



## **IBSA FUNDRAISING AND DEVELOPMENT COMMITTEE**

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

**Mr. Henk van Aller  
Secretary General  
IBSA International Blind Sports Federation**

**Nijenheim 24-19  
3704 VJ Zeist  
The Netherlands**

**Telephone: +31 6 44 830 820**

**Email: [secgen@ibsasport.org](mailto:secgen@ibsasport.org)**

### **1- APPLICANT'S INFORMATION**

**NAME OF THE IBSA MEMBER ASSOCIATION:**

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**FULL ADDRESS:**

Street : \_\_\_\_\_ N<sup>o</sup> \_\_\_\_\_  
State / Province: \_\_\_\_\_  
Post Code: \_\_\_\_\_  
Country: \_\_\_\_\_

**CONTACT PERSON:**

Name: \_\_\_\_\_  
Position: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**BRIEF PROFILE OF THE ASSOCIATION:**

*History and Present Structure*

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**IS THE ASSOCIATION SUPPORTED BY THE GOVERNMENT?**

Yes [ ] \*

No [ ]

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

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**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:**

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**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*

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

*Yes [ ]*

*No [ ]*

**DID YOU RECEIVE ANY REACTION?**

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**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)**

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

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### **3- PROJECT**

**DESCRIPTION OF THE PROJECT:**

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

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

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

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

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**NON-IBSA COUNTRIES POTENTIALLY INTERESTED:**

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**ESTIMATED DURATION OF THE ENTIRE PROJECT:**

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**ESTIMATED BUDGET FOR THE ENTIRE PROJECT:**

EUR \_\_\_\_\_

USD \_\_\_\_\_

**FINAL GOAL EXPECTED:**

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**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:**

<b>ITEM</b>	<b>AMOUNT</b>
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:**

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**STEP 2**

**ESTIMATED DURATION:** \_\_\_\_\_

**ESTIMATED BUDGET:**    **EUR** \_\_\_\_\_

**USD** \_\_\_\_\_

**BUDGET BREAK-DOWN:**

<b>ITEM</b>	<b>AMOUNT</b>
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:**

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**STEP 3**

**ESTIMATED DURATION:** \_\_\_\_\_

**ESTIMATED BUDGET:**    **EUR** \_\_\_\_\_

**USD** \_\_\_\_\_

**BUDGET BREAK-DOWN:**

<b>ITEM</b>	<b>AMOUNT</b>
TRANSPORTATION	
ACCOMMODATION	
EQUIPMENT	
MISCELLANEOUS	

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CO-SPONSORSHIP

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SUPPORT FROM THE  
GOVERNMENT

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CONTRIBUTION FROM THE  
COUNTRIES INVOLVED

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

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**OTHER RELEVANT INFORMATION (IF ANY):**

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**4- PARTICIPANTS**

**ESTIMATED NUMBER OF PARTICIPANTS PER COUNTRY:**

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**TOTAL NUMBER OF PARTICIPANTS: \_\_\_\_\_**

**SELECTION CRITERIA:**

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**EXISTING FACILITIES TO PROVIDE ACCOMMODATION TO THE PARTICIPANTS:**

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**EXISTING FACILITIES FOR SEMINARS AND CLINICS:**

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**EXISTING TRAINING FACILITIES:**

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**ARE THE PARTICIPANTS FROM COUNTRIES OTHER THAN YOURS?**

Yes [ ]

No [ ]

**WHO WILL PROVIDE FOR THEIR TRANSPORTATION AND LODGING?**

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**ARE ALL THE PARTICIPANTS EXPECTED TO ATTEND ALL STEPS?**

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

<b>IBSA</b>	<b>STEP 1</b>	<b>STEP2</b>	<b>STEP3</b>	<b>UNTIL COMPLETION</b>
TECHNICIANS				
MEDICAL CLASSIFIERS				
STAFF				
OTHERS				

**5- SPORTING EQUIPMENT**

**SPORTING EQUIPMENT ALREADY AVAILABLE:**

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**SPORTING EQUIPMENT REQUIRED:**

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**6- VIDEOS AND OTHER EDUCATIONAL MATERIAL**

**EDUCATIONAL MATERIAL REQUIRED FOR FEED-BACK AND CIRCULATION:**

*To other IBSA countries:*

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*To non-IBSA countries:*

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**ADDITIONAL INFORMATION REGARDED AS RELEVANT FOR THE ACCOMPLISHMENT OF THE PROJECT:**

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**KINDLY NOTE THAT AT THE CONCLUSION OF THE PROJECT OR EACH STEP YOU ARE EXPECTED TO PROVIDE A DETAILED REPORT TOGETHER WITH AN EXHAUSTIVE FINANCIAL STATEMENT.**