

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. We prefer material submitted electronically. However, if that is impossible, then you may submit by mail.

Legal Name of organization: ELLINIKI MERIMNA VOLOU

Mailing Address for Official Correspondence: 28 OKTOVRIOU 189 , 38221 VOLOS GREECE

Email address: ellinikimerimna@gmail.com Web address: _____

ASBL No.: *1835 Exact Date established as an ASBL: 23 07 2002

Name and title of Organization Contact Person: MAGDA PAPA VAGGELI

CHAIRMAN

Contact Person Email Address ellinikimerimna@gmail.com

Contact Person Telephone Number: 0030 241 0 40607

Languages Contact Person Can Speak: English French Flemish

Name of NATO CHARITY BAZAAR ASBL Member Contact: MRS EFTICHIA NOUSI

Email Address: sasevas@skynet.gr Telephone Number: 0032 2 7075961

Geographic Location of the Project (provide city, state and country): _____

VOLOS, GREECE

Focus of Project:

Health

Environment

Education

Women

Children

Seniors

People with

disabilities

Other, please explain
below

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. We prefer material submitted electronically. However, if that is impossible, then you may submit by mail.

PROJECT BUDGET

Total Project Cost € 10.000,00 (*ten thousand euros*)

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

TWO MONTHS FROM THE BEGINNING OF THE RESTORATION

Amount Requested: € 10.000,00 (*ten thousand euros*)

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

If YES, for how much of the project budget? € _____

If we can only fund part of the project, specify the smallest amount required to make this project viable: € 8.000,00 (*eight thousand euros*)

BANKING

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? RENOVATION OF THE ABUSED WOMEN AND CHILDREN' HOUSE

State Your Organization's Mission (2 sentences or less. Provide text in English and French. Application is considered incomplete if the information is not provided in both languages):

ENGLISH VERSION

Helliniki Merimna Volou is a private philanthropic institution which provides an important service to the local community of Volos by offering care and protection to the elderly, abused women and children and abandoned children.

FRENCH VERSION

Helliniki Merimna Volou est une institution privée philanthropique qui rend un service important à la communauté locale de Volos en offrant des soins et de la protection à des personnes âgées, des femmes et enfants abusés et des enfants abandonnés.

Summarize the proposed project (4 sentences or less. Provide this text **in English and French**. Application is considered incomplete if the information is not provided in both languages).

ENGLISH VERSION

**In Volos, Greek Welfare Charity Association created and operated since 1998 temporary hostel accommodation for women and children.
The hostel offers temporary shelter and psychosocial support to women and mothers with their children who are victims of abuse, until they find a permanent solution.
The money we ask is for the renovation of the shelter in order to accommodate more abused women and children annually with safety.**

FRENCH VERSION

A Volos Association grecque de charite pour bien-etre cree en 1998. Auberge pour logement temporaire des femmes et enfants. L'auberge offer un logement temporaire et du support psychosocial a des femmes et meres avec leurs enfants qui sont victims abuses jusqu'a qu' ils trouvent une solution permanente.

Attach 2 digital photographs of your organization and its work. If your organization is deemed eligible for funding, these pictures will appear on our web site.





FUNDING PROPOSAL NARRATIVE & ATTACHMENTS

On a separate sheet, please provide the following information. We prefer material submitted electronically. However, if that is impossible, then you may submit by mail. If submitting material by mail, then copies of requested material should be attached.

I. Organization Information

1. Brief Summary of Organization's history and mission.

In Volos, Greek Welfare Charity Association created and operated since 1998 temporary hostel accommodation for women and children. The hostel offers temporary shelter and psychosocial support to women and mothers with their children who are victims of abuse, until they find a permanent solution.

The categories which can benefit from the services of the hostel are:

- **Women and children in crisis who wish to immediately temporarily or permanently removed from their homes due to intolerable conditions.**
- **Women victims of trafficking until their return and integration of legal and procedural measures.**
- **Neglected children that must be protected directly by introducing them to an institution or membership in another protected relatives.**
- **Children who are identified as victims of trafficking and exploitation until their return or admission to an institution.**

2. Description of current programs, activities, and strengths/accomplishments (highlighting the past year), including what makes your organization unique.

Helliniki Merimna Volou, functions at the following sectors:

- a- **Moral and financial support to stressed families (economically or other). The focus of the organization is the child. Merimna assists in children's health and education.**
- b- **The House of the abused women and children. From 1998 Merimna has created this shelter where abused (physically or psychologically) women and children find care and support.**

II. Purpose of Funding Request

1. Please explain your need for support and also the impact this support will have.
2. List the Proposal's Target Population. In other words, Exactly who and how many people will benefit from this project?

1 + 2

This proposal aims at further improving the functioning of the hostel and the development of the existing structure in accordance with the needs of beneficiaries. Our aim is the accommodation of more incidents. About 40 people are served annually by our hostel. The aim of the hostel is the short-term accommodation in emergencies and the offer of comprehensive support services and rehabilitation.

