2026-2027 LGBTIQA+ Leadership Stream Round 1
Form Preview

Form explanation

Before starting an application, please read the Grant Guidelines available online.
The funding amounts available are:

- up to $650 for opportunities in the ACT;
- up to $1000 for NSW; and
- up to $1500 for other states and territories.

If you are under 18 years of age, you will need the consent of your parent or guardian to apply for this grant.

Applications close November 15 2026. You will be told about the outcome within 20 business days.

If you have any questions about the grant please contact the Office of LGBTIQA+ Affairs on (02) 6205 1346 or email Equalitygrants@act.gov.au

Privacy Notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in HCSD records database 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 or commercial information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.

Eligibility requirements

* indicates a required field

Choose what best describes your belonging to LGBTIQA+ communities. *
☐ I am lesbian
☐ I am gay
☐ I am bisexual
☐ I am trans
☐ I was born with variations in sex characteristics
☐ I am queer
☐ I am asexual
☐ I use another term
☐ I am a part of LGBTIQA+ communities, but prefer not to disclose details

Do you belong to any of the following communities? *
☐ I am an Aboriginal or Torres Strait Islander person
☐ I am a person with disability

☐ I am a person from culturally and linguistically diverse backgrounds, including migrant or refugee, regardless of visa status
☐ I am a person from multi-faith background
☐ I am aged between 12-25 years old
☐ I am aged over 55
☐ Prefer not to say
☐ None of the above

To be eligible, you need to live in the ACT or surrounding region. Please upload proofo of your residency in the ACT. *
Attach a file:

Proof of residency must state your current address, have a date of issue displayed and must not be older than three (3) months. For example a copy of recent rates notice, rent or utility statement or drivers licence. You can redact other irrelevant information.

What best describes you? *
○ an Australian citizen
○ an Australian permanent resident
○ a holder of a temporary Australian visa which expires no less than two years from the date of the application
If you hold a temporary visa, we may request a copy of your VEVO check to verify its expiry date.

Are you under 18 years of age? *
○ Yes
○ No
If you are under 18 years of age, you will need the consent of your parent or guardian to apply for this grant.

Consent for under 18

This section must be completed by the parent or guardian of the applicant if the applicant is under 18 years of age.

Full name of the parent, carer or guardian *

Your relationship to the applicant *

Email *
Must be an email address.

Phone Number *
Must be an Australian phone number.

I consent to my child applying for this grant. *

- ○ Yes
- ○ No

Date *

Must be a date.

Contact details & About you

* indicates a required field

Contact details

Your full legal name *

First Name Last Name

This name is used to prepare financial paperwork and must be your legal name.

Your chosen name

First Name Last Name

If your chosen name is same as your legal name, skip this question. We will use your chosen name in our correspondence to you.

What are your pronouns?

Home address *

Address

eg: 1 Constitution Ave, City, ACT, 2601, Australia. If you need to use a PO BOX as an address, please select "Can't find address" in the drop down menu.

Postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
If you need to use a PO BOX as an address, please select "Can't find address" in the drop down menu.

Your phone number *

Must be an Australian phone number.
eg: 02 6207 0000 or 0431 000 000

Your email address *

Must be an email address.

Professional website, if applicable

Professional social media accounts, if applicable

Please only include social media accounts that are used for professional purposes.

About your leadership journey

Please tell about yourself and your LGBTIQA+ leadership journey. *

Word count:
Must be no more than 350 words.

Please upload your CV (max 2 pages) *
Attach a file:

A maximum of 1 file may be attached.

Leadership and professional development opportunity

* indicates a required field

Please describe a professional development opportunity you are seeking funding for. *

Word count:
Must be no more than 150 words.
Refer to the grant guidelines for eligible professional development opportunities. Please provide details where the opportunity is taking place, and why it is important.

How will your participation in this opportunity contribute to your LGBTIQA+ leadership and professional growth? *

Word count:
Must be no more than 300 words.

How will you use acquired skills and knowledge for the benefit of LGBTIQA+ communities in the ACT and surrounding region? *

Word count:
Must be no more than 300 words.

Upload one support letter from a community member testifying to your LGBTIQA+ leadership. *
Attach a file:

A maximum of 1 file may be attached.
No more than 1 page.

Budget

* indicates a required field

Justification of financial need

Please provide details about your financial need. *

Word count:
Must be no more than 150 words.
Examples: "I am a student and have a part-time job" or "I receive a Centrelink benefit".

If you are offered a grant less than the amount you have requested, are you able to participate in the professional development opportunity? *
- ○ Yes
- ○ No

Have you applied for any other grants to cover other expenses of this professional development opportunity? *
- ○ Yes
- ○ No

We cannot provide funding for an identical element funded under another grant.

If yes, please provide details.

Word count:
Must be no more than 100 words.

Project Expenses

In the "Expenses description", please provide an itemised list of expected expenses for the professional development opportunity that will be funded from the Capital of Equality Grants Program (in whole dollars - GST exclusive).

As outlined in the Grant Guidelines, expenses should be aligned with ATO travel determinations.

Make sure you check the Grant Guidelines for a list of items you cannot use this funding for.

Expenses description	**($)Amount of expenses**
	Must be a whole dollar amount (no cents).
	$
	$
	$
	$
	$

Budget Checker

Total project expenses amount

$
This number/amount is calculated.

Please provide your bank details. *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.
Should you be successful, the grant will be transferred to your bank account automatically.

Do you plan to contribute any other funding? *
- ○ Yes
- ○ No

This can be in-kind, for example, that you will be staying with a friend and not paying for a hotel.

If yes, please provide an estimated amount of the financial contribution, and outline what this funding will be used for.

Review, submit and feedback

* indicates a required field

Certification

Please tick each box to confirm: *
☐ I certify that, to the best of my knowledge, all information provided in this application is true, accurate and complete.
☐ I understand that, if this application is successful, I will be required to accept the terms and conditions of the grant as outlined in the Grant Guidelines and Letter of Offer.
☐ I understand that the Office of LGBTIQA+ Affairs, Health and Community Services Directorate (HCSD), may verify the information provided in this application.
At least 3 choices must be selected.

Name *
Title First Name Last Name

Date *
Must be a date.

Application feedback

You are now coming to the end of your application process. Please **REVIEW** your application to ensure you have included all the information required and then click **SUBMIT.** Once submitted, you will not be able to retrieve your application for additional edits.

Please take a few moments to provide some feedback. We would value any feedback you may have regarding our online grants application process.

How did you find out about the Capital of Equality Grants Program?
☐ Facebook
☐ Word of mouth
☐ Internet browser
☐ Email
☐ Information session
☐ Website
☐ Poster in a venue
☐ Other

How easy or hard was the application process?
☐ Very easy
☐ Easy
☐ Neither
☐ Difficult

☐ Very difficult

How many hours did it take you to complete this application.

Include any preparation work done before.

Do you have any recommendations and/or advice that could improve the application process?

Note that we cannot change the functionality of SmartyGrants.