

2024-2025 Capital of Equality Grants Program - Connection Fund Form Preview

Form explanation

Important information

Before starting an application please read the [Capital of Equality Grant Program 2024-2025 Grant Guidelines](#) for all information relating to:

- eligibility
- grant amounts
- types of projects which can be funded
- assessment criteria

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

- write a project description
- write outcomes, objectives, activities and outputs.
- have the right attachments for the application
- understand diversity criteria
- prepare a budget

Applications close at 11:59pm on 27 January 2025. You will be told about the outcome within 30 business days.

Funded projects can start from **April 2025** and run for a maximum of 12 months.

If you have any questions about the program please contact the Office of LGBTIQA+ 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 LGBTIQA+ Affairs.

Entity type

* indicates a required field

Entity type

What best describes you? *

- ☐ Individual
- ☐ Not-for-profit organisation
- ☐ For-profit entity

Please refer to the Grants Guidelines for more details on the requirements.

Individual Applicants

* indicates a required field

Individual

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You have chosen to apply as an individual. No ABN will be required and the grant is treated as a non-taxable income. If you choose to quote your ABN you may be liable for taxes. Please seek independent financial advice.

Your full legal name *

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

This name is used to prepare the grant contract and must be your legal name.

Your preferred full name

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

If same as above, skip this question. If you complete this field, this name will be used for all correspondence except for if you are successful and a grant contract is required.

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.

Preferred contact number *

Must be an Australian phone number.

eg: 02 6207 0000 or 0431 000 000

Secondary contact number

Must be an Australian phone number.

eg: 02 6207 0000 or 0431 000 000

Primary email address *

Must be an email address.

Website (professional), if applicable

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Professional Social Media Accounts, if applicable

Eligibility

Your application will not be assessed if you do not meet the following eligibility requirements.

What best describes your current migration status? *

- ☐ 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

If you do not live in the ACT or a surrounding region, you still may be eligible to apply if your project is delivered in the ACT and demonstrates value to the ACT

Please upload proof of your ACT / surrounding region residency

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. A current drivers licence is also acceptable.

Does your proposed project occur in the ACT and are you able to demonstrate that the project will benefit the ACT LGBTIQ+ community? *

- ☐ Yes
- ☐ No

Do you have any outstanding reporting requirements for any previous ACT Government Grants? *

- ☐ Yes
- ☐ No

This only applies to grants which have been completed. If you have previously received an ACT Government grant and you are unsure if acquittal obligations have been met, please check with the ACT Government area you received the funding from to confirm whether obligations have been met.

If yes, please explain why acquittal and / or reporting requirements have not been met.

Please provide details of any ACT Government grants you have received in the last two (2) years, if applicable.

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Do you have public liability insurance? *

- ☐ Yes
- ☐ No, I will be purchasing public liability insurance with grant funds
- ☐ No, I do not require public liability insurance for this project

Depending on the nature of the project, public liability insurance may be required (see Capital of Equality Grants Program Guidelines). You are allowed to purchase the public liability insurance from your grant's funds.

Please attach a certificate of currency for your public liability insurance (if applicable)

Attach a file:

Non-for-profit applicants

* indicates a required field

Contact details & background information

Name of organisation *

Organisation Name

Organisation physical 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.

Organisation 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.

Organisation website

Must be a URL.

Organisation Social Media Channels

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Project lead contact person *

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

What pronouns does the contact person use?

Position held in the organisation

Project contact work number

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

Project contact mobile number *

Must be an Australian phone number.
eg: 0431 000 000

Project contact email address *

Must be an email address.

Do you have an ABN? *

- ☐ Yes
☐ No

If you do not have an ABN and are applying as a non-for-profit organisation (unless you are incorporated organisation without ABN) you must have an auspice arrangement in place.

If yes, please provide your ABN.

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	

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Main business location

Is your organisation incorporated? *

- ☐ Yes
- ☐ No
- ☐ not applicable

Organisations which are not incorporated must be auspiced by an incorporated entity.

If applicable, please provide your organisation's Incorporated Association (IA), Australian Corporation Number (ACN) or Indigenous Incorporation Number (ICN).

Please upload your certificate of incorporation.

Attach a file:

Do you have a public liability insurance? *

- ☐ Yes
- ☐ No, I will purchase public liability insurance with grant funds
- ☐ No, I do not require one for this project

Depending on the nature of the project, public liability insurance may be required (see Capital of Equality Grants Program Guidelines). You are allowed to purchase the public liability insurance from your grant's funds.

Please attach a certificate of currency for your public liability insurance (if applicable)

Attach a file:

Eligibility

Your application will not be assessed for funding if you do not meet the following eligibility requirements.

Does your organisation operate in the ACT? *

- ☐ Yes
- ☐ No

Is the proposed project being delivered for the benefit of ACT LGBTIQ+ community? *

- ☐ Yes
- ☐ No

Please provide more details how the work of your organisation benefits LGBTIQ+ communities in Canberra *

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Word count:

Must be no more than 150 words.