As key factors to substantiate the feasibility of this proposal could include:

- 1) **Across the Region of Thessaly there is no hostel accommodation for abused women or homeless women and women victims of trafficking.**
- 2) **Across the Region of Thessaly no immediate short-term structure accommodating children up to the completion of their membership of any of the existing institutions.**

III. Itemization of Project Budget

1. Provide an itemized budget for the project.

Renovation of the house, for safety reasons, primarily = 10000 euros

2. Please indicate your **order of importance** for funding, if there are separate parts to the project.

The restoration and renovation of the house internally and then externally.

IV. Attachments (If possible, all attachments should be in English and/or French)

1. Organization statutes

The nationally recognized charitable (non profit) Organization under the name “HELLENIC WELFARE OF VOLOS”, which was founded in 2002 by decision of the Volos Single-Member Court of First Instance with number 280/2002 (discretionary jurisdiction) and was legally registered in the Organizations Book of the Volos Court of First Instance with serial number 1835/23-07-2002, shall be ruled and operate according to the Legislative Decree 1111/1972 “about charitable organizations” and supplementary according to the provisions of the Civil Law Code and its Introductory Law, on the basis of the present Articles of Association, as amended and re-codified by the relevant General Assembly from the 19th of March 2009.

Board members

1	Papavaggeli Magda	Chairman
2	Miheli Ifigenia	Cashier
3	Moustakali Eleni	member
4	Kastani-Ageraki Anastasia	member
5	Papapanagiotou Niki	member
6	Papathanasiou Maria	member
7	Fotiadou Ekaterini	member
8	Nikolaou Tzeni	member
9	Kontaksis Ioannis	member
10	Kontaksi Ekaterini	member
11	Tsilividou Athanasia	member
12	Hardaloupa Eleni	member
13	Kokoliou Syrago	member
14	Vasilakou Litsa	member
15	Afentitsa Foni	member
16	Lamprou Sina	member

17	Pissaridou Paraskevi	member
18	Raftaki Zafeiria	member
19	Zoumporlis Georgios	member
20	Patrikou Irini	member
21	Kalogeromitros Ioannis	member
22	Kalogeromitros Vassilis	member
23	Karvouni Litsa	member
24	Dranidou Evaggelia	member
25	Dranidou Chrisa	member
26	Kokari Eleni	member
27	Papazoglou Zanette	member
28	Stefani Mahi	member
29	Haroula Moustakali	member
30	Vassiliki Gatzana	member
31	Tsatsou Eleni	member
32	Pappa Mahi	member
33	Tsakmali Kalliopi	member
34	Kokkoni Apostolia	member
35	Dalamaga Georgia	member
36	Spanougaki Sofia	member
37	Protolati Evaggelia	member
38	Christidou Eleni	member
39	Lema Maria	member
40	Zarafonitou Harikleia	member
41	Psiota Ekaterini	member
42	Apostolidou Grammati	member
43	Xantha Sevasti	member
44	Sotiriou Olga	member
45	Mpampali Stavroula	member
46	Molohadi Maria	member

The present *amended* Articles of Association of the Organization under the name *Hellenic Welfare of Volos* recognized by the decision of the Volos Court of First Instance with number 386/2009, has been registered in the Book of recognized Organizations of the Volos Court of First Instance with registration number **1835**.
Volos, 02 September 2009

The Secretary

Georgios Chatzopoulos

Annual financial report:

BALANCE SHEET 2010

REVENUES (IN EUROS)				EXPENSES (IN EUROS)			
A. CASH BALANCE 35334,25				A. ADMINISTRATION COSTS			
a) centre		.....		1. salaries	11954,45		
b) children's shelter		.....	35334,25	2. social insurance institute	6276,42		
				3. devices	2750		
B. RECEIPTS				4. third party expenses	5190		
1. subscriptions	320,00			5. pharmaceutical expenses	.....	
2. financial support board member	15000,00			6. nutrition	.....	
3. Bank interest	64,02			7. stationery	.....	
4. donations and special contributions	9608,00			8. travel expenses	8005,68		
5. arts festivals	528,00			9. fuel	.....	
6. whip rounds	.....	.....		10. ligths, water, telephone	.....	
C. REVENUES FROM INCOME TAX RETURN				11. allowances	.....	
1. children's shelter			25520,02	12. taxes, loans	3099,69		
			total	B. COSTS			
			60854,27	1. Children's shelter			
FUND ANALYSIS 2010				a) center grant	.....	
				b) regular income of the center	.....	37276,24	
					total	37276,24	
1. BANK ACCOUNT BALANCE	23577,60			BALANCES			
2. COSTS	37276,24			1. centre	.....	
3. REST	0,43			2. children's shelter	.....	23578,03	
TOTAL	60854,27			TOTAL		60854,27	

VOLOS, 4/4/2011

PRESIDENT: MAGDA PAPA VAGGELI

CASHIER: IFIGENIA MICHELI