

Application Form for Missionary and Development Aid

**sg.
kath.
ch**

katholischer
konfessionsteil
des kantons
st.gallen

Please submit your request in due time.
Applications received too late may not be considered.

Deadline

for the first annual distribution: **April 15**
for the second annual distribution: **September 30**

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Missions- und Entwicklungshilfe Fax +41 71 227 33 00
Klosterhof 6a info@sg.kath.ch
CH-9000 St.Gallen www.sg.kath.ch
Switzerland

1. Project title

Project location _____

2. Applicant

Details of the religious Group applying for aid (parish/diocese or religious congregation)

Group _____

Address _____ ZIP/City/Country _____

Phone _____ Mobile/Cell _____

E-Mail _____ Website _____

Details of the individual applicant or contact person

Name _____ Surname _____

Address _____ ZIP/City/Country _____

Phone _____ Mobile/Cell _____

E-Mail _____ Website _____

Profession/function _____

3. Project

Project Sponsor _____

Project start _____

Project duration _____

Description (e.g. project goals and objectives)

4. Reference to the diocese of St.Gallen or the apostolic administration of Appenzell

Supervising sponsor/Institution of the diocese of St.Gallen or the apostolic administration of Appenzell

identical with applicant

not identical with applicant:

Name	_____	Surname	_____
Institution	_____		
Address	_____	ZIP/City/Country	_____
Phone	_____	Mobile/Cell	_____
E-Mail	_____	Website	_____

other reference to the diocese of St.Gallen or the apostolic administration of Appenzell

Comments

No reference to the diocese of St.Gallen or the apostolic administration of Appenzell

Comments

5. Funding

Overall cost of project Fr. _____

Personal/in-house contributions Fr. _____

Guaranteed contributions Fr. _____

Uncovered deficit Fr. _____

Desired amount from Konfessionsteil Fr. _____

Was the application submitted elsewhere: Yes, _____

No

6. Bank / payment details

Beneficiary	Name/Surname	_____
	Address	_____
	ZIP/City/Country	_____
Bank	Name	_____
	ZIP/City/Country	_____
Account number		_____
IBAN		_____
BIC		_____

7. Required Enclosures

	enclosed
Letter of application	<input type="checkbox"/>
Documentation to local funding body (sponsor)	<input type="checkbox"/>
Detailed description (with building plans and photos)	<input type="checkbox"/>
Details of Financial Plan/Budget	<input type="checkbox"/>
_____	<input type="checkbox"/>

The undersigned person confirms that this application form has been filled out completely and truthfully.

Place / Date

Signature of Applicant

Please check that all documents are enclosed. Incomplete applications will not be returned to sender. The application can only be considered when all enclosures or documents have been received.