you aim to achieve with the project?
(maximum 1.600 characters)

8.2 How will you safeguard the joint work and the digital exchange between the project groups? Outline the initial operational steps for the joint analog, digital and/or hybrid project work. How does the project work take place at the local level? (if any)

8.3 How are project participants in the partner countries recruited and selected? How are the young people actively involved in the project’s preparation, planning and implementation?

9. Project results and presentation

Please enter one or at most two forms of result planned to come out of the project!

- a) What results are expected to come out of the project, e.g. exhibition, film, publication, theatre performance, panel discussion, blog, website, apps, concerts, labs, comics, brochures, artwork or other forms?

- b) To which target group will the project result be made accessible, and how will this be accomplished? How do you plan to organize your press and public relations activities for the project?

10. Information on the application for MEET UP! Youth for Partnership

10.1 Have any of the participating institutions previously received funding from the Foundation Remembrance, Responsibility and Future? If so, when and for which project(s)? (Please provide the approval number.)

Project name	When?	Approval no.

10.2 Annexes

The annexes marked with must be submitted by email and are legally binding.

If you attach additional annexes, please tick the appropriate boxes provided.

- Cost and Funding Plan (see template/annex as Excel file)
- Copy of the bylaws of all project partners (please highlight the section where the legal/judicial representative is named). In case of doubt, please attach a valid excerpt from the official register.
- Copy of the non-profit status certificate of all project partners (notice of tax exemption or copy of the findings of the most recent tax audit)
- Copies of approval notifications from other fund donors

10.3 The applicant(s) hereby warrant(s) that all of the information contained in this project application is true and correct and that the project application has been jointly prepared by all partners.

You hereby confirm that you have read and understood the funding conditions, as well as information regarding the selection process and communications. Furthermore, you hereby agree that, if the project is funded, the results may be published and may remain in the archives of the Foundation Remembrance, Responsibility and Future.

The signatures of the contact persons for all cooperating organizations are required. A digital signature shall suffice.

Applicant:

Place, date

Contact person for project partner I

Projektpartner:innen:

Place, date

Contact person for project partner II

Place, date

Contact person for project partner III

Place, date

Contact person for project partner IV

Explanatory notes on personnel costs being applied for

No. in cost plan	Duties	Functions and/or service descriptions; if applicable, requisite qualification	Weekly working time (in hours)

Explanatory notes on honoraria being applied for

No. in cost plan	Duties	Functions and/or service descriptions; requisite qualification, if applicable	Amount per hour/day (in euros)

Explanatory notes on planned purchases (“one-off material costs”)

No. in cost plan	Planned purchases	Functions and/or service descriptions; if applicable, requisite qualification