

# Minor Grant application

To apply for a Minor grant from the Borgfeldt Legacy, submit this form together with supporting documentation, to the LCANZ Local Mission Office via email to [localmissionl@lca.org.au](mailto:localmissionl@lca.org.au)

## Project/program details

|  |  |
| --- | --- |
| Project/program proposal | |
| Name of project/program |  |
| Date of application |  |
| Application details | |
| Name of entity |  |
| Location  *Town/suburb/area where the project/program is situated* |  |
| Core group  *Key leaders and/or core persons making this application* |  |
| Sponsoring body, if applicable  e.g. congregations supporting the project |  |
| Contact details | |
| Name of contact person |  |
| Role |  |
| Address |  |
| Telephone |  |
| Email |  |
| Funding information | |
| Total grant applied for | $ |
| Total funds received from other sources | $ |
| Own resources  (estimated ‘in kind’ support) | $ |
| Commencement date |  |

## Supporting documentation

Check the boxes to indicate that the following requested supporting information is attached to the application

|  |  |  |
| --- | --- | --- |
| Attachments | | |
| *Refer to ‘Outline for Major Grant application’ in the Borgfeldt Legacy Grants booklet* | | |
|  | Executive summary of the proposal | |
|  | Area of service | |
|  | Organisational issues | |
|  | Objectives and outcomes | |
|  | Budget | |
|  | Letter of support | |
| Name and signature of author of application | |  |

## Payment

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Payment Details | | | | |
| Bank Account Holder Name |  | | Name of Bank |  |
| Account Number |  | | BSB |  |
| Name of person to receive payment notification | |  | | |
| Email Address | |  | | |