2024 Audrey Fagan Enrichment Grant Application Form
Form Preview

Form Explanation

Before you start

Before commencing an application, please read the 2024 Audrey Fagan Enrichment Grants Program Guidelines.

The Grant Program to inspire eligible girls, young women, non-binary, and gender diverse young people, to enhance their skills and knowledge within their area of interest.

The Grants provide girls, young women, non-binary, and gender diverse young people aged 12 to 18 years with an opportunity to develop a project that will assist them to achieve their goals.

It provides an opportunity for applicants to make decisions, take responsibility, and initiate a project in collaboration with an experienced mentor of their choice. Grant funding can contribute to costs such as equipment, forums, courses, and travel expenses to activities.

If you have any questions about the application process or require assistance in filling out the form please contact the Office for Women on (02) 6205 5681 or email women@act.gov.au

Eligibility Requirements

* indicates a required field

Applicant Information

Eligible applicants can only apply once in the 2024 round.

You need to read the 2024 Audrey Fagan Enrichment Grant Program Guidelines before you start your application. The Guidelines are available at https://www.act.gov.au/grants

You can only apply for a grant if you meet the eligibility criteria. Please do not complete this application form if you do not meet all of the eligibility criteria.

Please tick 1 or more of the following that applies to you *
☐ I am a permanent resident of the ACT
☐ I attend an ACT school and/or further training facilities e.g. CIT or University
☐ I am home schooled in the ACT

Have you obtained permission from your parent/guardian to submit this form? *
○ Yes   ○ No

Do you have the support of a mentor? *
○ Yes   ○ No

Have you received funding from another source to deliver or provide the same or similar project/program? *
○ Yes

○ No
○ Unsure

If yes, please provide details

Have you received any funding previously from the Community Services Directorate? *
○ Yes
○ No
○ Unsure

Please Note: Overdue reporting or acquittals for any previous Community Services Directorate grants will make your application ineligible.

To check the status of a previous grant with the Community Services Directorate click the My Submissions link near the top left of the screen.

If a different user has previously lodged grant applications for you, you may not be able to see these outstanding acquittals. Please contact the CSD Grants Team to discuss further at CSDGrants@act.gov.au

Have you met acquittal conditions for previous funding received from the Community Services Directorate? *
○ Yes
○ No
○ Unsure
○ No previous grant funding received

If you have previously received a grant from the Community Services Directorate grant and you are unsure if acquittal obligations have been met, then please contact the CSD Grants Team at CSDGrants@act.gov.au for assistance to identify any outstanding acquittal reporting.

Please provide details of any Community Services Directorate grants you have received.

Grant program	Grant ID Number	Funding acquitted?

Contact Details

* indicates a required field

Applicant Information

Applicant *

Title   First Name   Last Name

Applicant Primary Address *
Address

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

Applicant Postal Address (if different from above)
Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Other Phone Number

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Age *

Date of Birth *

Must be a date.

Name of School or Training Institution or if home schooled *

What is your grade level? *

Do you wish to identify as any of the following. You can choose more than 1 option. *
☐ Aboriginal or Torres Strait Islander
☐ Culturally and linguistically diverse
☐ Family is in receipt of an Australian Government Health Care Card
☐ Person with disability

☐ Lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ)
☐ None of the above

Gender *
☐ Girl, woman or female
☐ Boy, man or male
☐ (I / They) use a different term (please specify in the field below)
☐ Prefer not to answer

(I / They) use a different term (please specify)

Parent / Guardian Information

Parent/Guardian Name *

Title	First Name	Last Name

Parent/Guardian Home Address *
Address

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

Parent/Guardian Contact Phone Number *

Must be an Australian phone number.
Example 02 6205 5681 or mobile

Parent/Guardian Email Address *

Must be an email address.

Relationship to Applicant *

Mentor Information

Mentor Name *

Title	First Name	Last Name

Mentor Address *
Address

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

Mentor Contact Number *

Must be an Australian phone number.
Example 02 6205 5681 or mobile

Mentor Email Address *

Must be an email address.

Relationship to Applicant *

Please upload a letter of support from your mentor *
Attach a file:

Please refer to item 4 of the Grant Guidelines for information

Project Details

* indicates a required field

Project Summary

Activity/Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive.

Activity/Project Start Date *

Must be a date.

