



IBSA FUNDRAISING AND DEVELOPMENT COMMITTEE

FORM TO BE FILLED IN BY THE APPLICANT AND SUBMITTED TO:

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1- APPLICANT'S INFORMATION

NAME OF THE IBSA MEMBER ASSOCIATION:

FULL ADDRESS:

Street : _____ N° _____
State / Province: _____
Post Code: _____
Country: _____

CONTACT PERSON:

Name: _____
Position: _____
Tel: _____
Fax: _____
E-mail: _____

BRIEF PROFILE OF THE ASSOCIATION:

History and Present Structure

IS THE ASSOCIATION SUPPORTED BY THE GOVERNMENT?

Yes [] *

No []

**Please provide details of the nature and the extent of the support received.*

NAME AND DETAILS OF THE GOVERNMENT OFFICIAL(S) WITH RESPONSIBILITY FOR DISABILITY IN THE COUNTRY:

Name: _____
Position: _____
Tel: _____
Fax: _____
E-mail: _____

Name: _____
Position: _____
Tel: _____
Fax: _____
E-mail: _____

NAME AND DETAILS OF THE GOVERNMENT OFFICIAL(S) WITH RESPONSIBILITY FOR SPORTS IN THE COUNTRY:

Name: _____
Position: _____
Tel: _____
Fax: _____
E-mail: _____

Name: _____
Position: _____
Tel: _____
Fax: _____
E-mail: _____

NAME AND DETAILS OF THE GOVERNMENT OFFICIAL(S) WITH RESPONSIBILITY FOR EDUCATION IN THE COUNTRY:

Name: _____
Position: _____
Tel: _____
Fax: _____
E-mail: _____

Name: _____
 Position: _____
 Tel: _____
 Fax: _____
 E-mail: _____

SUPPORT RECEIVED FROM ENTITIES AND BODIES OTHER THAN THE GOVERNMENT:

Name of the organization: _____

Name of the organization: _____

CONTACT PERSON FOR THE WORLD BLIND UNION:

Name: _____
 Position: _____
 Tel: _____
 Fax: _____
 E-mail: _____

2- ASSOCIATION'S INVOLVEMENT IN BLINDSPORTS

Please put an "X" next to the IBSA sports already practised in your association and its corresponding level.

IBSA SPORTS	LEVEL		
	REHABILITATION	RECREATION	COMPETITION
Alpine Skiing			
Athletics			
Five-a-Side Football			
Goalball			
Judo			
Ninepin			

Bowling			
Nordic Skiing			
Powerlifting			
Shooting			
Showdown			
Swimming			
Tandem Cycling			
Tenpin Bowling			
Torball			

SPORT(S) FOR WHICH APPLICATION IS SUBMITTED:

HAVE YOU ALREADY SUBMITTED THE SAME PROPOSAL BEFORE?

Yes []

No []

Was it accepted []*?

or

was it rejected []?**

** State the impact on your country and neighbouring nations*

*** State the reason for rejection*

HAVE YOU SUBMITTED THE SAME PROPOSAL TO BODIES AND ENTITIES OTHER THAN IBSA?

Yes []

No []

DID YOU RECEIVE ANY REACTION?

DO YOU HAVE ANY PREVIOUS EXPERIENCE IN THE SPECIFIC SPORT(S) APPLIED FOR?

Yes []

No []

DESCRIBE THE EXISTING RESOURCES AND STRUCTURES FOR THE BLIND IN THIS SPECIFIC SPORT(S)

STATE THE REASON FOR SELECTING AND PRIORITISING THIS SPORT(S)

3- PROJECT

DESCRIPTION OF THE PROJECT:

WHAT ARE THE SHORT-TERM GAINS THAT CAN BE REALIZED THROUGH THIS PROPOSAL?

WHAT ARE THE LONG-TERM GAINS THAT CAN BE REALIZED THROUGH THIS PROPOSAL?

