

**GROW YOUR COLLABORATIVE LEADERSHIP:**

**Application Form for Disability Leadership Project Grant**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PERSONAL DETAILS** | | | | | | |
| **NAME OF GROUP** | |  | | | | |
| **NAME OF CONTACT PERSON** | |  | | | | |
| **ADDRESS** | |  | | | | |
| **SUBURB** | |  | **STATE** |  | **POSTCODE** |  |
| **PHONE** | | Work /  Home |  | | | |
| **MOBILE** |  | | | | | |
| **EMAIL** |  | | | | | |

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| **Write a short description of your group’s proposal outlining outcomes you wish to achieve (300 words)**  **(If you are an established group, please say how this proposal is different or builds on what you are already doing)** |
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| **Please name and describe your group and what impact or changes you have achieved as a group. Include your group’s mission, goals, strengths and challenges and how you will lead change in the future (300 to 500 words)** |
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**Please attach a detailed budget (see budget examples as a guide)**

**Please confirm the following requirements;**

|  |  |
| --- | --- |
| Our group’s membership consists exclusively, or primarily, of people with disability and/or family members | Name:  Signature: |
| On behalf of the group, I state that we have capacity to complete the proposed activities within the grant time frame and are happy to stay in regular contact over the grant period | Name:  Signature: |

Please provide details below of 2 Referees relating to leadership by your group and capacity to complete proposal

|  |  |
| --- | --- |
| Name |  |
| Relationship to Referee: |  |
| Contact Phone Number/s (include after business hours number) |  |
| Email Address |  |

|  |  |
| --- | --- |
| Name |  |
| Relationship to Referee: |  |
| Contact Phone Number/s (include after business hours number) |  |
| Email Address |  |

**Checklist that all steps have been completed**

Completed application form with description of proposal and your group’s leadership

Budget Proposal (over)

Signed to agree to terms of the funding

Details of 2 referees

**Closing Date Monday 1st December 2014**

# BUDGET FORM: GROW YOUR LEADERSHIP - COLLABORATIVE

|  |  |
| --- | --- |
| ***NAME OF APPLICANT*** |  |
| **ITEM (including breakdown)** | **$ Amount** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total** | $ |
| **Less your contribution (if applicable)** | $ |
| **Less any contribution from an outside source** | $ |
| **Funding sought from Disability Leadership Project** | $ |

Please list all items in the budget document above. Please provide a detailed breakdown of all items.

Please add and remove rows as needed.

Before submitting your application, please read the Information Guides. If you have not received the supporting documentation for this grant option, visit [www.cru.org.au](http://www.cru.org.au) or contact CRU

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| --- | --- |
| **RETURN TO:** | **Community Resource Unit Inc., PO Box 3722 South Brisbane QLD 4101  or** [**cru@cru.org.au**](mailto:cru@cru.org.au) |