Activity/Project End Date *

Must be a date.

Please provide a brief description of the activity/project *

Word count:
Must be no more than 200 words.
What do you plan to do? Please limit your response to 200 words.

Assessment Criterion

Please provide a response demonstrating how your proposal meets the following criteria (please limit each response to 200 words).

Proposal - Please describe what you hope to achieve from your activity/project?

Word count:

Mentor - How will your mentor support you to achieve the activity/project? *

Word count:
Must be no more than 200 words.

Benefit - How will receiving a grant benefit you? *

Word count:
Must be no more than 200 words.

Do you feel you would be able to achieve your activity/project without the financial assistance of the grant? If not, why? *

Word count:
Must be at least 200 characters.

Project Timeframe

Milestone Description	Completion Date
	Must be a date.

Budget Information

* indicates a required field

Have you applied for any other grants to fund this activity/project? *
○ Yes   ○ No

If yes please provide details

Will you receive other funding support for the project? *
○ Yes   ○ No

If yes please provide details

If offered a grant less than the amount you have requested, would you be able to proceed with your project? *
○ Yes   ○ No

Budget

Applicants can apply for a grant up to $2,000.

Please provide a breakdown of the entire budget for this activity/project outlining how the grant will be used. Include any other sources of funding for this activity/project.

Include details for each item.

If the cost of participating in the activity/project is more, you will need to identify how the additional costs will be met in the funding from other sources column.

If you need more space, please add more rows to the table below.

How to complete the expenditure description

Please refer to the below example of how to complete the expenditure description of all items you are seeking funding for the activity/project.

Item of Expenditure - Please provide a description of each item/activity that will be purchased as part of this project.

Grant Amount Requested ($) - Please advise the grant funding amount for each each item/activity you are aiming for.

Other Funding Sources and Contributions - Please advise how the listed item will be funded.

Other Funding Sources and Contributions Amount ($) - Please advise the funding amount being contributed from other sources.

Total Project Amount ($) - Total value/cost of each item listed.

* Your budget should be broken down to show what the grant funding will be spent on and supported by things like quotes, links to websites etc to demonstrate the costs for the items you are requesting.

Expenditure description

Please don't add commas to figures, eg. write $1000 not as $1,000.

Item of Expenditure	Grant Amount Requested	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount
	Must be a dollar amount.	Select from the dropdown list where this funding is coming from	Must be a dollar amount.	This number/amount is calculated.
	$		$	$
	$		$	$
	$		$	$

Budget Totals

Total Grant Amount Requested

$

This number/amount is calculated.

Total Other Funding Sources and Contributions Amount

$

This number/amount is calculated.

Total Project Amount

$

This number/amount is calculated.

Quotes and Supporting Information

Quotes may take the form of catalogue price lists or similar and may be scanned and uploaded as part of the application. Quotes will strengthen your application.

Please upload any additional information or documentation that may support your application.
Attach a file:

If you would like to include website links for further information, please include in the table.

Item/Supplier	Website

Feedback, Review and Submission

* 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.

I understand that if the Community Services Directorate approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant guidelines, application form and Letter of Offer.

I understand the Territory may wish to contact me to seek feedback on the application form.

Name *

Title   First Name   Last Name

Date *

Must be a date.

I agree if I am successful, the Territory may contact me to seek permission to publish information about my application and how the grant benefited me. *
○ Yes   ○ No

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Community Services Directorate records 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 information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Feedback

Before submitting your application, please ensure:
- You, your parent/guardian and mentor have read the 2024 Audrey Fagan Enrichment Grants Program Guidelines
- All sections of the Application Form have been completed in as much detail as possible.
- You have a copy of your Application Form for you, your parent/guardian and mentor's records.

Did you seek help from your parent/guardian or mentor to complete the form? *
○ I completed the form without help
○ I needed help completing some sections of the form
○ I needed help completing all sections of the form

Which sections were the hardest or complicated to answer? *

Did you have enough time to find a mentor and develop your project before the closing date for the application? *

How long did it take you to find a mentor and develop your project? *

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.

How did you find out about the 2024 Audrey Fagan Enrichment Grants Program? *
☐ ACT Government Women's Website
☐ ACT Government Grants Website
☐ Mail out
☐ School/Training Institution
☐ Word of mouth
☐ Newspaper
☐ Email
☐ Other: