Proposal

to the

Foundation for the promotion of social measures in health and accident insurance and for support in cases of hardship

for an award from the Foundation

Proposer
Name/institution:
Address:
Postcode/town:
Should the award be given to an institution or to a specific person?
Please give the name, company name and job title if the person who is to receive the award is different from the proposed
Short description of the proposal (project, work, etc.). For what purpose will the award sum be used?
Please check that your proposal is aligned with the Foundation's objectives and purpose, as set out in the enclosed decision.

Does the proposer or project receive financial support from another source?				
Ye	es	No		
Please	e state the am	nount or percentage in comparisor	n with overall income.	
Has th	ne proposer pi	reviously worked or published in a	a similar field?	
Ye	es	No		
If so, v	which?			
_		her organisations or projects whic	ch are pursuing similar aims?	
Ye	es	No		
	which? at level does t	he work have an impact?	Local Regional National International	
Please	e enclose the	following documents, if possible:		
Check th	he documents you	have actually enclosed.		
Memorandum and articles of association / statutes Annual report Various lists (e.g. members of governing bodies, donors, etc.) Statistics Budget Balance sheet Profit and loss account Brochures				

Newspaper or magazine articles

Contact person for further information:			
Ms	Mr		
Surname:			
First name:			
Tel. (home):			
Tel. (work):			
Email:			
With your signature below	y, you confirm that the information given above is correct.		
Place/date:			
Signature:			
	leted proposal to the following address: henstrasse 21, P.O. Box 2568, 6002 Lucerne t@css-stiftung.ch		