

2027 ACT Youth Week Grant Application

Form Preview

Form Explanation

Before you start

Before commencing an application please read the 2027 ACT Youth Week Grant Program Guidelines.

Please refer to [2027 ACT Youth Week Grant Guidelines](#)

ACT Youth Week is an annual, celebration of young people aged 12 to 25 years.

The 2027 ACT Youth Week will be held from **Tuesday 6 April to Sunday 18 April 2027.**

Grant funded activities may be delivered at any time during April 2027.

ACT Youth Week provides young people with the opportunity to express their ideas and views, act on issues that affect them and their peers, and celebrate the positive contributions young people make to their community.

For assistance with completing this application form, please contact the Youth Engagement team at youth.engagement@act.gov.au

Eligibility Requirements

*** indicates a required field**

Entity Type

You need to read the 2027 ACT Youth Week Grants Program Guidelines before you start your application.

Please refer to [2027 ACT Youth Week 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.

Applicants can only apply once in the 2027 round.

You can contact the Youth Engagement team by email youth.engagement@act.gov.au

Organisation Eligibility

What entity type are you? *

- ☐ Incorporated association
- ☐ Registered not-for-profit or charitable organisation

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- ☐ Community group or organisation auspiced by an incorporated association
- ☐ Educational institution

Individuals, profit making groups, registered political parties and government entities (except educational institutions) are not eligible to apply.

Is your Organisation an Aboriginal and / or Torres Strait Islander Community-Controlled Organisation (ACCO)? *

- ☐ Yes
- ☐ No

The Health and Community Services Directorate is working with the definition of an ACCO in the National Agreement on Closing the Gap.

Are you being auspiced? *

- ☐ Yes
- ☐ No

An auspicings body is an organisation who manages grant funding on your behalf. For example, a small community group which is not incorporated could seek the support of a larger Not-for-Profit Organisation as their auspice. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work. Please note that individuals, profit making entities, government entities and registered political parties are not eligible to be auspicied.

Does your organisation operate in the ACT? *

- ☐ Yes
- ☐ No

If you operate outside of the ACT, you may not be eligible for these grants.

Has your organisation received funding from another source to deliver or provide the same or similar project/program? *

- ☐ Yes
- ☐ No
- ☐ Unsure

If yes, please provide details

Has your organisation received any grant funding previously from the Health and Community Services Directorate? *

- ☐ Yes
- ☐ No
- ☐ Unsure

Please Note: 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 your organisation, you may not be able to see these outstanding acquittals. Please contact the Grants Team to discuss further at HCSDGrants@act.gov.au

Has your organisation met acquittal conditions for previous funding received from the Health and Community Services Directorate? *

- ☐ Yes

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- ☐ No
- ☐ Unsure
- ☐ No previous grant funding received

If your organisation has previously received a grant from the Health and Community Services Directorate and you are unsure if acquittal obligations have been met, please contact the Grants Team at HCSGrants@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

Applicant Details

Applicant Name *

Organisation Name

Please enter your organisation's full, registered name

Applicant Primary Address *

Address

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

Applicant Postal Address *

Address

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

Applicant Primary Phone Number *

Must be an Australian phone number.

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Applicant Other Phone Number

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Organisation Details

Applicant - Head of Org *

Title First Name Last Name

Applicant - Head of Org Position *

Applicant - Head of Org Primary Phone Number *

Must be an Australian phone number.

Applicant - Head of Org Primary Email *

Must be an email address.

Applicant Primary Website *

Must be a URL.

Is the CEO/Chair/President or equivalent the project contact person for this project? *

☐ Yes

☐ No

Details of project contact person

Applicant Project Contact *

Title First Name Last Name

Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

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Applicant Project Contact Primary Email *

Must be an email address.

Is your organisation incorporated? *

☐ Yes

☐ No

If no, you must be auspiced by an incorporated organisation.

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Please upload your Certificate of Incorporation *

Attach a file:

Does your organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

Applicant 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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

Must be an ABN.

Insurance

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Appropriate insurance cover must be held by the organisation implementing a funded project. This may include Public Liability of no less than \$10 million, Personal Accident, Volunteer Cover and or Directors Professional Indemnity.

Evidence of insurance will be required as a condition of the grant.

