

2024-25 ACT Women's Safety Grant Program Application Form Preview

Form Explanation

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

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

The Grant program provides funding support to organisations, and community groups for innovative projects to improve the health, wellbeing, and safety of ACT women.

The aim of the grant program is to provide support innovative projects that promote the improvement of health, wellbeing, and safety of ACT women and to advance priorities identified in the *National Plan to End Violence against Women and Children 2022-2032*.

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.

Eligibility

* indicates a required field

Entity Type

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

Please refer to [2024-25 ACT Women's Safety 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

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
- Community group or organisation auspiced by an incorporated association

Individuals, profit making groups, government entities and registered political parties are not eligible to apply.

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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 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.

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 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

Have you met acquittal conditions for previous 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 for assistance to identify any outstanding acquittal reporting.

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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 Organisation Name *

Organisation 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.

Organisation Details

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Applicant - Head of Org *

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

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

Applicant Project Contact Position *

Applicant Project Contact Primary Phone Number *

Must be an Australian phone number.

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.

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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.

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.

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

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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 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

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 *

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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:

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Must be an ABN

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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 Details

Project Title *

Word count:

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

Project Start Date *

Please note the grant assessment process can take a minimum of 12 weeks to finalise. Please factor this in to your project timeline.

Project End 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? *

- Prevention
- Early intervention
- Response
- Recovery and healing

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

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

Please provide details

Assessment Criteria

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

Contribution to the National Plan to End Violence against Women and Children 2022-2032: How does your proposal advance the objectives and priorities of the Plan. *

Word count:

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

Word count:

Capacity: 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.

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Evidence of Need: What evidence base supports the identified need for your project? *

Word count:

This can take the form of research or consultation

Project Timeframe

Milestone Description

Completion Date

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

The maximum grant that can be applied for is \$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.

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Item of Expenditure	ACT Women's Safety Grants Amount	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount	Notes
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 ACT Women's Safety Grants Amount
 \$
 This number/amount is calculated.

Total Other Funding Sources and Contributions Amount
 \$
 This number/amount is calculated.

Total ACT Women's Safety 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.

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

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 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: *

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- Very easy Easy Neither Difficult Very difficult

Please tell us how you found out about the ACT Women's Safety 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.