

**GROW YOUR LEADERSHIP: INDIVIDUAL GRANTS**

**Application for Disability Leadership Project Grant**

|  |
| --- |
| **PERSONAL DETAILS**  |
| **NAME** |  |
| **ADDRESS** |  |
| **SUBURB** |  | **STATE** |  | **POSTCODE** |  |
| **PHONE** [ ]  Work / [ ]  Home |  |
| **MOBILE** |  |
| **EMAIL** |  |

**Are you: A person with disability:** **[ ]  A family member: [ ]**

**Please complete the following sections:**

|  |
| --- |
| **Write a short description of your proposal outlining outcomes you wish to achieve (300 words)** |
|  |

|  |
| --- |
| **Please provide background about yourself and outline what you have achieved as a leader. Please include your vision and focus, your leadership goals and an assessment of your current strengths, challenges and networks(300 to 500 words)**  |
|  |
| **Please briefly describe your previous learning and leadership development opportunities. How does this proposal build on your previous learning/development? (100-150 words)** |
|  |

**Please attach a detailed budget (see budget examples as a guide)**

**Please confirm the following requirements:**

|  |  |  |
| --- | --- | --- |
| I have a disability/or immediate family member with a disability  | Signature: |  |
| Please specify relationship if family member: |  |
| I am comfortable working with an anchor person during the period of the grant | Signature: |  |
| I have capacity to complete the proposed activities within the grant time frame | Signature : |  |

Please provide details below of 2 Referees relating to leadership involvement 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**

[ ]  Application form (including details on your proposal and leadership experience)

[ ]  Budget Proposal (over)

[ ]  Signed to acknowledge grant requirements

[ ]  Details of 2 referees

**Closing Date: Monday 1st December 2014**

# BUDGET FORM: GROW YOUR LEADERSHIP - INDIVIDUAL

|  |  |
| --- | --- |
| **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.

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