**CCI Europe Ukrainian Childhood Cancer Emergency Fund Application Form**

*Version: 12/09/2022*

**Introduction**

*The Emergency Fund has been created by CCI Europe to* ***support our Ukrainian childhood cancer community****.*

*CCI Europe allocates funds* ***in full transparency*** *where they are most needed.*

*CCI Europe will not grant any double-funding; meaning that your organization has already received the funding from any Governmental Fund or another NGO for the same purpose.*

**Criteria**

* Only member organisations of CCI can apply for financial support for families from the Emergency Fund using this application form.
* The funds will be used to support families with a child diagnosed with cancer who fled Ukraine during the war.
* The request for financial support has to comply with the mission of CCI.

**What does the Emergency Fund cover?**
The Emergency Fund covers urgent needs which are not covered by the governmental institutions, charities or NGOs and more specifically family reunifications (of close family members), all up to a certain amount.

**Procedure**

* The independent Grant Advisors review the application and give a recommendation to the CCI Europe Ukraine Task Force within one week.
* If the request is accepted, the money will be transferred to the bank account of the applying organisation in a reasonable delay.
* The applying organisation sends a short financial and activity report to CCI Europe, including invoices, within 6 weeks after spending the funds.
* Any remaining funds must be returned to CCI Europe within two weeks after receiving the report.

**Application Form**

Name of the CCI Europe member organisation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail of contact person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank account of the organisation:

* Name of the bank account holder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* IBAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* BIC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Name of the bank: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Support request**

Describe shortly what the funds are required for:

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**Requested amount**

Total budget including:

* detailed list of expenses

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|  |

* financial contribution of your own organization, if any

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|  |

* other financial contributions (amount and contributors)

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|  |

* estimated timeframe for spending the funds

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I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby confirm that my organisation

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ has not received any funding for the request above.

**Reason why a request of support mentioned above is not covered by my state:**

Please clarify here:

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|  |

**Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name in caps:**

**Job-Title:**

**The completed application form should be sent to** *ukraine@ccieurope.eu*

**Approval** *(for CCI Europe to fill in)*

|  |  |  |
| --- | --- | --- |
| Approved (yes/no)? | Amount approved | Signature |
|  |  |  |