

RADIOMARATHON FOUNDATION MANAGEMENT COMMITTEE

Application from an Institution/Organization/Association offering services to children with Special Needs.

PART A

(To be completed by all Applicants)

1. Name of institution / Organization

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Address.....

..... Telephone.....

Year of establishment Registration number.....

Name of official who may be contacted

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PART B

To be completed only by Institutions/Houses/ Day Care Stations that provide accommodation or day care or both. It should also be supplemented, where applicable, by New Institutions/Houses/ Day Care Stations.

2. Service/care category

- 1. **Day** care for beneficiaries only YES/NO
- 2. Full care **with accommodation** in the institution YES/NO
- 3. Both of the above YES/NO

3. Number of residents

A. Total B. Children with Special Needs*

1) Number of Residents on the date of application

2) Number of Residents on 31/12 of the year ended*

4. *Note: The number of children who fall under the provisions of the Regulations of the Radiomathon Foundation as "Children with Special Needs" should be recorded in column B. (Please attach list).

If the Foundation offers services to both resident children and persons on a day care status, please provide the numbers in each case, at the end of the year ended and on the date of application.

	No. of Children at the end of the year	No. On the date of their application
Day care only
Full care with accommodation

5. 1) Reasons for application: Provide the supporting documents for the submission of the application (e.g. new buildings, equipment or activities, etc.) and attach relevant studies if any.

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Projected financial obligations €

See back page

PART III

To be completed ONLY by Associations and Organizations that deal with the promotion of protection, care and integration of persons (including children with special needs) without operating Homes – Institutions – Care Stations, etc. or engage in therapy and research.

6. Please indicate in which category the Agency's interest falls and explain your estimated costs and needs in Part D.

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PART IV

To be completed by all.

7. For the last financial year ended for which there is an auditor's report (Copy to be attached) state: (New Institutions to declare their programs):

(a) Annual Revenue/Origin – Describe:

- 1. From Government Funds €
- 2. From Fundraising €
- 3. From fees charged to people receiving help €
- 4. From other sources – State what €

(b) Annual Expenses

- 1. Staff €
- 2. Rent €
- 3. Maintenance, care, foodstuffs €
- 4. Other €

(c) Declare any assets (e.g. savings, real estate, etc.)

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8. Please provide any other information supporting the request for a grant from the Radiomarathon Foundation.

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Signature and title..... Date.....