### 



### VERWENDUNGSNACHWEIS

Office franco-allemand pour la Jeunesse

51, rue de l’Amiral-Mouchez, 75013 Paris

**** 01.40.78.18.18

Télécopie 01.40.78.18.88

Deutsch-Französisches Jugendwerk

Molkenmarkt 1, D-10179 Berlin

**** 030 / 288 757-0

Telefax 030 / 288 757-88

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Antragsteller (Örtlicher Träger / Einzelantragsteller)** | | | | | | | | | | | |  | | | | | | | | | | | | Straße | |  | | | | | | | | | | PLZ | | | |  | | | Ort |  | | | | Bundesland | | |  | | | | | | | | | Telefon | | |  | | | | | Telefax |  | | | E-mail |  | | | | | | | | | | | Kontoinhaber | | | | |  | | | | | | | Verwendungszweck | | | | |  | | | | | | | Bank | | | | | | BLZ | | | | Kto.-Nr. | |  | | | | | |  | | | |  | | |  | | --- | | Stempel der Zentrale | | Zentrale Nr. |  |  |  | | --- | --- | | Dieses Feld ist vom DFJW auszufüllen | | | Akte Nr. |  | | Konto-Nr. | 601- | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Partner (Institution / Betrieb / Verein / Verband usw.) | | | | | | | | | |  | | | | | | | | | | Straße |  | | | | | | | | | PLZ | | | |  | Ort | |  | | | Bundesland | | |  | | | | | | | Telefon | |  | | | | Telefax | |  | | E-mail |  | | | | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Teilnehmerzahl | | | | | | | | | | | | | |  | | | | Deutsche | | | Franzosen | | | | Andere Nationalität | | | Jugendliche unter 16 Jahren | | | |  | | |  | | | |  | | | Jugendliche über 16 Jahren | | | |  | | |  | | | |  | | | Studenten | | | |  | | |  | | | |  | | | Lehrer / Begleiter | | | |  | | |  | | | |  | | | Junge Berufstätige | | | |  | | |  | | | |  | | | Arbeitslose | | | |  | | |  | | | |  | | | **Unterbringung** (bitte Teilnehmerzahl angeben) | | | | | | | | | | | | | | in Familien | |  | | | | Sonstiges | |  | | | |  | | Gehören Sie einem Bundesverband an ? | | | | | | | | | | | | | | Ja | | |  | | Nein | | | |  |  | | | | Wenn ja, welchem |  | | | | | | | | | | | | | Besteht eine Städtepartnerschaft ? | | | | | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | Ja |  | Nein |  |  | | | | | | | | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | | PLZ |  | | | | Ort des Programms | |  | | | Bundesland / Académie | |  | | | Antragsteller | |  | | | Tag der Ankunft am Programmort | | |  | | Tag der Abreise vom Programmort | | |  | | **Partnergruppe (nur bei Drittortbegegnungen)** | | |  | | Tag der Ankunft am Programmort | | |  | | Tag der Abreise vom Programmort | | |  | | |  |  |  |  | | --- | --- | --- | --- | | Bitte die Bewilligungsnummer  übertragen |  | | | | **Im dezentralisierten Verfahren bitte**  **Lfd. Nr. aus Antrag einsetzen** |  |  |  |  |  |  | | --- | --- | | Thema / Titel des Projekts | | |  | | | ***Betreffendes Feld ankreuzen*** | | | Gruppen | | | Jugendbegegnungen |  | | Pädagogische oder spachliche Ausbildung |  | | Vorbereitung / Evaluierung  (Institutionelle Kooperation) |  | | Sprachkurse |  | | **Einzelstipendien** | | | Einzelaustausch  (auch Voltaire-Programm) |  | | Forschungsorientierte Hochschulstipendien |  | | Reisestipendien / Jobs |  | | Praktika |  | | Arbeit beim Partner |  | | Multiplikatorenaufenthalte |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Leiter (in) des Programms | | | | | | | | | | |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Mitarbeiter (in) im Leitungsteam | | | | | | | | | | |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name, Vorname | | |  | | | | | | Alter |  |
| Anschrift | |  | | | | | | | | |
| Tel. |  | | | | Fax |  | E-mail |  | | |
| Beruf | |  | | | | | | | | |
| Pädagogische Qualifikation | | | |  | | | | | | |
| Sprachliche Qualifikation | | | |  | | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Gruppenbegegnungen**  Bitte getrenntes Blatt mit allen Informationen (Nr. 1-9) beifügen  l. Wie ist das Programm tatsächlich durchgeführt worden ?  2. Mit welchen pädagogischen Methoden und HilfsmitteIn wurde das Programm verwirklicht ?  3. Wie wurde die sprachliche Verständigung während des Programms sichergestellt ? Wurde eine Sprachanimation bzw. wurden sprachliche Aktivitäten während des Programms regelmäßig durchgeführt ?  4. Welche Texte (Zeitungsartikel, "Lehrgangszeitung" usw.) wurden während des Programms oder danach verfaßt ? Bitte je ein Exemplar an das DFJW senden.  5. Wie wurde das Programm ausgewertet ? Mit dem Leitungsteam, mit den TeiInehmern, mit der Organisation usw.?  6. Welche Konsequenzen können aus den im Programm gemachten Erfahrungen gezogen werden ? (Zielvorstellung, Dauer des Programms, Aktivitäten, Zusammensetzung der Gruppe, Altersgruppierung, Behinderte usw.)  7. Hat es sich um einen erstmaligen deutsch-französischen Austausch des örtlichen Trägers gehandelt ?  8. lst eine weitere deutsch-französische Begegnung beabsichtigt ? Falls ja, bitte angeben mit wem, wann und wo.  9. Sonstige Informationen.  **Einzelstipendien**  Bitte getrenntes Blatt mit Bericht beifügen Programme mit Teilnehmern aus einem Drittland | | | | | | | |
