Annex 1. Organization information

Organization information

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| **Name of APDF Member** |  |
| **International Disability Network membership** | ☐APDF(If you check move to A) ☐RIAP ☐None ☐Etc.( ) | A. APDF Committee (When no corporation, leave blank)  | Committee |  |
| Chairman |  |
| **Country** |  |
| **Organization Information** | **Date of establishment** | DD.MM.YYYY | **Date to establish corporation** | DD.MM.YYYY\*When no corporation, leave blank |
| **Representative's name** |  |
| **Annual budget** |  |
| **Gov. agency to register corporation****(Local Gov.)** | \*When no corporation, leave blank |
| **Membership** |  \_\_\_ People (number) | **Staffing** |  \_\_\_ People (number) |
| **Purpose of establishment** |  |
| **Budget volume by main activity and by project** |   |
| **Address/****Contact** |  |
| **Web-page** |  |
| International Solidarity Organization (APDF / RIAP / Other) Membership Activities | Affiliation Organization |  | Activities |  |
| StatusofInternational Cooperation | ※ 1) Project Details and Strategy  2) If there is no related project, leave blank. |
| StatusofInternational Project(ODA, OfficialDevelopmentAssistance) | Project title | Project Content | Budget |
|  |  |  |
| ※ 1) If the organization have been implement International Project(ODA), please write down the contents. 2) If there is no related project, leave blank. |