

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: “THE WORK of APOSTLE PAUL”

Mailing Address for Official Correspondence: RYLARINOU 76 , KORINTHOS 20100, GREECE

Email address: mitropoli@imkorinthou.org Web address: www.imkorinthou.org

ASBL No.: 109/2 Exact Date established as an ASBL: 29/01/1973

Name and title of Organization Contact Person: Ierotheos Polychronis

Contact Person Email Address i.polychronis@imkorinthou.org

Contact Person Telephone Number: 00306932663011

Languages Contact Person Can Speak: English French Flemish

Name of NATO CHARITY BAZAAR ASBL Member Contact: MARIA BRINIA (1st Assistant National Representative)

Email Address: mbrinia@gmail.com Telephone Number: 047 96 61 014

Geographic Location of the Project (provide city, state and country):
THESI KAZARMA, KORINTHOS, PELOPONISOS, GREECE

Focus of Project:

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Women | <input type="checkbox"/> People with disabilities |
| <input type="checkbox"/> Environment | <input type="checkbox"/> Children | <input type="checkbox"/> Other, please explain below |
| <input type="checkbox"/> Education | <input checked="" 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. We prefer material submitted electronically. However, if that is impossible, then you may submit by mail.

PROJECT BUDGET

Total Project Cost € 20.000,00€

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

If YES, Project time frame: **approximately 6 months after we have the money**

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? EQUIPE THE OLD PEOPLE 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

To provide old, poor and abandoned people shelter, nourishment and nursing

FRENCH VERSION

Pour fournir le vieux, pauvres et abandonnes abri de personnes, alimentation et soins

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

The equipment (air conditioning, furnishing, electrical repairs, electronic devices) of the old people's home

FRENCH VERSION

Les appareils électroniques d'équipement (climatisation, fourniture, électriques réparations,) de la maison de retraite



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 organization was founded in 16 August 1972, on a building site, which was donated by the doctor Georgios Athanasopoulos. It has the capacity to accommodate 12 people, so far, however, with the necessary adjustments, the number can reach up to 30.

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

It provides shelter to poor, abandoned, old people.

II. Purpose of Funding Request

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

The only source of funding comes from church

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

Twelve old people can be accommodated so far. There will be capacity for 30 people, provided certain adjustments are made.

III. Itemization of Project Budget

1. Provide an itemized budget for the project.

We only know the total at the moment. We cannot specify exactly right now because of the price variations on the equipment and basically on the working hours.

2. Please indicate your order of importance for funding, if there are separate parts to the project.
a) **Air conditioning** b) **furnishing** c) **electrical repairs** e) **electronic devices.**

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

1. Organization statutes



HOLY METROPOLIS OF GREECE

DECISION OF THE METROPOLITAN COUNCIL

Prot.no 1081

Korinthos 31/08/2010

To

The Administrative Council of the Old People's Home for men «THE WORK OF APOSTLE PAUL.» Holy Metropolis of Korinthos.

Considering the no 40/25-8-2011 document, the Metropolitan Council of the Holy Metropolis of Korinthos at its no 45/31-8-2010 session, approves your no 9/25-8-2010 Action for the composition into Body of the Administrative Council of the Old People's Home as it is: As Vice President, the Reverend Panagiotti Mprinia and as a coordinator, Secretary and Cashier, Reverend Athanasio Anagnostopoulo.

THE PRESIDENT OF THE METROPOLITAN COUNCIL
THE BISHOP

†DIONYSIOS OF KORINTHOS

4. Annual financial report

ANNUAL FINANCIAL REPORT OF 2010

OLD PEOPLE'S HOME OF HOLY METROPOLIS OF KORINTHOS

| | INCOME | AMMOUNT | | EXPENSES | AMMOUNT |
|---|---------------------------|--------------------|----|------------------------|--------------------|
| 1 | REMAINDER OF PREVIOUS USE | 4.600,46 € | 1 | SALARIES | 28.388,00 € |
| 2 | ASSOCIATIONS | 3.380,00 € | 2 | NOURISHMENT | 19.038,19 € |
| 3 | TEMPLES -MONASTERIES | 40.638,58 € | 3 | TAXES | 2.400,77 € |
| 4 | PRIVATE FUNDING | 1.805,00 € | 4 | HOSPITAL EXPENCES | 1.039,32 € |
| 5 | REAL ESTATE | 1.562,74 € | 5 | STATIONARY | 328,33 € |
| 6 | LEGACIES | 26.100,00 € | 6 | ELECTRICITY EXPENSES | 5.692,00 € |
| 7 | INTERESTS | 1,90 € | 7 | TELEPHONE EXPENSES | 855,50 € |
| 8 | VARIOUS INCOME | 563,70 € | 8 | WATER SUPPLIES | 200,00 € |
| | | | 9 | HEATING | 3.476,08 € |
| | | | 10 | BUILDING REPAIRS | 2.266,94 € |
| | | | 11 | REAL ESTATE EXPENSES | 50,00 € |
| | | | 12 | VARIOUS REPAIRS | 10.698,95 € |
| | | | 13 | UNPREDICTABLE EXPENSES | 4.046,92 € |
| | | 78.652,38 € | | | 78.481,00 € |