

## Contact:

LSBTIQ@hannover-stadt.de

**Application for Project Funding by the City of Hanover**

## General Information

Association, Group or Institution

Contact Person

Address

E-Mail

Phone Number

Bank Details

IBAN

BIC

Name of the Bank



## Project Description

Project Title

Project Period

Entire Project Duration

Project execution phase

What is the goal of the proposed project and what activities are planned?

**Please briefly describe the project and the contribution it makes to the LSBTIQ community.**

## Funding

Total Budget

Amount of Requested Funding

The amount of funding requested from us must not exceed 90% of the total planned budget.

Other Funding Sources

Which other institutions are already supporting the project?

Please attach a detailed cost and financing plan to the application.

## Other

Notes

You are welcome to attach detailed notes separately.

Attachments

Cost and Financing Plan

Other, namely:

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Place, Date

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Signature