

2021-22 ACT Women's Grants Program - Application Form

Form Preview

Form Explanation

Before You Start

It is important to read the 2021-22 ACT Women's Grants Program Guidelines (the Guidelines) before you start your application.

The Guidelines include information you need to know to complete your grant application, including how you should consider the priorities of the:

1. *National Plan to Reduce Violence Against Women and their Children 2010-2022*; and/or
2. *ACT Women's Plan 2016-26*.

There are also information sheets available, which give you helpful tips on how to write a strong grant application.

For a copy of the Guidelines and information sheets please visit:

http://www.communityservices.act.gov.au/women/grants_and_awards

If your organisation is being auspiced and is filling out this application form, the Community Services Directorate will communicate directly with the auspicing organisation should your organisation be recommended for funding. The obligations of the auspicing organisation are outlined in the Guidelines.

For more information please contact the ACT Office for Women during business hours on (02) 6205 5681 or email women@act.gov.au.

You can also find information and updates on the Women's Grants Program on the Community Services website here: http://www.communityservices.act.gov.au/women/grants_and_awards

For help submitting an application through the SmartyGrants system, please contact Community Relations and Funding Support by email CSDGrants@act.gov.au

Grants Program

* indicates a required field

Which grant program/or grant programs are you applying for? *

- ACT Women's Safety Grants
- Participation (Women's) Grants

*** Individuals can only apply for a Participation (Women's) Grant. Organisations can apply for one grant in each of the categories, but this must be two different projects.

Eligibility

* indicates a required field

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We will not accept applications that are incomplete or submitted after 5:00pm on Friday, 3 December 2021.

Entity Type

You need to read the 2021-22 ACT Women's Grants Program Guidelines before you start your application. The Guidelines are available here: http://www.communityservices.act.gov.au/women/grants_and_awards

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. If you are not sure how to answer any of these questions, please contact the Office for Women for support.

You can contact the Office for Women on (02) 6205 5681 or email women@act.gov.au

What entity type are you? *

- Organisation
- Individual

Organisations can apply for ACT Women's Safety Grants and Participation (Women's) Grants. Individuals can only apply for Participation (Women's) Grants.

Organisation Eligibility

The following section **MUST** be completed by the Applicant Organisation:

Are you a non-government incorporated legal entity that is not-for-profit? *

- Yes
- No

Are you applying as a consortium?

- Yes
- No

A consortium is a group of organisations working together on a single project.

Are you being auspiced?

- Yes
- No

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.

Does your Organisation operate in the ACT, or are you able to demonstrate that the program will benefit residents in the ACT region? *

- Yes
- No

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

- Yes
- No
- Not sure

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Have you met acquittal conditions for previous funding received from the ACT Government? *

- Yes
- No
- Not applicable

If no, explain why acquittal and / or reporting conditions have not been met.

Organisation Consortium

The following section **MUST** be completed if applying on behalf of a Consortium Organisation:

Please outline your consortium arrangement: *

Individual Eligibility Requirements

Can you show that your project will benefit women and / or girls living in the ACT? *

- Yes
- No

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

- Yes
- No
- Not sure

Have you met acquittal conditions for previous funding received from the ACT Government? *

- Yes
- No
- Not applicable

Acquittal means providing receipts or other evidence of how money has been spent. If this is the first time you are applying for a grant, your answer will be 'Not applicable'

If no, explain why acquittal and / or reporting conditions have not been met.

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Contact Details

* indicates a required field

Applicant Organisation Details

Applicant Organisation Name *

Organisation Name

Primary (Physical) Address *

Address

Suburb State Postcode

Must be an Australian post code

Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian post code

Applicant Website

Must be a URL

Contact Person *

Title First Name Last Name

Position held in Organisation *

Primary Phone Number *

Must be an Australian phone number

Contact Mobile Phone Number

Must be an Australian phone number

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Applicant Administration Email Address *

Must be an email address

Is your Organisation Incorporated? *

Yes No

IA or ACN Number *

Incorporated Association or Australian Corporation Number. If no, you must be sponsored by an incorporated Sponsoring organisation, details Page 4.

Please upload your certificate of incorporation. *

Attach a file:

Does your Organisation have an ABN? *

Yes No

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	

Must be an ABN

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Does your Organisation have public liability insurance? *

Yes

No

Please attach a copy of your Organisation's public liability insurance. *

Attach a file:

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.

Auspice Organisation Name *

Organisation Name

Auspice Primary Address *

Address

Suburb State Postcode

Must be an Australian post code

Auspice Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian post code

Auspice Project Contact *

Title First Name Last Name

Auspice Project Contact Position *

Auspice Project Contact Primary Phone Number *

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Must be an Australian phone number

Auspice Project Contact Primary Email Address *

Must be an email address

IA or ACN Number *

Incorporated Association or Australian Corporation Number. If no, you must be sponsored by an incorporated Sponsoring organisation, details Page 4.