Please note that the Certificate of Currency must show that your organisation is covered for your proposed activity.

Does your Organisation have Public Liability insurance? *

☐ Yes

☐ No

Public Liability must be current at the time you are submitting your application. If your cover expires before you are awarded the grant, you may be required to submit an updated Certificate of Currency.

Please provide a copy of your organisation's Certificate of Currency or evidence that the insurance is being renewed. *

Attach a file:

Name of Insurer *

Policy Number *

Insurance expiry date *

Must be a date.

Auspice Organisation Details

An auspicing body is an organisation who manages grant funding on your behalf. For example, a small community group which is not incorporated could seek the support of a larger Not-for-Profit Organisation as their auspice. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work. Please note auspicing organisations can not be individuals, profit making entities, government entities or registered political parties.

Auspice Organisation Name *

Organisation Name

Auspice Primary Address *

Address

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

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Auspice Postal Address *

Address

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

Auspice Contact Person

Title First Name Last Name

Auspice Contact Person Position *

Auspice Contact Person Primary Phone Number *

Must be an Australian phone number.

Auspice Contact Person Primary Email *

Must be an email address.

IA or ACN Number *

Incorporated Association or Australian Corporation Number

Please upload your Certificate of Incorporation *

Attach a file:

Please attach a support letter from the auspice Organisation signed by an authorised person, agreeing to their obligations and responsibilities as outlined in the Guidelines *

Attach a file:

Chief Executive Officer, President, Chair, Secretary or Treasurer. Letter must include name, position, signature and date.

Does the auspice organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

Auspice 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.

ABN

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Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location
Must be an ABN.

Auspice Insurance

Appropriate insurance cover must be held by the organisation implementing a funded project. This may include Public Liability of no less than \$10 million, Personal Accident, Volunteer Cover and or Directors Professional Indemnity.

Evidence of insurance may be required as a condition of the grant.

Please note that the Certificate of Currency must show that the applicant organisation is covered for the proposed activity.

Does the auspice organisation have Public Liability Insurance? *

☐ Yes ☐ No

Public Liability must be current at the time you are submitting your application. If your cover expires before you are awarded the grant, you may be required to submit an updated Certificate of Currency.

Please provide a copy of the auspice organisation's Certificate of Currency or evidence that the insurance is being renewed. *

Attach a file:

Insurance expiry date *

Must be a date.

Project Details

* indicates a required field

Project

Project Title *

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Word count:

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

Project Start Date *

Must be a date.

2027 ACT Youth Week will be held from 6 April 2027 to 18 April 2027. Grant funded activities must be delivered at any time from 1 to 30 April 2027.

Project End Date *

Must be a date.

2027 ACT Youth Week will be held from 6 April 2027 to 18 April 2027. Grant funded activities must be delivered at any time from 1 to 30 April 2027.

Please provide a brief description of your project. *

Word count:

Please limit your response to 100 words. Tell us about your project. What is your project and how will it be delivered? Who will be involved in delivering your project? When and where will your project be delivered?

Which of the following key priority areas does your project benefit? *

- ☐ Young people aged 12 to 25 years leading or being involved in the development and implementation of the project, event, or activity
- ☐ Promoting and celebrating young people's diversity
- ☐ Strengthening and building community connections
- ☐ Increasing opportunities for young people to develop skills, leadership and confidence to actively participate in their community

What type of activity/event/project are you seeking funding to deliver? *

- ☐ Arts based
- ☐ Music based
- ☐ Festival
- ☐ Forum/Conference/Workshop
- ☐ Recreation
- ☐ Sports based
- ☐ Health and Wellbeing based
- ☐ Other:

Select all that apply

Which age group is your activity targeted to? *

- ☐ 12-14 years
- ☐ 15-17 years
- ☐ 18-25 years

May select more than one age group.

Where in the ACT will your project be delivered ? *

- ☐ Belconnen

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- ☐ Civic
- ☐ Inner North
- ☐ Inner South
- ☐ Gungahlin
- ☐ Lanyon Valley
- ☐ Tuggeranong
- ☐ West Belconnen
- ☐ Weston
- ☐ Molonglo Valley
- ☐ Woden Valley
- ☐ Other:

Select all that apply

How many young people are expected to participate in this project? *

Must be a number.

