

2026 Audrey Fagan Enrichment Grant Application

Form Preview

Form Explanation

Before you start

Before commencing an application, please read the 2026 Audrey Fagan Enrichment Grants Program Guidelines.

Please refer to [2026 Audrey Fagan Enrichment Grant Guidelines](#)

The Grant Program aims 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 Grant provides 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 ACT Office for Women at women@act.gov.au

Eligibility Requirements

* indicates a required field

Applicant Information

You need to read the 2026 Audrey Fagan Enrichment Grant Program Guidelines before you start your application.

Please refer to [2026 Audrey Fagan Enrichment Grant Guidelines](#)

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.

Eligible applicants can only apply once in the 2026 round.

You can contact the ACT Office for Women at women@act.gov.au

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

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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 grant funding previously from the Health and Community Services Directorate? *

- Yes
- No
- Unsure

Overdue reporting or acquittals for any previous Health and Community Services Directorate grants will make your application ineligible.

To check the status of a previous grant with the Health and 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 HCSDGrants@act.gov.au

Have you met acquittal conditions for previous funding received from the Health and Community Services Directorate? *

- Yes
- No
- Unsure
- No previous grant funding received

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

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

Grant program	Grant ID Number	Funding acquitted?

Contact Details

* indicates a required field

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Applicant Information

Applicant *

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

Applicant Primary Address *

Address

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

Applicant Postal Address *

Address

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

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.
A personal (non-school) email address is preferred.

Age *

Date of Birth *

Must be a date.

Name of School or Training Institution or if home schooled *

What is your grade level? *

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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 (LGBTIQA+)
- None of the above
- Prefer not to answer

You can choose more than 1 option.

Gender *

- Girl, woman or female
- Boy, man or male
- Non-binary
- (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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Parent/Guardian Primary Address *

Address

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

Parent/Guardian Primary Phone Number *

Must be an Australian phone number.

Phone number must not be the same as applicant's phone number.

Parent/Guardian Primary Email *

Must be an email address.

Email address must not be the same as applicant's email address.

Relationship to applicant *

Please upload a copy of an ACT or NSW Driver's License or Proof of Identity Card.

*

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Attach a file:

Please upload evidence of Canberra residency. *

Attach a file:

Evidence of residency must state parent/guardian's current address, have a date of issue displayed and must not be older than 6 months. For example, a copy of a recent rates notice, rent or utility statement or drivers licence.

Mentor Information

Mentor Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Mentor Primary Address *

Address

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

Mentor Primary Phone Number *

Must be an Australian phone number.

Mentor Primary Email *

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

Project Title: *

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Name of project to be short and must be no more than 6 words

Project Start Date *

Must be a date.

Project End Date *

Must be a date.

Please provide a brief description of the activity/project *

Word count:

Must be no more than 100 words.

Tell us about your activity/project. What do you plan to do?

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:

Benefit - How will receiving a grant benefit you both now and in the future? *

Word count:

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

Word count:

Project Timeframe

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Milestone Description	Completion Date
The Health and Community Services Directorate expects to notify applicants of the outcome of their application in September 2026. Please ensure that this timeframe is taken into consideration when planning your project.	Must be a date.

Budget Information

* indicates a required field

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

Yes

No

If yes please provide details

Will you receive other funding support for the project? *

Yes

No

For example In-kind support is a donation of goods or services, time or expertise rather than cash or appreciated property which is converted into a dollar amount.

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

Please provide further details *

Budget

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

The value is for one activity/project only and is non-recurring.

How to complete the budget

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Please refer to the below information of how to complete the budget description of all items you are seeking funding for the 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 item/activity you are aiming for.

Other Funding Sources and Contributions - Please advise if the listed item will also be funded by another source, using the drop-down to select the most appropriate funding source.

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.*

In the table below please provide a breakdown of all sources of funding you expect to contribute to this project.

All amounts should be inclusive of GST.

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

Item of Expenditure	Audrey Fagan Enrichment Grant Amount Requested	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount	Notes
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List each budget item. (One item per row).	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.	Additional comments on item
	\$	Other:	\$	\$	
	\$	Other:	\$	\$	
	\$	Other:	\$	\$	

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Budget Totals

Total Audrey Fagan Enrichment 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 or provide an accessible link to the quotation as part of the application.

Quotes can strengthen your application.

Upload Quotes

Attach a file:

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

Item/Supplier

Website

Item/Supplier	Website
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Additional Information

Please upload any additional information or documentation that may support your application. For applicants applying as individuals please consider attaching a CV and letter of support/ referee reports to support the application.

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

Attach a file:

Feedback, Review and Submit

* 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 Health and 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.

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

Name *

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

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

Your personal information will be kept private and only used for purposes related to this application, unless otherwise required by law.

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in the Health and 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 2026 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.

We would value any feedback you may have regarding our online grants application process.

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? *

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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

How did you find out about the 2026 Audrey Fagan Enrichment Grants Program? *

- Social Media - Facebook
- Social media - Linked in
- Social media - other
- Our Canberra (printed or online)
- Newsletter
- ACT Government Grants Portal
- Community Partner Update
- ACT Government 'Staff News'
- Word of Mouth
- Other:

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