If you are an LGBTIQ+ peer-led organisation or business, simply indicate so. Otherwise, provide more details.

Do you have any outstanding reporting requirements for any previous ACT Government Grants? *

- ☐ Yes
☐ No

If yes, please explain why acquittal and/or reporting requirements have not been met.

Please provide details of any ACT Government grants you have received in the last two (2) years, if applicable.

For-profit entities

* indicates a required field

Contact details & background information

Name of the entity *

Entity physical address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Entity postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Website

Must be a URL.

Entity's social media accounts (if applicable)

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Project Lead details *

Title	First Name	Last Name
<div></div>	<div></div>	<div></div>

What pronouns does the contact person use?

Position held in the organisation

Project contact work number

Must be an Australian phone number.

Project contact mobile number *

Must be an Australian phone number.

Project contact work number *

Must be an email address.

Is your entity a social enterprise?

- ☐ Yes
☐ No

Response to this question will not have an impact on the assessment of your application. It is for data collection purposes only.

Do you have an ABN? *

- ☐ Yes
☐ No

If you do not have an ABN and are applying as a for-profit organisation, you must have an auspice arrangement in place.

If yes, please provide your ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an ABN.

Do you have a public liability insurance? *

- ☐ Yes
- ☐ No, I will purchase public liability insurance with grant funds
- ☐ No, I do not require one for this project

Depending on the nature of the project, public liability insurance may be required (see Capital of Equality Grants Program Guidelines). You are allowed to purchase the public liability insurance from your grant's funds.

Please attach a certificate of currency for your public liability insurance (if applicable)

Attach a file:

Eligibility

Your application will not be assessed for funding if you do not meet the following eligibility requirements.

Does your entity operate in the ACT? *

- ☐ Yes
- ☐ No

Is the proposed project being delivered for the benefit of ACT LGBTIQA+ community? *

- ☐ Yes
- ☐ No

Please provide more details how the work of your organisation benefits LGBTIQA+ communities in Canberra *

Word count:

Must be no more than 150 words.

Do you have any outstanding reporting requirements for any previous ACT Government Grants? *

- ☐ Yes
- ☐ No

Do not include any of the current grants, only those that have been completed.

If yes, please explain why acquittal and/or reporting requirements have not been met.

Please provide details of any ACT Government grants you have received in the last two (2) years, if applicable.

Eligibility requirements

* indicates a required field

Auspiced Funding

An auspiced grant is one where a third party takes responsibility for financial management of the grant.

Individual applicants do not need to be auspiced by default, you can elect to have your grant auspiced if you wish. This does not affect how your application will be assessed.

You need to choose an auspicing entity before applying. The details of the auspicing entity must be included on the application form as well as a letter confirming their agreement to the auspicing arrangement.

The auspicing relationship is the responsibility of the auspicing entity and the organisation, group or person being auspiced.

Do you need to be auspiced by a legal entity to satisfy the applicant Eligibility Criteria (refer to Guidelines)? * *

- ☐ Yes
- ☐ No

Auspice organisation details

An auspiced grant is one where a third party takes responsibility for financial management of the grant. You will need auspicing for a grant if you are applying on behalf of an unregistered entity.

This does not affect how your application will be assessed.

The auspicing relationship is the responsibility of the auspicing entity and the organisation, group or person being auspiced.

Please read page 10 of the [Grant Program Guidelines](#) for more information about auspicing arrangements.

The Office of LGBTIQA+ Affairs will add a 7% auspicing fee to your total grant amount if your application is successful. This amount is to be kept by the auspicing entity to cover costs

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associated with auspicing. This amount is not included in the maximum amount that you can apply for, but provided on top of.

Auspice organisation name *

Organisation Name

Auspice organisation physical address *

Address

eg: 1 Constitution Ave, City, ACT, 2601, Australia

Auspice organisation postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Auspice organisation contact person *

Title First Name Last Name

Auspice organisation contact person position**Auspice organisation contact person phone number ***

Must be an Australian phone number.

eg: 02 6207 0000 or 0431 000 000

Auspice organisation contact person email address *

Must be an email address.

Please upload the auspice organisation's certificate of incorporation

Attach a file:

Please attach signed certification letter by Office Bearer of auspice organisation *

Attach a file:

Does your auspice organisation have public liability insurance? *

☐ Yes

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☐ No

Please attach a copy of your auspice organisation's public liability insurance.

Attach a file:

Provide auspice organisation's ABN. *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Project details

*** indicates a required field**

Project title *

Word count:

Must be no more than 50 words.

Please provide a short description of your project. *

Word count:

Must be no more than 100 words.

