

Stiftung Erinnerung, Verantwortung und Zukunft  
Friedrichstr. 200  
10117 Berlin

Education  
Education drives the Future  
YOUNG PEOPLE remember international

To be completed by the EVZ Foundation  
Eingang

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Aktenzeichen  
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## FUNDING PROGRAM YOUNG PEOPLE remember international [re]act finding memories

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 September 2, 2024 to [youngpeoplerecuperate@stiftung-evz.de](mailto:youngpeoplerecuperate@stiftung-evz.de).

**Title of the project** (meaningful, short description)

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### Project period

(including preparation and follow-up, max. 9 months, earliest start date January 15, 2025)

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### 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](http://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](mailto:info@stiftung-evz.de). For further information, please refer to our privacy policy.

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## 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. 700 characters)

## 1. Details of the applicant organization

Name of the applicant organization

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Telephone

Homepage

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Email

Street, zip code/city and country

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

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

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

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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.

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

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### **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. 500 characters)

## **2. Cooperation partner**

Name of organization

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Telephon

Homepage

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Email

Street, zip code/city and country

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

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

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

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**3. Cooperation partner**

Name of organization

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Telephon

Homepage

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Email

Street, zip code/city and country

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

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

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

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## 4. Cooperation partner

Name of organization

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Telephon

Homepage

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Email

Street, zip code/city and country

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

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

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

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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 commitment letter number):

Project title

When

Commitment letter number

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What is your experience in international exchange work and history and civic education? What expertise do the cooperation partners bring to the table and what role do the different partners play in the project? (max. 2,000 characters)

With which other organizations, institutions, etc. do you cooperate in the course of the project? (max. 1,000 characters)

Please tick what you are applying for:

- Bi- and multilateral meetings of youth and young adults
- Bi- and multilateral projects with professionals

Please provide a precise and comprehensible description of the project. What is the content and organizational concept? What have you planned? When do you want to implement it? Where will which activities take place? (max. 4,000 characters)

Which target group(s) would you like to reach with the project? (max. 2,000 characters)

How are the participants involved in the project concept and implementation? How do you create references to the participants' everyday lives and the present? (max. 2,000 characters)

Number of participants

Country	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Total
Project participants	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Project supervisors	<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"/>

If you are planning youth/young adult encounters, what is the age range of these:

*(Participants in international youth encounters can be between 14 and 35 years old. Please set a reasonable age limit for your target group so that you can design topics, content, methods and activities that are pedagogically appropriate for the target group of your project. If you would like to include participants with a wide age range in your project, please describe and explain why. There are no age limits for exchanges of experts).*

Which historical sites of National Socialist persecution and extermination are to be included in the project? Which topics of the history of National Socialism and the Holocaust will be dealt with – in relation to the historical sites? Which groups of victims of persecution does the project deal with? (max. 1,500 characters)



Which formats and methods do you use (digital, analog, hybrid)? (max. 1,500 characters)

Which challenges or needs of history and civic education and/or international youth education do you respond to with your project? (max. 1,000 characters)

What goals do you want to achieve with the project? What concrete criteria do you use to measure the success of the project? Please use SMART criteria for this and formulate points for them. (max. 2,000 characters)

Present the time and activity plan of the project and mark milestones in particular.

Period	Milestone	Activity/project result

Depict the schedule of the exchange(s).

Day	Content and formats

What are concrete project results? (max. 1,000 characters)

What forms of public relations are you planning for the project (analog, digital, social media)? (max. 1,000 characters)

**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 contact persons of all cooperating organizations. A digital signature will suffice.**

**Applicant:**

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Place, date	Contact Person, Project Partner I
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**Project partner:**

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Place, date	Contact Person, Project Partner II
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Place, date	Contact Person, Project Partner III
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Place, date	Contact Person, 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 (“one-off material costs”)**

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