

Project grant application form

		Head(s) of project			
Attachments		Name			
	Short CV	Academic position			
		University / Institution			
		Email address			
		Mobile phone			
		Postal address			
		Other persons with project respo	onsibilities (if applicable)		
	Short CVs (including contact details)	Person 1			
		Person 2			
		Project description			
	Application letter with project justification One-page project summary Detailed project description Detailed budget Suggested financing structure, including milestones Time plan Two testimonials Any other document useful towards decision-making	Project Title			
		Field			
		Amount applied for			
		Estimated end of project			
		Testimonial 1 by (Name, Instituti	on)		
		Testimonial 2 by (Name, Instituti	on)		
	If yes, please add details	Other applications for this proje	ct	☐ Yes	□ No
		I herewith confirm that, to my best knowledge, the information above is correct and complete. I will communicate any significant changes immediately. I am aware that I carry full responsibility for all obligations to and communication with the Carl Schlettwein Foundation.			
		Date	Signature		
		Name Head of project			
		Please send this form and all atta	chments to Luccio Schlettwein, C	Carl Schlettwe	in Foundation,

PO Box, 4001 Basel, Switzerland, ls@baslerafrika.ch