



An initiative of Oz Showbiz Cares/Equity Fights AIDS and Queensland Positive People in partnership with the Queensland Association for Healthy Communities and Spiritus Positive Directions

## APPLICATION FORM

Before completing this application form, please read the Eligibility Criteria.  
Please fill in all sections, sign the form, and remember to attach any supporting documents.  
Incomplete applications will not be considered.

All information you provide will remain confidential.

### SECTION 1: ABOUT YOU *(Please print clearly)*

1. YOUR NAME: \_\_\_\_\_

2. YOUR STREET ADDRESS: \_\_\_\_\_

\_\_\_\_\_

YOUR MAILING ADDRESS: \_\_\_\_\_  
*(if different)*

\_\_\_\_\_

3. HAVE YOU LIVED IN QUEENSLAND FOR AT LEAST 3 MONTHS?  
*(to be eligible for a grant from The Hope Fund, you must have lived in Queensland for at least 3 months)*

YES *Please attach proof of this to your application, e.g. utility bill or lease.*

NO *Sorry, your application is not eligible for funding. Please re-apply when eligible.*

4. HOW CAN WE GET IN CONTACT WITH YOU?

Home Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_ Email: \_\_\_\_\_

5. HOW DID YOU FIND OUT ABOUT THE HOPE FUND? *Please tick appropriate.*

- |   |  |
|---|--|
| <input type="checkbox"/> QPP Staff                    | <input type="checkbox"/> Friend          |
| <input type="checkbox"/> QPP Alive                    | <input type="checkbox"/> QAHC Staff      |
| <input type="checkbox"/> QPP Newsletter               | <input type="checkbox"/> QAHC Newsletter |
| <input type="checkbox"/> QPP Website                  | <input type="checkbox"/> QAHC Website    |
| <input type="checkbox"/> Positive Directions          | <input type="checkbox"/> Gay Media       |
| <input type="checkbox"/> Other <i>(specify)</i> _____ |  |

6. HAVE YOU PREVIOUSLY RECEIVED A GRANT FROM THE HOPE FUND?

Yes  When? *(date)* \_\_\_\_\_

No



**SECTION 3: COST**

**10. HAVE YOU APPLIED ANYWHERE ELSE FOR FUNDING FOR THIS PROJECT or ITEM?**

*Please tick one of the following: (If more than one please attach a list)*

**Yes**  Where? \_\_\_\_\_

Amount requested? \$ \_\_\_\_\_ Amount received? \$ \_\_\_\_\_

**No**

**11. HOW MUCH WILL YOUR PROJECT/ITEM COST?**

Equipment Costs <i>(Please specify by item)</i>		\$
		\$
		\$
Training Costs <i>(eg. Cost of courses or education)</i>		\$
Other <i>(please specify)</i>		\$
		\$
		\$
<b>A: Total Cost of this Project</b>		\$

**12 ARE YOU ABLE TO MAKE A CONTRIBUTION TO THE COST OF THIS PROJECT?**

*Although it won't affect the final decision, The HOPE Fund encourages you to do so if you are able to.*

Tick one of the following:

Yes

How Much? **B:**

\$

No

**13 HOW MUCH ARE YOU APPLYING TO THE HOPE FUND FOR?**

*This will equal the amount A (question 11) minus the amount B (question 12).*

**Total Amount Requested \$**

\$

**SECTION 4: SIGNATURE**

**I declare that all the information contained in this application is complete and correct.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**If applicable: I am an existing ordinary member of QPP and authorise QPP to confirm my HIV status to the HOPE Fund.**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_