TSALA YA AFRICA
Freund von Afrika

Tsala ya Africa e.V.
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Application for project funding

Personal information

Name of organisation/institution (if available) _____

Surname, name of contact person _____

E-Mail address of contact person _____

Phone number of contact person _____

Project information

Name of project (if available) _____

Planned time frame _____

Project description

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Needed funding (estimated amount) _____

Is any money fort he project already available?

☐ Ja ☐ Nein If so, how much? _____