

Esteemed  
Fondazione Enrico Castellini  
Ente Filantropico del Terzo Settore  
Via dei Cosmati n. 9  
00193 ROMA

## FUNDING SUPPLY APPLICATION

The undersigned \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_ Resident in  
\_\_\_\_\_

Address \_\_\_\_\_ ZIP \_\_\_\_\_

Phone. \_\_\_\_\_  
\_\_\_\_\_

### Premise

(indicate the state of need and reason for contribution request)

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### Having taken note

- Of the Statute of Fondazione Enrico Castellini and that the latter operates in the social relief and charity field without any other finality other than that of alleviating problems of those in need;
- that the Fondazione sources its funds to carry out its operations through various public information channels;
- that it is characteristic of the Fondazione to operate in the interest of the individual, through specific and personalized interventions. A detailed brief is issued periodically to verify the use of the funding supply;

## Formally applying

To obtain economic funding in reference to the above stated Premise, and in light of which indicates Mr/Ms

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appointed hereunder as responsible “tutor,” in charge of relating to the Fondazione the actual utilization of the contribution according to the modality and timing detailed by Fondazione in case of a positive response to this application.

According to Law decree GDPR – REG. UE 2016/679 the undersigned \_\_\_\_\_ grants Fondazione authorization of treatment of personal information for institutional reasons, like for example in distributing information in funding acquisition, communication to sponsors, online distribution and whatever else deemed necessary.

Date

Applicant’s signature

Tutor’s signature

Attachments:

Applicant’s photo

Copy of valid Identification

State of need certification documentation

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