ANNEX A – COVER LETTER OF THE ORGANIZATION

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| Applicant name (CSO name must be in accordance with the most recent Court Decision / Act of Registration) | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Legal representative (only for CSOs) | |  |
| Legal status (Mark with an X) | | CSO \_\_\_\_ Other (specify) ­­\_\_\_\_\_\_\_\_\_\_\_ |
| Court Decision / Registration | | No.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The Taxable Identification Number [TIN] | |  |
| Mission / vision of the organization | | Brief summary. |
| City | |  |
| Postal address of the applicant (main office) | |  |
| Tel / Fax (Responsible person for the organization) | |  |
| e-mail: (Responsible person for the organization and the project) | |  |
| Official website address (if any) | |  |
| Other data for CSO | | Budget for the last two years (Only values) |
| List the implemented projects of the last two years (Title, donors and respective budgets) |
|  |  |  |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in the capacity of head of the organization confirm the authenticity of the above submitted information to the consortium. | | |
| **Date, signature and stamp from the head of the organization CSO** | | |