Application form ComE In ─ Community, Empowerment, Intersectional

Application in the project funding for (choose one):

Awareness  Empowerment

# Information about the organization (organization means: association, initiative, collective or similar)

Name of your organization

Street & number

Postal code

City

E-mail

Website/Social Media

Telefon number

Is your organization registered (as e.V.)?

Yes  No

**Contact person for the requested project**

Pronoun

First name

Last name

E-mail

Position in the project

# Authorized representative(s)

|  |  |  |
| --- | --- | --- |
|  | Person 1 | Person 2 |
| Pronoun |  |  |
| First name |  |  |
| Last name |  |  |
| Position in the project |  |  |

# Field of work of the organization

In your own words

Children and youth

Sports and leisure

Social counseling

Political work

Mental health social counseling

Empowerment

Other

# Subject area of the project applied for (choose max. 2)

Increase visibility and empowerment of LGBTIQ with migration biographies, diasporic LGBTIQ, Black LGBTIQ, Indigenous LGBTIQ and LGBTIQ of Color.

Establishment or expansion of existing counseling services with LGBTIQ content within a migrant-disaporic organization.

Raising awareness and reducing LGBTIQ hostility.

# Main target group of the project

|  |  |
| --- | --- |
| LGBTIQ | Refugees |
| Adults | Non-LGBTIQ |
| People over 50 | People with disability |
| People of Color | Visitors of your organization |
| Migrants | Children and juveniles |
| Black People | Parents |
| Indigenous People | Other |

# Name of the project

# Abstract of the project

# Project goals (briefly, key points)

# Is the project carried out in cooperation with other organizations?

Yes  No

If yes, which one?

# Has the organization done any work on sexual and gender diversity issues?

# Diversity within the organization (How is intersectionality implemented within the organization?)

# Does the organizations’ board members consist of a majority of migrants, Black People, Indigenous People, People of Color?

Yes  No

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Signature of applicant person Signature of authorized representative