Please attach signed certification letter by Office Bearer of Auspice Organisation *

Attach a file:

President, Chair, Secretary or Treasurer. Letter must include name, position, signature and date. Max 25mb

Does the Auspice Organisation have an ABN Number? *

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.

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	

Must be an ABN.

Must be an ABN

Please attach support letter from Auspice Organisation signed by an authorised person agreeing to their obligations

Attach a file:

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

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**and responsibilities
as outlined in the
Guidelines. ***

Does your Organisation have public liability insurance? *

Yes

No

Please attach a copy of your Organisation's public liability insurance *

Attach a file:

Applicant Individual Details

Individual applicants must be over the age of 18 to apply for this grant.

Applicant Name *

Title

First Name

Last Name

Home Address *

Address

Suburb State Postcode

Must be an Australian post code.

Postal Address (if different from above)

Address

Suburb State Postcode

Must be an Australian post code.

Contact Phone Number *

Must be an Australian phone number.

Mobile Phone Number

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Must be an Australian phone number.

Primary Email Address *

Must be an email address.

Project Details

* indicates a required field

Projects - ACT Women's Safety Grants

Project Title *

Project Start Date *

Project End Date *

Note: Should you be successful your project must be delivered within 12 months from the date you accept an offer.

Brief project description *

Must be no more than 150 words

Project Overview

Please provide an overview of your project including:

Purpose of your project: *

What will your project do to help women / girls in the ACT?

What is the focus and/or target group for your project: *

Tell us who your project will help. For example, will your project help women, girls, or both? Will your project help women with disability, women from culturally and/or linguistically diverse backgrounds, LGBTIQ+ women, older women, women who have experienced domestic or family violence?

What identified need does your project address: *

Why is your project needed to support women / girls in the ACT? What is the problem your project will help to solve?

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What evidence base supports the identified need for your project: *

How can you show your project is needed?

How will the project meet this need: *

How will your project help solve the problem that you have identified?

What are your project's expected key outcomes: *

How will your project help women / girls now and in the future?

What involvement will participants have in your project's development (if relevant):

How will people be involved with your project? (Only answer if relevant to you project)

Assessment Criteria - ACT Women's Safety Grants

Please provide a response demonstrating how your proposal meets the following criteria (please limit each response to 500 words).

Please provide a detailed response how your project advances the objectives and priorities of the Fourth Action Plan under the National Plan to Reduce Violence Against Women and their Children 2010-2022. *

How does your project support one of these priorities: 1. How does your project Primary prevention is key. 2. Support Aboriginal and Torres Strait Islander women and their children. 3. Respect, listen and respond to the diverse lived experience and knowledge of women and their children affected by violence. 4. Respond to sexual violence and sexual harassment. 5. Improve support and service system responses.

Please provide a detailed response how your Organisation demonstrates its capacity to deliver and manage funding including innovation that is value for money. *

How will your organisation manage the grant money? How will you use the money to get the best, value for money, results?

Project - Participation (Women's) Grants

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Project Title *

Project Start Date *

Must be a date.

Project End Date *

Must be a date.

Note: Should you be successful your project must be delivered within 12 months from date you accept an offer.

Brief project description *

Must be no more than 150 words.

Project Overview

Please provide an overview of your project including:

Purpose of your project *

What will your project do to help women / girls in the ACT?

What is the focus and / or target group for your project: *

Tell us who your project will help. For example, will your project help women, girls, or both? Will your project help women with disability, women from culturally and/or linguistically diverse backgrounds, LGBTIQ+ women, older women, women who have experienced domestic or family violence?

What identified need does your project address: *

Why is your project needed to support women / girls in the ACT? What is the problem your project will help to solve?

What evidence base supports the identified need for your project: *

How can you show your project is needed?

How will the project meet this need: *

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How will your project help solve the problem that you have identified?

What are your project's expected key outcomes: *

How will your project help women / girls now and in the future?

What involvement will participants have in your project's development (if relevant):

How will people be involved with your project? (Only answer if relevant to you project)

Assessment Criteria - Participation (Women's) Grants

Please provide a response demonstrating how your proposal meets the following criteria (please limit each response to 500 words).

