

## ORGANIZATION INFORMATION

Complete this form by either filling in the information electronically or printing out the form and filling it in by hand. Answer each question completely. If you are not sending this form electronically, type or print clearly in ink.

Legal Name of organization: DOWNSYNDROOM VLAANDEREN VZW  
Mailing Address for Official Correspondence: SINT-MARTINUSSTRAAT 14  
2550 KONTICH  
Email address: SECRETARIAAT@DOWNSYNDROOM.EU Web address: WWW.DOWNSYNDROOM.EU

ASBL No.: 890.589.167 Exact Date established as an ASBL: 4/7/2007

Name and title of Organization Contact Person: Allard CLAESSENS  
PRESIDENT

Contact Person Email Address: SEE ABOVE Contact Person Telephone Number: \_\_\_\_\_

Languages Contact Person Can Speak:  English  French  Flemish

Name of NATO WIVES BAZAAR ASBL Member Contact: MRS HARRI'S

Geographic Location of the Project (provide city, state and country): B - FLANDERS

### Focus of Project:

- |                                      |                                   |  |
|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> Health      | <input type="checkbox"/> Women    | <input checked="" type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Children |  |
| <input type="checkbox"/> Education   | <input type="checkbox"/> Seniors  |  |

## FINANCIAL INFORMATION

Complete this form by either filling in the information electronically or printing out the form and filling it in by hand. If filling in by hand, please PRINT.

### PROJECT BUDGET

Total Project Cost € 16.358, = (incl. VAT)

Will the Project be completed within a 12-month time frame?

If YES, Project time frame: MARCH 2011 to DEC 2011

Amount Requested: € 15.000, =

Are you approaching other funding sources for this project?  YES  NO

If YES, for how much of the project budget? € / OWN RESERVE FUNDS

If we can only fund part of the project, specify the smallest amount required to make this project viable: € \_\_\_\_\_

### BANKING

Name of Bank KBC

Bank Address KONTICH

## PROPOSAL SUMMARY

Is the name of the Proposed Project different than the name of the Organization? ~~YES~~  NO

If YES, what is the name of the Project? \_\_\_\_\_

State Your Organization's Mission (2 sentences or less. Provide text in English and French):

ENGLISH VERSION OPTIMIZE THE QUALITY OF LIFE OF  
PEOPLE WITH DOWN'S SYNDROME AND  
THEIR FAMILIES

FRENCH VERSION OPTIMISER LA QUALITE DE VIE DES  
PERSONNES TRISOMIQUES ET  
LEURS FAMILLES

Summarize the proposed project (4 sentences or less. Provide this text in English and French).

ENGLISH VERSION  
HELP PERSONS WITH DS TO BE WELL-  
PREPARED FOR MEDICAL EXAMINATIONS.  
MAKING THESE AN 'AGREABLE' EVENT

FRENCH VERSION  
APPORTER UN SUPPORT AUX PERSONNES  
TRISOMIQUES AFIN QUE LES CONSULTATIONS  
ET LES EXAMENS MEDICAUX SOIENT  
AGREABLE - TANT QUE POSSIBLE.

Attach 2 digital photographs of your organization and its work. If your organization is deemed eligible for funding, these pictures will appear in our annual booklet.