This description will be used in promotional materials should the funding be awarded. Example: This project involves the creation of a pride space at the [name] School. It involves collaboration with LGBTIQA + students, allies and a local Aboriginal artist. The space will function as a space for prideful connection for the school community.

What is the expected start date of your project? *

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Please note the start date cannot be earlier than April 2025.

What is the expected end date of your project? *

All projects must be completed within 12 months.

Does your project benefit and engage with LGBTIQA+ people living in Canberra belonging to one or more of these groups? *

- ☐ Aboriginal or Torres Strait Islander peoples
- ☐ People from culturally and linguistically diverse backgrounds
- ☐ People of faith
- ☐ People with lived experience/s of disability
- ☐ Trans and gender diverse people
- ☐ People with innate variations of sex characteristics
- ☐ People aged between 12 - 25 years old
- ☐ People aged over 55 years old
- ☐ Other identities not captured by ' LGBTIQA+' acronym
- ☐ No

Consider carefully how your project benefits of engages with the selected cohorts. Only tick the cohort if your project and application demonstrate active, purposeful and planned engagement with the cohort and describes the specific benefits for that cohort.

Assessment criteria

* indicates a required field

All submissions will be assessed against the following criteria in accordance with the Capital of Equality Grants Program Guidelines.

Which community need are you seeking to address with this project? *

Word count:

Must be no more than 350 words.

For example, you aim to address social isolation LGBTIQA+ migrants may experience by providing opportunities for connections. Do not focus on specific activities in this question.

What will you do? Please describe activities you will deliver including relevant timelines *

Word count:

Must be no more than 500 words.

Include description of activities as well as any collaborations and partnerships you will enter to deliver this project.

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How will you engage with communities who are expected to benefit from this project?

Word count:

Must be no more than 350 words.

What are the intended outcomes of this project? *

Word count:

Must be no more than 500 words.

The identified outcomes of the Capital of Equality Grants program are: 1) Improved understanding of LGBTIQ+ experiences; 2) Improved wellbeing of LGBTIQ+ people; 3) Increased participation of LGBTIQ+ communities; and 4) Increased capacity and leadership. Connection Fund aims to support projects that create a sense of community, belonging and “togetherness” for LGBTIQ+ people.

How will you measure your success?

Word count:

Must be no more than 350 words.

Please describe your expertise, experience and capacity to deliver this project *

Word count:

Must be no more than 250 words.

List previous projects in order of relevance to this application, starting with the most relevant. Include in your response why you are best place to deliver this proposed project.

Additional information

Please upload any additional information or documentation that may support your application as necessary.

Attach a file:

You CANNOT attach any documents that expand on the questions above. Acceptable attachments include one support letter, promotional materials (i.e. design of the poster) or media articles. The application is assessed based on the questions above and not the additional information.

Budget and value for money

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* indicates a required field

Justification of financial need

Please outline financial need to deliver this project? *

Word count:

Must be no more than 150 words.

Can these activities be implemented from existing resources? Why or why not?

Please note: If you have nominated an auspicing organisation, we will add an 7% fee on top of your requested amount to be kept by the auspicing organisation to cover their expenses. You **do not** need to include this amount in your budget.

Total amount requested from this grant (GST exclusive) *

\$

Must be a dollar amount.

Total project cost (GST exclusive) *

\$

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project? This include your contribution, in-kind contributions and other required expenses not covered in your proposed budget

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

- ☐ Yes
☐ No

Responding to this question think if your project is scalable. For example, if you were funded lesser amount and you need to cut down on some activities, will you still achieve the same outcomes?

Please provide a brief explanation of how your project will remain viable with a grant less than the amount you have requested.

Word count:

Must be no more than 150 words.

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.

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Word count:

Must be no more than 100 words.

Project Budget / Income

Please refer to the [Capital of Equality 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;
 - Ticket sales;
 - 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.	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.

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Expenses description	(\$) Amount of expenses
Identify the Capital of Equality Grant funded items by placing (CEGP) next to each item.	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.

Review, submit and feedback

* indicates a required field

Certification - Individual/Group of Individuals

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 LGBTIQA + 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 LGBTIQA+ Affairs website; and
- Social media.

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

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Date *

Must be a date.

Day-time phone number / mobile number

Must be an Australian phone number.

Email address

Must be an email address.

Certification - Organisations

This **MUST** be completed by the applicant organisation.

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 LGBTIQA + 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 LGBTIQA+ Affairs website; and
- Social media.

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

Certification *

☐ Yes, I have read and agree the above conditions

Name *

Title

First Name

Last Name

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Position with the organisation *

Date *

Must be a date.

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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 Capital of Equality Grants Program?

- ☐ Facebook
- ☐ Instagram
- ☐ LinkedIn
- ☐ Twitter
- ☐ Word of mouth
- ☐ Internet browser
- ☐ Email
- ☐ Information session
- ☐ Website
- ☐ Flyer
- ☐ Other

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?

