

# THE AMERICAN INTERNATIONAL WOMEN'S CLUB OF LAUSANNE

## CHARITABLE INVOLVEMENT

### APPLICATION FORM

#### CHECKLIST

PLEASE FILL OUT THE FOLLOWING CHECKLIST PRIOR TO PROCEEDING WITH THE APPLICATION FORM.

	YES	NO
IS YOUR ORGANISATION NON-PROFIT?		
DOES YOUR ORGANISATION AID IN THE WELFARE OF WOMEN AND/OR CHILDREN?		
DOES YOUR ORGANISATION FOCUS ON HELPING PEOPLE TO HELP THEMSELVES?		
DOES YOUR PROJECT REQUIRE LESS THAN AN EQUIVALENT OF SFR 5,000?		
WILL YOUR PROJECT BE FINALIZED WITHIN 12 MONTHS FROM RECEIPT OF AIWCL'S CHARITABLE INVOLVEMENT?		
DOES YOUR ORGANISATION PROVIDE SERVICES IN SWITZERLAND AND/OR DOES THE LEADERSHIP OF YOUR ORGANISATION INCLUDE SWISS?		
DOES YOUR ORGANISATION DISCRIMINATE ON THE BASIS OF COLOR, RELIGION, OR CREED?		
<p>IF YOU ANSWERED "NO" TO ANY OF THE FIRST 6 QUESTIONS AND/OR "YES" TO THE LAST QUESTION, THEN WE ARE UNABLE TO SUPPORT YOUR ORGANISATION THROUGH A CHARITABLE INVOLVEMENT PROJECT.</p> <p>IF YOU ANSWERED "YES" TO THE FIRST 6 QUESTIONS AND "NO" TO THE LAST QUESTION, PLEASE PROCEED WITH THE APPLICATION.</p>		

## CHARITABLE INVOLVEMENT APPLICATION

### INITIAL CLUB SUPPORT:

CLUB MEMBER/COMMITTEE SUPPORTING THE PROJECT:	
ADDRESS:	
TELEPHONE:	
E-MAIL:	

### CHARITABLE INVOLVEMENT CATEGORY

PLEASE CIRCLE THE CATEGORY (MAXIMUM SFR 5,000 PER PROPOSAL) FOR WHICH YOUR ORGANISATION IS APPLYING:

SERVICES	FUNDS	MATERIALS
----------	-------	-----------

ON WHAT LEVEL DOES YOUR ORGANISATION PROVIDE ITS SERVICES?

LOCAL	NATIONAL	INTERNATIONAL
-------	----------	---------------

### ORGANISATION:

PROJECT CONTACT PERSON:

ORGANISATION:

ADDRESS:

TELEPHONE:

FAX:

E-MAIL ADDRESS:

WEBSITE:

BANK DETAILS:

## **GENERAL ORGANISATIONAL INFORMATION**

(ATTACH ADDITIONAL PAGES AS NEEDED)

1. WHAT DATE WAS YOUR ORGANISATION ESTABLISHED?
2. WHAT IS YOUR ORGANISATION'S PURPOSE OR MISSION STATEMENT?
3. HOW DID YOUR ORGANISATION HEAR ABOUT THE AIWC OF LAUSANNE?
4. HAS YOUR ORGANISATION BEEN SUPPORTED BY THE AIWCL BEFORE? IF YES, IN WHAT SPECIFIC WAY(S)?
5. WHO ARE YOUR MAIN SPONSORS AND THE % RECEIVED FROM EACH RESOURCE?
6. PLEASE PROVIDE INFORMATION REGARDING STAFF (SIZE OF STAFF, NUMBER OF PAID STAFF, NUMBER OF VOLUNTEERS).
7. PLEASE LIST FUNDING SOURCES AND THE APPROXIMATE PERCENTAGE RECEIVED FROM EACH SOURCE.

## **PROJECT DESCRIPTION**

8. HOW WILL THE FUNDS/SERVICES/MATERIALS BE USED AND BENEFIT THE TARGETED RECIPIENTS? PLEASE BE AS SPECIFIC AS POSSIBLE.
9. IN ONE YEAR, HOW WILL YOUR ORGANISATION REPORT ON THE RESULT OF OUR COOPERATION?
10. PLEASE PROVIDE THE NAME, ADDRESS, TELEPHONE NUMBER AND E-MAIL INFORMATION (IF DIFFERENT FROM ABOVE) OF THE PERSON WHO WILL BE RESPONSIBLE FOR PROVIDING THE ONE YEAR ACHIEVEMENT INFORMATION TO THE AIWCL.

NAME:

ADDRESS:

TELEPHONE:        FAX:

E-MAIL ADDRESS:

11. IN 100–150 WORDS OR LESS, PLEASE SUMMARIZE FOR OUR MEMBERSHIP THE CHARITABLE INVOLVEMENT PROJECT AND THE INTENTION FOR THE USE OF SERVICES/FUNDS/MATERIALS.

PLEASE ATTACH A COPY OF YOUR ORGANISATION'S TAX EXEMPT STATUS, STATUTES, BROCHURES AND FINANCIAL STATEMENT. (AND ATTACH ANY OTHER USEFUL INFORMATION)

THE BELOW SIGNATURE CERTIFIES THAT THE ORGANISATION REQUESTING CHARITABLE INVOLVEMENT FROM THE AMERICAN INTERNATIONAL WOMEN'S CLUB OF LAUSANNE IS NOT FOR PROFIT, HAS NO POLITICAL AFFILIATION AND IS NOT INVOLVED IN ANY ILLEGAL, UNETHICAL OR DISCRIMINATORY ACTIVITIES.

SIGNATURE (RESPONSABLE) :

DATE:

**PLEASE SEND THE COMPLETED FORM AND ADDITIONAL MATERIALS TO:**

CHAIR – COMMUNITY SERVICES  
AMERICAN INTERNATIONAL WOMEN'S CLUB - LAUSANNE  
AVENUE EGLANTINE 6  
1006 LAUSANNE  
OR E-MAIL TO  
COMMSERVICES@AIWC-LAUSANNE.ORG

**APPLICATION AND INFORMATION DEADLINE**

APPLICATION FORMS ARE DUE ELECTRONICALLY BY MAY 15<sup>TH</sup>. ANY ADDITIONAL INFORMATION SHOULD BE POSTDATED BY MAY 15<sup>TH</sup>.

PROJECTS WILL BE CHOSEN DURING THE BOARD MEETING TO BE HELD ON THE FIRST WEDNESDAY OF JUNE.

ALL ORGANISATIONS WILL BE CONTACTED BY JUNE 30<sup>TH</sup> CONCERNING THE STATUS OF THEIR APPLICATION.