NUMBER AND NAME OF IBSA COUNTRIES INCLUDED IN THE PROJECT AND DIRECTLY BENEFITING FROM IT:

NUMBER AND NAME OF COUNTRIES POTENTIALLY BENEFITING FROM THE EXPERIENCE ACQUIRED THROUGH THE PROJECT:

NON-IBSA COUNTRIES POTENTIALLY INTERESTED:

ESTIMATED DURATION OF THE ENTIRE PROJECT:

ESTIMATED BUDGET FOR THE ENTIRE PROJECT:

EUR _____

USD _____

FINAL GOAL EXPECTED:

IS THE PROJECT STRUCTURED IN DIFFERENT STEPS?

Yes []*

No []

Provide details for each step by following the outline below for your convenience

STEP 1

ESTIMATED DURATION: _____

ESTIMATED BUDGET: EUR _____

USD _____

BUDGET BREAK-DOWN:

ITEM	AMOUNT
TRANSPORTATION	
ACCOMMODATION	
EQUIPMENT	
MISCELLANEOUS	

CO-SPONSORSHIP	
SUPPORT FROM THE GOVERNMENT	
CONTRIBUTION FROM THE COUNTRIES INVOLVED	

GOAL TO BE REACHED AT THE CONCLUSION OF STEP 1:

STEP 2

ESTIMATED DURATION: _____

ESTIMATED BUDGET: EUR _____

USD _____

BUDGET BREAK-DOWN:

ITEM	AMOUNT
TRANSPORTATION	
ACCOMMODATION	
EQUIPMENT	
MISCELLANEOUS	

CO-SPONSORSHIP	
SUPPORT FROM THE GOVERNMENT	
CONTRIBUTION FROM THE COUNTRIES INVOLVED	

GOAL TO BE REACHED AT THE CONCLUSION OF STEP 2:

STEP 3

ESTIMATED DURATION: _____

ESTIMATED BUDGET: **EUR** _____

USD _____

BUDGET BREAK-DOWN:

ITEM	AMOUNT
TRANSPORTATION	
ACCOMMODATION	
EQUIPMENT	
MISCELLANEOUS	

CO-SPONSORSHIP

SUPPORT FROM THE
GOVERNMENT

CONTRIBUTION FROM THE
COUNTRIES INVOLVED

**GOAL TO BE REACHED AT THE CONCLUSION OF STEP 3 OR
FINAL GOAL:**

OTHER RELEVANT INFORMATION (IF ANY):

4- PARTICIPANTS

ESTIMATED NUMBER OF PARTICIPANTS PER COUNTRY:

TOTAL NUMBER OF PARTICIPANTS: _____

SELECTION CRITERIA:

EXISTING FACILITIES TO PROVIDE ACCOMMODATION TO THE PARTICIPANTS:

EXISTING FACILITIES FOR SEMINARS AND CLINICS:

EXISTING TRAINING FACILITIES:

ARE THE PARTICIPANTS FROM COUNTRIES OTHER THAN YOURS?

Yes []

No []

WHO WILL PROVIDE FOR THEIR TRANSPORTATION AND LODGING?

ARE ALL THE PARTICIPANTS EXPECTED TO ATTEND ALL STEPS?

NUMBER OF IBSA OFFICIALS REQUIRED FOR THE ENTIRE DURATION OF THE PROJECT UNTIL COMPLETION OR DEPENDING ON EACH STEP:

IBSA	STEP 1	STEP2	STEP3	UNTIL COMPLETION
TECHNICIANS				
MEDICAL CLASSIFIERS				
STAFF				
OTHERS				

5- SPORTING EQUIPMENT

SPORTING EQUIPMENT ALREADY AVAILABLE:

SPORTING EQUIPMENT REQUIRED:

6- VIDEOS AND OTHER EDUCATIONAL MATERIAL

EDUCATIONAL MATERIAL REQUIRED FOR FEED-BACK AND CIRCULATION:

