

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

Form explanation

Form explanation

Important information

Before starting an application please read the [Capital of Equality Grant Program 2024-205 Grant Guidelines](#).

The funding amounts available are:

- a maximum of \$650 for opportunities in the ACT;
- a maximum of \$1000 for NSW; and
- a maximum of \$1500 for other jurisdictions.

If you are under 18 years of age, you will need the consent of your parent or guardian to apply for this grant.

Reviewing the [supporting information](#) is highly recommended. This will help you:

- have the right attachments for the application
- prepare a budget

Applications close at 5 January 2025. You will be told about the outcome within 20 business days.

If you have any questions about the program please contact the Office of LGBTIQ+ Affairs on (02) 6205 1317 or email Equalitygrants@act.gov.au

If you require help with this application, please visit the following link [Help Guide for Applicants \(smartygrants.com.au\)](#) or please contact the Office of LGBTIQ+ Affairs.

Eligibility requirements

* indicates a required field

About you

PLEASE NOTE: You must comply with the following eligibility requirements for your application to be considered.

Are You: *

- ☐ an Australian Citizen
- ☐ an Australian permanent resident
- ☐ a holder of a temporary Australian Visa which expires no less than two years from the date of the application

Do you live in the ACT or a surrounding region? *

- ☐ Yes
- ☐ No

Are you under 18 years of age?

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

- ☐ Yes
☐ No

If you are under 18 years of age, you will need the consent of your parent or guardian to apply for this grant.

Please upload proof that you live in the ACT or surrounding region *

Attach a file:

Proof of residency must state your current address, have a date of issue displayed and must not be older than three (3) months. For example a copy of recent rates notice, rent or utility statement or drivers licence. You can redact other irrelevant information.

Consent for under 18

This section must be completed by the parent or guardian of the applicant if the applicant is under 18 years of age.

Your full name

Your relationship to the applicant

Email

Must be an email address.

Phone Number

Must be an Australian phone number.

I consent to my child applying for this grant.

- ☐ Yes
☐ No

Date

Must be a date.

Contact details & About you

* indicates a required field

About you

Applicant *

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

What are your pronouns?

Home address *

Address

eg: 1 Constitution Ave, City, ACT, 2601, Australia. If you need to use a PO BOX as an address, please select "Can't find address" in the drop down menu.

Postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
If you need to use a PO BOX as an address, please select "Can't find address" in the drop down menu.

Your phone number *

Must be an Australian phone number.
eg: 02 6207 0000 or 0431 000 000

Your email address *

Must be an email address.

Professional website, if applicable

Professional Social Media Accounts, if applicable

Please only include social media accounts that are used for professional purposes.

Please tell about yourself and your LGBTIQ+ leadership journey *

Word count:

Must be no more than 350 words.

Please upload your CV (max 2 pages) *

Attach a file:

2024-25FY LGBTIQA+ Leadership Stream

Form Preview

A maximum of 1 file may be attached.

Do you identify as a part of LGBTIQA+ community? *

- ☐ I am lesbian
- ☐ I am gay
- ☐ I am bisexual
- ☐ I am trans
- ☐ I was born with variations in sex characteristics
- ☐ I am queer
- ☐ I am asexual
- ☐ I use another term
- ☐ I am a part of LGBTIQA+ communities, but prefer not to disclose details

Does one or more groups below describe your lived experience? *

- ☐ Aboriginal or Torres Strait Islander person
- ☐ Person from culturally and linguistically diverse background
- ☐ Person of faith
- ☐ Person with lived experience/s of disability
- ☐ Person aged between 12 - 25 years old
- ☐ Person aged over 55 years old
- ☐ Other identities not captured by ' LGBTIQA+' acronym
- ☐ No
- ☐ Prefer not to say

Leadership and professional development opportunity

* indicates a required field

Please describe a professional development opportunity you are seeking funding for. *

Word count:

Must be no more than 150 words.

Refer to the funding guidelines for eligible expenses Please provide details where the opportunity is taking place, and why it is important.

How will your participation in this opportunity contribute to your LGBTIQA+ leadership and professional growth? *

Word count:

Must be no more than 300 words.

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

How will you use acquired skills and knowledge for the benefit of LGBTIQ+ communities in the ACT and surrounding region? *

Word count:

Must be no more than 300 words.

