



**PROJECT APPLICATION FORM
FOR ANNUAL GRANT FROM VODAFONE ALBANIA FOUNDATION**

Name and title of individual submitting the application	Contact Name: Phone Number: Email: Address:
Endorsed by:	<i>To be completed by Vodafone Albania Foundation</i>
Name of Local Organization applying for grant: (also give charitable status and a summary of their activities)	
Project name:	
Amount requested : (indicate whether this is a multi-year grant and payment breakdowns and schedule)	
Project's goal(s) and Key Performance Indicators:	Goal(s): Beneficiaries: KPI:(what will show this project is a success e.g. number of people trained, number of jobs created, etc):

	Strategy: How does this project fit your charitable strategy?
Project timeline: (start and finish dates)	
Previous grants awarded from VF to the organisation	
Strengths: (please list the strength of the project)	
Weakness: (please list the weaknesses of the project)	
Publicity strategy for the project:	
Acknowledgement of support for the VAF: (where will this appear, e.g. annual report, website...)	<i>To be completed by Vodafone Albania Foundation</i>
How will the project be monitored and evaluated?	<i>To be completed by Vodafone Albania Foundation</i>
VAF Comments: Please leave this blank for VGF recommendation to the Trustees	<i>To be completed by Vodafone Albania Foundation</i>