



**LInc** - *creating lesbian spaces since*

**1986**

**www.lincgrants.org.au**

**PO Box 503 NSW 2037**

**02 8006 4524**

## **COMMUNITY GRANTS PROGRAM APPLICATION FORM**

Applicants are advised to read the Community Grants Program Guidelines and Information for Applicants carefully before completing this form. Please type or write clearly. Please attach separate sheets if you require more space. You may attach relevant supporting documentation. Please ensure that you enclose the relevant application fee with this application form.

### **1. APPLICANT DETAILS**

APPLICANT'S NAME .....

CHEQUE PAYABLE TO .....

CONTACT PERSON IF

APPLICANT IS AN ORGANISATION.....

ADDRESS .....

.....

.....

PHONE.....

FAX.....

EMAIL.....

I heard about LInc community grants via

.....

**2.PROJECT CATEGORY** - indicate which of the following categories your project fits. You may choose more than one:

- Literary, visual or performing arts activities or functions
- Social functions
- Classes or workshops
- Production of information or resources for educational or promotional purposes
- Support groups or services
- Advisory services
- Sporting and recreational activities or functions
- Other appropriate activities or services approved by LINC

**3.PROJECT DESCRIPTION** – clearly describe the nature of the project. Please indicate if the project involves a specific population group.

.....

.....

.....

.....

.....

.....

---

#### **4.PROJECT LOCATION**

Where will the project be located?

.....

.....

.....

.....

.....

.....

---

What geographic area will it serve?

.....

.....

---

**5.PROJECT TIMETABLE :**                      Commencement date .....

Completion date .....

Please provide a PLAN showing how you intend to carry out your project. Please include your project's time frame.

.....

.....

.....

.....

.....

.....

-----

6. **PROJECT OBJECTIVES** – what objectives are the project aiming to achieve? How do the objectives of the project fit with the objectives of the Community Grants Program (as specified in the Guidelines and Information for Applicants)

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

-----

-----

7. **BENEFITS OF PROJECT** – who will benefit from the project, and how?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

-----

8. **MEASURING SUCCESS** – How will you know how well your objectives have been achieved?

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

.....

9. **GRANT SOUGHT**

How much money are you applying for?.....

[illegible][illegible]

12. **NECESSITY** – Will the project go ahead if we are unable to fund it? (Could it be successful if it were partially funded? How?)

[illegible]

**13. YOUR EXPERIENCE** – please describe your expertise or experience in conducting projects of this nature.

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

## 14. REFEREES

Individuals please provide the name and contact details for two (2) referees who can verify your capacity to implement the project.

Organisations please include a copy of your constitution or last annual report.

[illegible]

## 15. OTHER INFORMATION

Would you like to make any further comments in support of your application?

This image shows a full page of white paper with horizontal dashed lines, typical of primary school handwriting practice paper. The lines are evenly spaced and run across the entire width of the page. There are no margins, text, or other markings present.

16. **DECLARATION** (Please choose one of the following three statements - cross out the others)

- I am a current financial member of LINC.
- I am an individual and have enclosed a cheque/money order for \$20 application fee, payable to Lesbians Incorporated.
- I am applying for a non-profit organisation and have enclosed cheque/money order for \$30 application fee, payable to Lesbians Incorporated.

I declare that the above information is correct. I agree to abide by the decision of LINC on this application. If I am successful I agree to abide by the conditions of funding.

Signed.....

Print name.....

Organisation (if relevant) .....

Date.....

The **original and two (2) copies** of each application must be **posted** (emailed and faxed applications will not be accepted) to

LINC  
PO Box 503  
Glebe NSW 2037

A written acknowledgment will be provided within 10 working days of our receiving your application.

Before you send this form please CHECK that you have:
--

- ☐ Completed ALL relevant questions on the Application Form
- ☐ Chose ONE of the declarations
- ☐ SIGNED your application
- ☐ Included TWO copies of your application along with the original
- ☐ Excluded salary items from your budget
- ☐ Included cheque payable information on front page

If you are completing this on behalf of an organisation,  
please also check that you have:

- ☐ Included the name of the contact person
- ☐ Included a copy of your constitution or last annual report