Is this event free of charge for young people? *

- ☐ Yes ☐ No

All ACT Youth Week grant funded events must be free for young people to attend.

Do you have support from young people and/or your local community to host this event? *

- ☐ Yes ☐ No

How will you promote your event to young people and the broader ACT community? *

Please outline your proposed promotional approach, including whether you intend to create an event webpage, Eventbrite listing, social media event, digital poster or other publicly accessible promotional material.

Successful applicants must provide the Office for Youth Engagement with a promotional link or digital poster at least 4 weeks before ACT Youth Week, in accordance with the Grant Guidelines. This will help us promote funded activities through ACT Government communication channels, including the ACT Youth newsletter.

The material must include the event name, date, time, location, brief description and registration details (if applicable).

Assessment Criteria

Please provide a response demonstrating how your proposal meets the following criteria.

1. Alignment

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The proposal should demonstrate how the project, event, or activity aligns with one or more of the four priority areas of the Grant Program: youth-led initiatives, diversity, community connections, and/or skills and leadership development.

Please explain how your project aligns with one or more of the four priority areas of the Grant Program and how it will benefit young people aged 12 to 25 years in the ACT. *

Word count:

Please limit each response to 200 words.

2. Youth Led

The proposal should demonstrate how the activity involves young people in the development and delivery/implementation of the project (for example, led by young people when a project is supported by an organisation). Evidence of this is required in the application.

Please describe how young people have been involved in planning your project and how they will contribute to its development and delivery. Include any opportunities for young people to build skills, confidence or leadership through their involvement. *

Word count:

Please limit each response to 200 words.

3. Contribution

The proposal should demonstrate strengthening and promoting community inclusion and social connection.

Please describe how the project encourages a range of young people to get involved in their local community and how the local community will support and engage with the project. *

Word count:

Please limit each response to 200 words.

Project Timeframe

Please outline the key milestones for your project and their expected completion dates, including planning, promotion, delivery and any post event activities.

The Health and Community Services Directorate expects to notify applicants of the outcome of their applications in February 2027. Please ensure that this timeframe is taken into consideration when planning your project.

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Milestone Description	Completion Date
	Must be a date.

Budget Information

* indicates a required field

GST Component

As there are no goods or services being exchanged, and the grant is intended as a contribution, GST is not applicable to grant payments.

Are you (or your auspicing organisation) registered for GST (goods and services tax)? *

☐ Yes ☐ No

Will you provide a taxable supply under this project? (i.e. will your group or organisation provide or sell services or goods directly to the ACT Government under this project?) *

☐ Yes ☐ No

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

☐ Yes ☐ No

If yes please provide details

Will you receive any other support for this 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 still be able to proceed with your project/activity? *

☐ Yes ☐ No

Please provide further details *

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Budget

The maximum grant that can be applied for is \$2,500.
The value is for one project or initiative only and is non-recurring.

How to complete the budget

Please refer to the below information of how to complete the budget 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 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.

Notes - Additional comments on item description and quantity.

** 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.*

Budget Details

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	ACT Youth Week Grant Amount Requested	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount	Notes
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For example, material and labour cost for painting a mural.	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 description and quantity.
	\$	 Other:	\$	\$	
	\$	 Other:	\$	\$	

Budget Totals

Total ACT Youth Week Grant Amount

\$

This number/amount is calculated.

Total Other Funding Sources and Contributions Amount

\$

This number/amount is calculated.

Total ACT Youth Week Project Amount

\$

This number/amount is calculated.

Quotes and Supporting Information

Please provide evidence to support the budget.

For higher-cost items, you can upload quotes, website links, supplier information or other documents that show how you worked out the costs.

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:

Please include in the table, website links, showing supplier information or other documents that show how you worked out the costs.

Item/Supplier	Website
	Must be a URL.

Additional Information

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

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

Attach a file:

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.

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.

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

Name *

Title

First Name

Last Name

Position *

Chief Executive Officer, Chair, President or equivalent

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 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

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You are now coming to the end of your application process and before you **REVIEW** and click the **SUBMIT** button please take a few moments to provide some feedback.

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

Please indicate how you found the online application process: *

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

Please tell us how you found out about the ACT Youth Week 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:

No more than 100 words.