Please provide one support letter from a community member testifying to the need for you to engage in this professional development opportunity *

Attach a file:

A maximum of 1 file may be attached.

No more than 1 page.

Budget and value for money

* indicates a required field

Justification of financial need

Please provide details on your financial need *

Word count:

Must be no more than 150 words.

Examples: "I am a student and have a part-time job" or "I receive a Centrelink benefit"

If you are offered a grant less than the amount you have requested, are you able to proceed with your activity? *

- ☐ Yes
☐ No

Total amount requested (GST exclusive) *

\$

Must be a dollar amount.

Have you applied for any other grants to fund elements of this project? *

- ☐ Yes
☐ No

We cannot provide funding for an identical element funded under another grant

If yes, please provide details.

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

Word count:
Must be no more than 100 words.

Project Budget

Please refer to the [Capital of Equality Grant Guidelines](#) and [supporting information](#) for budget information. Correct budgeting is important to ensure the success of your project.

Please provide an itemised estimate of actual or expected income for your project (in whole dollars - GST Exclusive).

Income includes any money which will be used to fund the project and ‘in-kind’ contributions. Include all types of income in your budget.

- 1.The amount of funding you are requesting through the Capital of Equality Grants Program. Write CEGP in the description and include an amount you are seeking in this application.
- 2.Any financial contribution from your organisation (not including any finance secured); and
- 3.Any other income sources of this project, which may include but are not limited to:
 - Other secured grants;
 - Loans;
 - Private sponsorship;
 - In-kind support (please quantify) or
 - Any other revenue.

Expected income by source	\$Amount (GST exclusive)
Identify items to be funded by the Capital of Equality Grant by placing (CEGP) next to each item. Please refer to the Grants Guidelines for the example of the budget	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$

Project Expenses

Please provide an itemised list of expected expenses for the project (in whole dollars - GST exclusive).

Expenses or expenditure is everything you will spend to deliver the project.

In the "**Expenses description**" table below, list all expenses that you expect in undertaking the project. This includes all expenses using funds from Capital of Equality Grants Program and funding from other sources, if applicable. The total amount of expenses must match the total amount included in the income table.

Make sure you check page 13 of the Capital of Equality Grants Program Guidelines for a list of items you cannot use this funding for.

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

Expenses description	(\$) Amount of expenses
Identify the Capital of Equality Grant funded items by placing (CEGP) next to each item. Income and expenses tables must match in the total amount	Must be a whole dollar amount (no cents).
	\$
	\$
	\$
	\$
	\$

Budget Checker

Total project income amount

\$

This number/amount is calculated.

Total project expenses amount

\$

This number/amount is calculated.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Should you be successful, the grant will be transferred to your bank account automatically.

Review, submit and feedback

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Office of LGBTIQ+ Affairs in the Chief Minister, Treasury and Economic Development Directorate (CMTEDD) approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Deed of Grant.

If selected as the successful applicant, I consent to CMTEDD using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- CMTEDD promotional material and reports;
- External and educational publications;
- The Office of LGBTIQ+ Affairs website; and
- Social media.

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

I agree that the above can be retained in CMTEDD library for future use.

Certification *

☐ Yes, I have read and agree to the above conditions

Name *

Title First Name Last Name

Date *

Must be a date.

Day-time phone number / mobile number

Must be an Australian phone number.

Email address

Must be an email address.

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in CMTEDD's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal or commercial information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

You are now coming to the end of your application process. Please **REVIEW** your application to ensure you have included all the information required and then click **SUBMIT**. Once submitted, you will not be able to retrieve your application for additional edits.

Please take a few moments to provide some feedback. We would value any feedback you may have regarding our online grants application process.

How did you find out about the 2022 -23 Capital of Equality Grants Program?

- ☐ Facebook
- ☐ Instagram
- ☐ Twitter
- ☐ LinkedIn
- ☐ Word of mouth
- ☐ Internet browser
- ☐ Email
- ☐ Information session
- ☐ Website
- ☐ Poster in a venue
- ☐ Other

2024-25FY LGBTIQ+ Leadership Stream

Form Preview

Please indicate how you found the online application process.

- ☐ Very easy
- ☐ Easy
- ☐ Neither
- ☐ Difficult
- ☐ Very difficult

How many hours did it take you to complete this application.

Include any preparation work done before.

Do you have any recommendations and/or advice that could improve the application process?