Application form ComE In ─ Community, Empowerment, Intersectional

Application for the project funding for:

[ ]  Awareness [ ]  Empowerment

[ ]  Both (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 |       |       |
| Contact |       |       |

# 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

[ ]  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

|  |  |
| --- | --- |
| [ ]  LGBTINQ\*+ | [ ]  Refugees |
| [ ]  Adults  | [ ]  Non-LGBTINQ\*+ |
| [ ]  People over 50 | [ ]  People with disability |
| [ ]  People of Color | [ ]  Visitors of your organization |
| [ ]  Migrants | [ ]  Children and juveniles |
| [ ]  Black People | [ ]  Parents |
| [ ]  Indigenous People | [ ]  Other       |

# Who are you? Please describe your group/organization/collective/association. What makes you a self-organization?

# 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