Please provide a detailed response how your project aligns with the priorities of the ACT Women's Plan 2016-26. *

How does your project support one of these priorities: 1. Health and wellbeing 2. Safety 3. Economic security 4. Housing and homelessness 5. Leadership

Capacity of the Organisation / Individual: To what extent does the proposal demonstrate that the applicant organisation / individual has the capacity to deliver the project and manage the funding. *

How will you (or your organisation) manage the grant money? How will you (or your organisation) use the money to get the best, value for money, results?

Innovation: To what extent does the proposal demonstrate innovation and / or leverages other resources, for example from the private sector. *

How is your project new or creative? Does your project make use of any existing programs, services, or tools?

Value for money: The budget is realistic and demonstrates value for money. *

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How will you use the money?

Budget Information

* indicates a required field

ACT Women's Safety Grants

Community Organisations may apply for a grant up to a maximum of \$20,000 (GST exclusive).

Consortium Organisations operating in the ACT may apply for a grant up to a maximum of \$20,000 (GST exclusive) per Organisation.

Total Amount Requested (GST Exclusive) *

\$

What is the total financial support you are requesting in this application?

Total Project Cost (GST Exclusive) *

\$

What is the total budgeted cost (dollars) of your project?

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

- Yes
 No

If yes please provide details

Will you receive in-kind support for the project? *

- Yes
 No

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

Does your project require the support of

- Yes
 No

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another organisation or ACT Government Directorate? *

If yes please attach a letter of support from that organisation.

Attach a file:

Budget (GST Exclusive) - ACT Women's Safety Grants

Please provide an itemised budget of **ALL** expenses associated with the project, financial and in-kind support from other organisations. 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 value.

Clear item descriptions must be given (e.g. hire of building, office supplies, part-time trainer, etc).

For consortium partnerships, item descriptions must clearly identify the budget details for each Organisation.

All figures must be GST exclusive.

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

Item of Expenditure	ACT Women's Safety Grants Amount	Other Sources	Other Source Amount	Total Amount
----------------------------	-----------------------------------------	----------------------	----------------------------	---------------------

Such as venue hire, fees, catering, advertising			Must be a dollar amount.	This number/ amount is calculated.
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Participation (Women's) Grants

Individuals may apply for a grant up to a maximum of \$5,000 (GST exclusive).

Community Organisations operating in the ACT may apply for a grant up to a maximum of \$20,000 (GST exclusive).

Consortium Organisations operating in the ACT may apply for a grant up to a maximum of \$20,000 (GST exclusive) per Organisation.

Total Amount Requested (GST Exclusive) *

\$

Must be a dollar amount.

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- what is the total financial support you are requesting in this application?

Total Project Cost (GST Exclusive) *

\$

Must be a dollar amount.

- What is the total budgeted cost of your project?

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

Yes No

If yes please provide details

Will you receive in-kind support for the project? *

Yes No

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

Does your project require the support of another organisation or ACT Government Directorate? *

Yes
 No

If yes please attach a letter of support from that organisation.

Attach a file:

Budget (GST Exclusive) - Participation (Women's) Grants

Please provide an itemised budget of **ALL** expenses associated with the project, financial and in-kind support from other organisations. 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 value.

Clear item descriptions must be given (e.g. hire of building, office supplies, part-time trainer, etc).

For consortium partnerships, item descriptions must clearly identify the budget details for each Organisation.

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

Item of Expenditure	Participation (Women's) Grants Amount	Other Sources	Other Sources Amount	Total Amount
Such as venue hire, fees, catering, advertising	Must be a dollar amount.		Must be a dollar amount.	This number/amount is calculated.
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$
	\$		\$	\$

Feedback, Review and Submit

* indicates a required field

Certification - Organisation

This MUST be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct, and 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 application and Letter of Offer.

Note: It is preferred that the CEO, Chair, President and/or Secretary / Treasurer of the Organisation may sign the declaration however it is acknowledged that this is not always possible. In this situation another member of the Organisation sign on their behalf. A minute providing a brief explanation for the delegation of authority to an alternate person should be uploaded with this application.

We agree *

Yes

No

Certification must be agreed to by two (2) representatives of the Applicant Organisation or if applying as a Consortium, to be signed by the Lead Applicant and Consortium Member Organisation.

1. Name (Chair or President) *

Title

First Name

Last Name

Position *

2. Name (Secretary or Treasurer) *

Title

First Name

Last Name

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Position *

Date *

Must be a date

Additional Documents

Attach a file:

Certification - Individuals

I certify that to the best of my knowledge the statements made within this application are true and correct, and 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 application and Letter of Offer.

I agree *

Yes

No

Name *

Title First Name Last Name

Date *

Must be a date.

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.

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.

Attach a file:

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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

How did you find completing the Application Form?

No more than 100 words.

How long did it take you to complete this application?

e.g. 1 hour, 30 minutes

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.