

## 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:** Piraeus Association of Parents, Guardians and Friends of People with Disabilities

**Mailing Address for Official Correspondence:**

**27 Acharnon & Dodecanese str., Kaminia, Piraeus, 185 41**

Email address: [pek-amea@otenet.gr](mailto:pek-amea@otenet.gr) / [info@pek-amea.gr](mailto:info@pek-amea.gr)

Web address: [www.pek-amea.gr](http://www.pek-amea.gr)

**ASBL No.:** 6513 **Exact Date established as an ASBL:** 4/11/98 (1205/98)

**Name and title of Organization Contact Person:** Margaris Foteini

Contact Person Email Address: [skyland1@otenet.gr](mailto:skyland1@otenet.gr)

Contact Person Telephone Number: 0030 6976431177

Languages Contact Person Can Speak:  English  French  Flemish

**Name of NATO CHARITY BAZAAR ASBL Member Contact:**

**MARIA BRINIA (1<sup>ST</sup> ASSISTANT NATIONAL REPRESENTATIVE GREECE)**

**Email Address:** [mbrinia@gmail.com](mailto:mbrinia@gmail.com) **Telephone Number:** 047 96 61 014

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

**Piraeus – Attiki - Greece**

**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  | <input type="checkbox"/> 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 € **12.700,00€**

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

If YES, Project time frame: **THREE MONTHS FROM THE BEGINNING OF THE RESTORATION**

Amount Requested: € **10.000,00€**

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: € **10.000,00€**

### **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?

**Infrastructure and Educational material enhancement**

**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**

**Our goal through creative programs and socialization is the smooth integration and acceptance of disabled adults in the local and the wider community, entertainment, autonomy and self-handling, the camaraderie, self-esteem and equality.**

### **FRENCH VERSION**

**Notre but à travers des programmes de création et de la socialisation est l'intégration harmonieuse et l'acceptation des adultes handicapés dans les locaux et la communauté, de divertissement, l'autonomie et l'auto-assistance, la camaraderie, l'estime de soi et de l'égalité**

**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**

**Infrastructure and Educational material enhancement.**

### **FRENCH VERSION**

**L'amélioration de l'infrastructure et du matériel pédagogique.**

**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.

**The Piraeus Association of Parents, Guardians and Friends of People with Disabilities was founded in 1996 with a view to meet the needs of people with disabilities in the wider area of Piraeus.**

**For this purpose we established and operated since 1997 Day Care and Creative Centre, which cares for young men and women aged 15 and older with mental retardation.**

**Our goal through creative programs and socialization is the smooth integration and acceptance of disabled adults in the local and the wider community, entertainment, autonomy and self-handling, the camaraderie, self-esteem and equality.**

**Legal form : The Piraeus Association of Parents, Guardians and Friends of People with Disabilities is a private non-profit organization. The Day Care Centre certified Day Care and Creative Centre, is qualified as an Exclusively Charitable Association.**

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

**Day Care and Creative Centre's programs are:**

- **Special Education,**
- **Learning Support,**
- **Psychological and Psychiatric Support,**
- **Special Physical Education,**
- **Dance therapy (occasionally),**
- **Sheltered Workshops (Soap, Candles, Stained and Hand Construction),**
- **Counseling Parents,**
- **Cultural - Social Activities,**
- **Autonomy and Self-handling,**
- **Entertainment - Outdoor Programs (trips, visits to museums etc.)**
- **Social Service.**

**Some of the accomplishments of the last year are :**

- **Theatrical meetings (twice a year)**
- **15 days camping during summer**
- **Bazaars**
- **Visits to nursery homes**
- **Organized the "First Conference for Information and Social Awareness on Disability"**

**IN the entire municipality of Piraeus (**

## II. Purpose of Funding Request

1. Please explain your need for support and also the impact this support will have.

**Due to economical crisis the funds have been cut off.**

**The parents are old and unable to give more incomes to the school.**

**The furniture and the desks are second-hand and torn.**

**Because of the humidity, the water basins and toilet flushes urgently need to be changed.**

**The kitchen should be renewed.**

**So, we'll grateful accept your support.**

2. List the Proposal's Target Population. In other words, Exactly who and how many people will benefit from this project?

**The life of 22 adults with mental retardation will be improved and the staff containing from 6 people will work in better conditions.**

## III. Itemization of Project Budget

1. Provide an itemized budget for the project.

**Oven = 1.000,00€**

**2 air-conditions = 1.000,00€**

**Laptop = 700,00€**

**Desks, chairs, furniture = 6.000,00€**

**Water basins etc = 4.000,00€**

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

- 1. New desks and chairs with European CE standards**
- 2. Oven, as it is very old**
- 3. Air-conditions**
- 4. Laptop**
- 5. Water basins, toilet flushes etc.**

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

### 1. Organization statutes.

The Piraeus Association of Parents, Guardians and Friends of People with Disabilities was founded in 1996 with a view to meet the needs of people with disabilities in the wider area of Piraeus. For this purpose we established and operated since 1997 Day Care and Creative Centre, which cares for young men and women aged 15 and older with mental retardation.

#### Members of the Board

President : Margaris Foteini  
 Vice president : Fountoulaki Argiro  
 General Secretary : Spourgitis Afroditi  
 Treasurer : Chrysi Gidopoulou  
 Member : Kominatou-Stenou Kleanthi

### 2. Annual financial report.

#### BALANCE SHEET 2010

REVENUES	€	EXPENSES	€
01. HOSPITALIZATION	61,008,55	01. RENTS	18.000,00
02. DONATIONS	10.859,00	02. SALARIES EMPLOYEES	62.829,41
03. GRANTS - PERFECTURE PIREUS	63.294,65	03. OTHER FEES	16.203,47
04. GRANTS - OTHER	5.000,00	04. INSURANCE CONTRIBUTIONS	34.329,76
05. BANK RATES	27,92	05. ELECTRICITY - PHONES - WATER	3.433,04
06. REVEUES FROM SHOWS	806,00	06. TAX CHARGES	3.200,28
07. DISPOSAL OF EXCIBITS	3.297,00	07. HEATING	698,40
08. SUBSCRIPTIONS - MEMBER FEES	820,00	08. CATERING	2.457,40
09. OTHER REVENUES	518,13	09. FURNITURE	915,48
		10. TRANSPORT - REPAIR - MAINTENANCE	1.650,00
		11. TRAVEL EXPENSES	4.029,34
		12. LABORATORY MATERIALS	2.384,36
		13. MAINTENANCE - REPAIR - CLEANING BUILDING	1.666,59
		14. RECREATION EXPENSES	255,92
		15. STATIONERY - CONSUMABLES	1.455,03
		16. OTHER EXPENSES	7.333,23
<b>TOTAL REVENUES</b>	<b>145.631,25</b>	<b>TOTAL EXPENSES</b>	<b>160.904,71</b>
FUND BALANCE 31/12/2009	47.536,10	FUND BALANCE 31/12/2010	32.262,64
		CASH IN THE HANDS OF THE TREASURER	5.246,41
		BANKS	
		□). AMRFIN - EGNATIA BANK	10.050,76
		□). NATIONAL BANK OF GREECE	16.965,47
□□□□□□ □□□□□□	<b>193.167,35</b>	□□□□□□ □□□□□□	<b>193.167,35</b>