



**Request for a financial contribution from a non-profit organization  
L.I.P.P.A. n.o.**

*(Note: use the apital letters to fill\*, sign it, scann and sent to organisation email: info@lippa.sk)*

1. Individual/organization requesting contribution, full name:

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2. Adress and contact details, webpage, email, phone :

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3. Type of the project: humanitarian/development:

.....

4. Name of the project :

.....

5. Goals and short description of the project :

.....

.....

.....

6. Project duration: From: .....to : .....

8. Place of execution :

.....

9. Responsible manager, full name and address:

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10. Amount requested:

.....

11. Preliminary budget of the project in EUR by items:

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.....  
.....  
.....  
.....  
.....

12. Name and full address of the banking institution to receive the contribution:

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.....

13. Account number in IBAN format :

.....

*Kindly take note than no latter from one month of the termination of the project, the recipient of the contribution is obliged to report to the L.I.P.P.A n.o. the outcome of it together with the photos, otherwise the next request for assistace shall not be accepted.*

***To prevent any ilegall acitivity, the person requesting the financial contribution is requested to enclose as well the copy of his/her ID or passport. It is compulsory, no exemption at all.***

Done in .....at .....

signature/stamp of the financial contribution applicant :

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**A place for official records of organization:**

request received on:.....

assessment result:.....

request approved on: .....

the request was approved by:.....

Stamp and signature

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*\* In order to avoid any delays, the applicant must ensure that the form is filled in completely - all items and truthfully, before sending it. The organization L.I.P.P.A n.o. is not responsible for the consequences caused by incorrectly provided information, thank you for your understanding.*