| Thema | | |  | | | | |
| Name der Partner-Organisation aus dem Drittland | | | | | | |  |
| Anschrift | | | |  | | | |
| Land |  | | | | | | |
| Telefon | | | | |  | Telefax |  |
| E-mail | |  | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | Ausgaben | | | | | | **1. Fahrtkosten (Hin- und Rückreise)** | | | | | | Deutsche (D) |  | | | € | | Franzosen (F) |  | | | € | | Andere Nationalität (A.N.) | | |  | € | | **2. Aufenthaltskosten** | | | | | | Deutsche (D) |  | | | € | | Franzosen (F) |  | | | € | | Andere Nationalität (A.N.) | | |  | € | | **3. Sonstige Aufwendungen** | | | | | | a) Programme besonderer Qualität | | | | | |  | | | | € | | b) Sprachförderung | | | | | |  | | | | € | | c) Organisationskosten | | | | | |  | | | | € | | d) Sonstige Kosten | | | | | |  | | | | € | | **Insgesamt** | |  | | € | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Einnahmen | | | | | | | | | | | | | | | | | | | | | | | | **1. Beim DFJW beantragter Zuschuss** | | | | | | | | | | | | | | | | | | | | | | | | a) Fahrtkosten | | | | | | | | | | | | | | | | | | | | | | | | **Nat.** | **Teilnehmer** | | | | | | Pauschale/Teiln. | | | | | | | | | | | | **oder/Pauschale allg.** | | | | | A |  | | | | | | X |  | | = | | | | € | | | | = | | | | € | | F |  | | | | | | X |  | | = | | | | € | | | | = | | | | € | | A.N. |  | | | | | | X |  | | = | | | | € | | | | = | | | | € | | b) Aufenthaltskosten / Stipendium | | | | | | | | | | | | | | | | | | | | | | | | **Nat.** | **Teilnehmer** | | | | | | Tagessatz/Pauschale | | | | | | | | | **Tage/Monat** | | | | | | | | A |  | | | X | | | |  | | X | | | | |  | | | = | |  | € | | | F |  | | | X | | | |  | | X | | | | |  | | | = | |  | € | | | A.N. |  | | | X | | | |  | | X | | | | |  | | | = | |  | € | | | c) Sonstige Aufwendungen | | | | | | | | | | | | | | | | | | | | | | | | Programmkosten (s. 3a) | | | | | | | | | | | | | | | | | |  | | | € | | | Sprachförderung (s. 3b) | | | | | | | | | | | | | | | | | |  | | | € | | | d) Verwaltungskosten | | | | | | | | | | | | | | | | | | | | | | | | **Teilnehmer** | | |  | | **Pauschale/Teiln.** | | | | | | | | | | | | | oder/Pauschale allg. | | | | | |  | | | X | | |  | | | | | = | | € | | | | | = | | | € | | | **Zwischensumme (1a bis 1d)** | | | | | | | | | | | |  | | | | | | | | | € | | | **2. Sonstige Zuschüsse** | | | | | | | | |  | | | | | | | | | | | | € | | | Bitte angeben (z.B. Land, Kreis, Gemeinde, oder private Zuschußgeber) | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | **3. Eigenleistung der Teilnehmer** | | | | | | | | | | | | | | | | |  | | | | € | | | **4. Eigenleistung des Trägers** | | | | | | | | | | | | | | | | |  | | | | € | | | Insgesamt | |  | | | | | | | | | | | | | | | | | | | € | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Der / Die Unterzeichner(in) | | |  | | | |
| (Name und Funktion des / der Vertretungsberechtigten des örtlichen Trägers / des Einzelantragsstellers) | | | | | | |
| Telefon |  | | | | | |
|  | (Vorwahl) | | | (Rufnummer) | | |
| versichert die Richtigkeit der gemachten Angaben und erkennt die Richtlinien des Deutsch-Französischen Jugendwerks an. Er / Sie versichert zugleich, mit seinem / ihrem französischen Partner abgesprochen zu haben, daß dieser für das auf Seite 1 bezeichnete Programm keinen eigenen Antrag stellen wird. | | | | | | |
|  | | ,den |  | |  |  |
|  | | | | | | (Rechtsverbindliche Unterschrift) |

|  |  |  |  |
| --- | --- | --- | --- |
| Entscheidung der mitverantwortlichen Zentralstelle | | | |
| Datum |  | Unterschrift |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Dieses Feld ist vom DFJW auszufüllen | | | | | |
| Endgültiger Zuschuss : |  | € | | | |
| Anzahlung : |  | € | | | |
| Restbetrag : |  | € | Rückzahlung : |  | € |