

# 2024-25 Women's Participation Grant Application

## Form Preview

### Form Explanation

Before commencing an application please read the 2024-25 Women's Participation Grant Program Guidelines.

Please refer to [2024-25 Women's Participation Grant Guidelines](#)

The Grant Program provides funding support for projects that promote women and gender diverse people who align themselves with this group to engage, stay connected and actively participate as valued members of the ACT community.

The aim of the grant program is to provide funding to support organisations, and community groups for innovative projects to improve the health, wellbeing, and safety of ACT women and gender diverse people.

The grants support innovative projects that address the priorities of the *ACT Women's Plan 2016-26* (ACT Women's Plan) and the supporting *Third Action Plan 2023-26*.

All approved grant funding will be made as a contribution toward meeting approved project costs.

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

### Eligibility Requirements

\* indicates a required field

#### Entity Type

You need to read the 2024-25 Women's Participation Grant Program Guidelines before you start your application.

Please refer to [2024-25 Women's Participation 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.

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

#### Are you applying as an \*

- ☐ Individual
- ☐ Organisation

#### Organisation Eligibility

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

#### 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  
Profit making groups, government entities and registered political parties are not eligible to apply.

### Is your organisation an Aboriginal and/or Torres Strait Islander Community-Controlled Organisation? \*

☐ Yes ☐ No

The 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 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? \*

☐ Yes ☐ No

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

## Individual Eligibility

Individuals that are applying for a Women's Participation Grant must be 18 years old, or have a parent, carer or guardian submit the application on their behalf.

Please note a lack of detail and supporting evidence may deem your application ineligible.

### Do you live in the ACT? \*

☐ Yes ☐ No

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

Attach a file:

### Please upload your evidence of your ACT residency. \*

Attach a file:

Evidence of residency must state your 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.

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

☐ Yes  
☐ No  
☐ Not sure

### If yes, please provide details

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**Have you or your organisation received any grant funding previously from the Community Services Directorate? \***

- ☐ Yes
- ☐ No
- ☐ Unsure

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 your Organisation, you may not be able to see these outstanding acquittals. Please contact the CSD Grants Team to discuss further at [CSDGrants@act.gov.au](mailto:CSDGrants@act.gov.au)

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

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

If you or your organisation 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 [CSDGrant@act.gov.au](mailto:CSDGrant@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 Details

**Applicant Name \***

- ☐ Individual
- ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**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.

### 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.

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**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

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**Applicant Project Contact Position \***

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**Applicant Project Contact Primary Phone Number \***

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Must be an Australian phone number.

**Applicant Project Contact Primary Email \***

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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 \***

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Incorporated Association or Australian Corporation Number

**Please upload your Certificate of Incorporation. \***

Attach a file:

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

☐ Yes ☐ No

**Applicant ABN \***

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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## 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 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:

### Insurance expiry date \*

Must be a date.

## Auspice Organisation Details

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

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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

  

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

### **Auspice Postal Address (if different from above)**

Address

  

### **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 support letter from auspice organisation signed by an authorised person agreeing to their obligations and responsibilities as outlined in the Guidelines. \***

Attach a file:

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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.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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:

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**Insurance expiry date \***

Must be a date.

### Insurance

You may need to secure public liability, professional indemnity or other appropriate insurances to host your proposed activity.

If your grant application is successful, the CSD Grants Team may contact you to provide details.

Venues may cover your activity with their insurances.

If you already have insurance, please attach the Certificate of Currency below.

### Public liability and other insurances

Attach a file:

Please note that the Certificate of Currency must show that you are covered for your proposed activity.

Individuals can apply if you are over the age of 18 years old, or have a parent, carer or guardian submit the application on their behalf.

**Are you completing this application on behalf of a person as a parent, carer or guardian? \***

☐ Yes ☐ No

**Are you completing this application on behalf of a person with disability? \***

☐ Yes ☐ No

**Which age group are you in? \***

- ☐ 18-19 years
- ☐ 20-24 years
- ☐ 25-34 years
- ☐ 35-44 years
- ☐ 45-54 years
- ☐ 55-64 years
- ☐ 65-74 years
- ☐ 75 years or over

**Do you wish to identify as any of the following: \***

- ☐ Aboriginal or Torres Strait Islander
- ☐ Culturally and linguistically diverse
- ☐ Person with disability
- ☐ Lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQ)
- ☐ None of the above

You can choose more than 1 option.

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**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)****Name of person responsible for completing the form on behalf of the applicant \***

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

**Person responsible contact number \***

Must be an Australian phone number.

**Person responsible email \***

Must be an email address.

**Relationship to applicant \***

## Project Details

\* indicates a required field

**Project Title \***

Word count:

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 your project. \***

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Word count:

Must be no more than 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? \***

- ☐ Health and Wellbeing
- ☐ Housing and Homelessness
- ☐ Safety
- ☐ Economic Security
- ☐ Leadership

Please refer to Item 6 of the guidelines for information on the key priority areas

**Can you show that your project promotes women and gender diverse people to engage, stay connected and actively participate as valued members of the ACT community? \***

- ☐ Yes ☐ No

### Assessment Criteria

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

**Contribution to the ACT Women's Plan : How does your proposal advance the objectives and priorities of the ACT Women's Plan. \***

Word count:

**Outcome: What is the outcome for the project, initiative, or activity. \***

Word count:

**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. \***

Word count:

Please provide an outline of the project delivery including a proposed methodology, milestones and the capacity of the organisation to deliver the project and manage the funding.

**Innovation: To what extent does the project demonstrate innovation and / or leverages other resources, including from the private sector. \***

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Word count:

### Project Timeframe

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 funding is intended as a contribution to your project, 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**

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**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

Individuals may apply for a grant up to a maximum of \$5,000.  
Community Organisations operating in the ACT may apply for a grant up to a maximum of \$20,000.  
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 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.

*\* 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

In the table below please provide a breakdown of all sources of funding you expect to contribute to this activity/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	Women's Participation Grant	Other Funding Sources and Contributions	Other Funding Sources and	Total Project Amount	Notes
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	Amount Requested		Contributions Amount		
Such as venue hire, fees, catering, advertising	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
	\$		\$	\$	
	\$		\$	\$	

### Budget Totals

Total Women's Participation Grant Amount

\$

This number/amount is calculated.

Total Other Funding Sources and Contributions Amount

\$

This number/amount is calculated.

Total Women's Participation 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
	Must be a URL.

### 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:

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### Feedback, Review and Submit

\* indicates a required field

#### Certification - Organisation

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

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##### **Position \***

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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

#### Certification - Individuals

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

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##### **Date \***

--

Must be a date.

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**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

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 Women's Participation Grant 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'

☐ CSD Yuma

☐ Word of Mouth

**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.