

2024-2025 Partnership and Capacity Building Stream Form Preview

Form explanation

Introduction

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 for LGBTIQ+ Affairs on (02) 6205 1346 or email Equalitygrants@act.gov.au

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

Eligibility requirements

* indicates a required field

Eligibility

PLEASE NOTE: If you do not comply with the following eligibility requirements, your application will not be assessed for funding.

Is your organisation a non-for-profit entity? *

- Yes
 No

Only non-for-profit entities are eligible to apply.

You are not eligible to apply

Your response to the previous question means you are not eligible to apply for this grant.

2024-2025 Partnership and Capacity Building Stream Form Preview

Please review the [Capital of Equality Grant Guidelines](#) or contact the Office of LGBTIQ+ Affairs on LGBTIQAOoffice@act.gov.au for clarification.

Does your organisation operate in the ACT and/or surrounding region? *

- Yes
- No

All projects must benefit LGBTIQ+ people living in the ACT and/or surrounding region.

Will your project be delivered in the ACT and/or surrounding region and benefit local LGBTIQ+ communities? *

- Yes
- No

All projects must benefit LGBTIQ+ people living in the ACT and/or surrounding region.

You are not eligible to apply

Your response to the previous question means you are not eligible to apply for this grant.

Please review the [Capital of Equality Grant Guidelines](#) or contact the Office of LGBTIQ+ Affairs on LGBTIQAOoffice@act.gov.au for clarification.

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.

Do you have an ABN? *

- Yes
- No

If you do not have an ABN you must be auspiced.

If yes, please provide your ABN.

2024-2025 Partnership and Capacity Building Stream Form Preview

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 | |

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:

If you have public liability insurance, please attach a copy of your insurance policy.

Attach a file:

Based on your answers you are eligible for this stream and do not require to have an auspicing arrangements in place. You can choose to be auspicied if you are a new or emerging organisation.

Do you choose to be auspicied to deliver this project?

- Yes
- No

Have you arranged an auspicing organisation?

- Yes
- No

Groups, unincorporated associations, and other entities with no legal status, must have an auspice with legal status, to take legal and financial responsibility for any funding. Read more about auspicing arrangements in the Program Guidelines.

2024-2025 Partnership and Capacity Building Stream

Form Preview

You are not eligible to apply

Your response to the previous question means you are not eligible to apply for this grant.

Please review the [Capital of Equality Grant Guidelines](#) or contact the Office of LGBTIQA+ Affairs on LGBTIQAOffice@act.gov.au for clarification.

About your organisation

* indicates a required field

Name of organisation *

Organisation Name

What best describes your organisation? *

- LGBTIQA+ peer-led organisation (incorporated, non-for-profit)
- Existing unregistered LGBTIQA+ peer-led group
- New and emerging LGBTIQA+ peer-led group (unregistered) or organisation (incorporated, non-for-profit)
- Mainstream non-for-profit organisation

LGBTIQA+ peer-led organisations are organisations which are designed, managed, and operated by individuals with the same or similar lived experiences and/or identities as the service users. New and emerging organisations are 2 or fewer years old. Mainstream organisations in this context is any non-for-profit which is not LGBTIQA+ peer-led.

Please describe the mission of your organisation and its activities *

Word count:

Must be no more than 150 words.

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.

2024-2025 Partnership and Capacity Building Stream Form Preview

Organisation website

Must be a URL.

Organisation Social Media Channels

Contact details

Project 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.

Auspice organisation details

* indicates a required field

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.

2024-2025 Partnership and Capacity Building Stream Form Preview

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

The Office of LGBTIQ+ 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 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.

Please 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 | |

Auspice organisation contact person *

Title First Name Last Name

2024-2025 Partnership and Capacity Building Stream Form Preview

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 attach signed certification letter by Office Bearer of auspice organisation

Attach a file:

Does your auspice organisation have public liability insurance? *

- Yes
 No

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

Attach a file:

Project details

* indicates a required field

Project title *

Please provide a short description of your project that will be used on our website. *

Word count:

Must be no more than 100 words.

This description will be used in promotional materials should the funding be awarded.

What is the expected start date of your project? *

Projects can start from April 2025

What is the expected end date of your project? *

2024-2025 Partnership and Capacity Building Stream

Form Preview

Projects must be finished in 12 months

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

- | | |
|---|---|
| <input type="checkbox"/> Aboriginal or Torres Strait Islander peoples | <input type="checkbox"/> People with innate variations of sex characteristics |
| <input type="checkbox"/> People from culturally and linguistically diverse backgrounds, including migrants and refugees | <input type="checkbox"/> People aged between 12 - 25 years old |
| <input type="checkbox"/> People of faith | <input type="checkbox"/> People aged over 55 years old |
| <input type="checkbox"/> People with lived experience/s of disability | <input type="checkbox"/> Other identities not captured by ' LGBTIQ+ ' acronym |
| <input type="checkbox"/> Trans and gender diverse people | <input type="checkbox"/> None of the above |

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 applications will be assessed against the following criteria in accordance with the [Capital of Equality Grants Program guidelines](#).

Please describe the community need and/or the organisational need or gap you've identified which is addressed by this project.

Word count:

Must be no more than 350 words.

The response to this question needs to align with your proposed activities.

What are you going to do? Please provide a detailed plan that clearly outlines the proposed activities, timelines and readiness to progress these activities. *

Word count:

Must be no more than 500 words.

Please refer to the Grants Guidelines for eligible funded activities. Note that your proposed activities will need to demonstrate value for money.

How will this project improve meaningful engagement with diverse LGBTIQ+ communities? *

2024-2025 Partnership and Capacity Building Stream Form Preview

Word count:

Must be no more than 200 words.

What are the outcomes of your proposed project? Demonstrate how your proposed activities align with Grants Program objectives and outcomes, how the proposed activities address the identified need and how these activities will help build your organisational capacity. *

Word count:

Must be no more than 600 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.

How will this project improve your organisational sustainability and contribute to your long-term vision? *

Word count:

Must be no more than 350 words.

How will you measure success? *

Word count:

Must be no more than 350 words.

Note that you can budget a formal evaluation as a part of your application.

Please describe your expertise, experience and capacity to deliver this project. Include any partnerships necessary to deliver this project, if applicable. *

Word count:

Must be no more than 500 words.

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

2024-2025 Partnership and Capacity Building Stream Form Preview

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 letters, 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

* indicates a required field

Total amount requested (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

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.

Word count:

Must be no more than 100 words.

Project Budget

2024-2025 Partnership and Capacity Building Stream Form Preview

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.

| 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). |
| | \$ |

2024-2025 Partnership and Capacity Building Stream Form Preview

| | |
|--|----|
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

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 - 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

| | | |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|

2024-2025 Partnership and Capacity Building Stream Form Preview

Position with the organisation *

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
- 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

2024-2025 Partnership and Capacity Building Stream

Form Preview

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?