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| **For FEI use only** | **Ref. No :** | | | **Allocated sum: CHF....................** | |
| FEI SOLIDARITY SUPPORTAPPLICATION FORM | | | | | |
| PROJECT OVERVIEW | | | | | |
| **NF / Equestrian Continental Association** |  | | | | |
| **Project Name** |  | | | | |
| **Total funding requested from FEI Solidarity** |  | | | | |
| **Timeline** | **From** |  | **To** | |  |
| CONTACT INFORMATION | | | | | |
| **Person(s) responsible for the project** |  | | | | |
| **Function of the person** |  | | | | |
| **E-mail address** |  | | | | |
| **Telephone** |  | | | | |
| SCOPE OF THE PROJECT | | | | | |
| **Vision/Main objective(s)**  *(What is the main purpose of the project? Please explain why this project was chosen and the needs this project meets?)* |  | | | | |
| **Underlying objectives**  *(Please describe the secondary objectives that would be achieved by the project)* |  | | | | |
| **Target Audience**  *(Please define the group(s) that will benefit from this project)* |  | | | | |
| **Partnerships**  *(Other stakeholders involved in the implementation of the project, i.e. national federations, sport organizations, schools, NOCs…)* |  | | | | |
| **Activities planned/involved**  *(please describe)* |  | | | | |
| **How many people would benefit from the programme**  *(Specify no. of riders, officials, etc,)* | . | | | | |

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| PROJECT MILESTONES | |
| **Year 1 – (if relevant)** | |
| **Action Plan**  *(What do you intend to do?)* |  |
| **Method**  *(Means of achieving your goals)* |  |
| **Measure of Success**  *(What would be the evaluation criteria?)* |  |
| **Year 2 –** **(if relevant)** | |
| **Action Plan** |  |
| **Method** |  |
| **Measure of success** |  |
| **Year 3 – (if relevant)** | |
| **Action Plan** |  |
| **Method** |  |
| **Measure of success** |  |
| **Year 4 – (if relevant)** | |
| **Action Plan** |  |
| **Method** |  |
| **Measure of success** |  |

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| BUDGET PROPOSAL | | |
| Forecasted Expenditures | Budget (National Currency) | Budget  (CHF) |
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| **TOTAL NET EXPENDITURES** |  |  |

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| Exchange Rate | CHF 1 = | Date of the Rate |  |

I, the undersigned, certify that the information provided above is correct.

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Location & Date NF Secretary General

*Please return to FEI SOLIDARITY*: [celine.starbanov@fei.org](mailto:celine.starbanov@fei.org)