2026-2027 Capital of Equality Grants Program - Connection Fund
Form Preview

Form explanation

Important information

Before starting an application, visit the Connection Fund webpage to read the Grant Guideline.

Applications close at 11:59pm on Sunday 15 November 2026. You will be told about the outcome within 30 business days.

Funded projects can start from January 2027 and run for a maximum of 12 months.

If you have any questions about the program please contact the Office of LGBTIQA+ Affairs on (02) 6205 1346 or email Equalitygrants@act.gov.au If you require help with this application, please visit the following link Help Guide for Applicants or please contact the Office of LGBTIQA+ Affairs.

Privacy notice

In compliance with the *Information Privacy Act 2014* (the Act) personal information on this form may be stored in HCSD's 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.

Applicant type

* indicates a required field

Who can apply

Individual applicants must:

- be an LGBTIQA+ person who lives in the ACT or a surrounding region, and
- have acquitted any previously received ACT Government grant.

LGBTIQA+ people who are on a temporary visa can apply of their visa expires no less than 2 years from the date of application.

LGBTIQA+ young people under the age of 18 can apply, but need a consent from a parent, carer or guardian.

Organisational applicants must:

- be a non-for-profit or a charity which is an incorporated legal entity under the Corporations Act 2001 (Cth) or the Associations Incorporation Act 1991(ACT), or similar, and operate in the ACT or the surrounding region,
- have an ABN,

- propose a project for the benefit of LGBTIQA+ communities in the ACT or the surrounding region, and
- have satisfactorily acquitted all previous grants provided by the ACT Government (except for current year's funding), if applicable.

Both LGBTIQA+ community-controlled and other (mainstream) community services can apply.

Unregistered community group or collective must:

- operate as a non-for-profit,
- be led by LGBTIQA+ communities, and/or demonstrate that its activities primarily benefit LGBTIQA+ people in the ACT or surrounding regions,
- have entered into an auspicing arrangement with a non-for-profit organisation with an ABN, prior to making the application, and
- have satisfactorily acquitted all previous grants provided by the ACT Government (except for current year's funding), if applicable.

Applicant type

What best describes you? *
○ LGBTIQA+ individual applicant
○ Non-for-profit organisation (with ABN)
○ Unregistered LGBTIQA+ collective (with auspice organisation)

Individual applicants

* indicates a required field

Eligibility

Your application will not be assessed if you do not meet the following eligibility requirements.

Are you an LGBTIQA+ person? *
○ Yes
○ No

Do you live in the ACT or surrounding region? *
○ Yes
○ No
If you do not live in the ACT or surrounding region, you still may be eligible to apply if your project is delivered in the ACT and demonstrates value to the LGBTIQA+ communities in the ACT.

What best describes your current migration status? *
○ 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 18 years of age and older? *

- ○ Yes
- ○ No

Does your project take place in the ACT and clearly benefit LGBTIQA+ people and communities in the ACT? *

- ○ Yes
- ○ No

If you answered no, you are not eligible for this grant.

Do you have any outstanding reporting requirements for any previous ACT Government Grants? *

- ○ Yes
- ○ No

This only applies to grants which have been completed. If you have previously received an ACT Government grant and you are unsure if acquittal obligations have been met, please check with the ACT Government area you received the funding from to confirm whether obligations have been met.

Please provide details of ACT Government grants you received in the last 2 years, if applicable.

Eligibility cont.

Please upload proof of your ACT / surrounding region residency. *

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. A current drivers licence is also acceptable.

Eligibility cont.

You will not be eligible for the grant, if we cannot receive the consent from your parent.

Please upload a letter from your parent, carer or guardian confirming you can apply for this grant.

Attach a file:

If you cannot upload the letter, please provide the full name and mobile number of your parent, carer or guaradian.

Eligibility cont.

Explain why acquittal or reporting requirements have not been met. *

Word count:

Contact details - individual applicant

Full legal name *
First Name Last Name

We require your full legal as it will be used in the Deed of Grant, if your project is recommended for funding.

Full chosen 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 and will publish it alongside your project description, if your application is successful.

What are your pronouns?

Primary address *
Address

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

Postal address *
Address

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

Primary phone number *

Must be an Australian phone number.

Primary email *

Must be an email address.

Website (professional)

Must be a URL.

Social media accounts (professional)

Auspicing

An auspiced grant is one where a third party takes responsibility for financial management of the grant.

As an individual applicant you do not need to have an auspicing arrangement in place.

You can choose to be auspiced if you feel this arrangement will support you to deliver this project.

If you choose to be auspiced:

- you still can only apply for a maximum of $5,000.
- you need to choose an auspicing entity before applying. The details of the auspicing entity must be included on the application form as well as a letter confirming their agreement to the auspicing arrangement.

The Office of LGBTIQA+ Affairs will add a 7% auspicing fee to your total grant amount if your application is successful.

Are you applying for this grant with an auspice organisation? *
○ Yes
○ No

Organisational applicant with ABN

* indicates a required field

Eligibility

Your application will not be assessed for funding if you do not meet the following eligibility requirements.

What best describes your organisation? *
○ LGBTIQA+ peer-led organisation
○ Other:

Is your organisation a non-for-profit or a registered charity? *
○ Yes
○ No
If you answered no, you are not eligible for this grant.

Do you have an ABN? *
○ Yes
○ No
If you do not have an ABN and are applying as a non-for-profit organisation (unless you are incorporated organisation without ABN) you must have an auspice arrangement in place.

Is your organisation incorporated? *
- ○ Yes
- ○ No

Organisations which are not incorporated must be auspiced by an incorporated entity.

Does your organisation operate in the ACT and/or surrounding region? *
- ○ Yes
- ○ No

Will your proposed project directly benefit LGBTIQA+ communities in the ACT and/or surrounding region? *
- ○ Yes
- ○ No

Do you have any outstanding reporting requirements for any previous ACT Government grants? *
- ○ Yes
- ○ No

Please provide details of ACT Government grants you received in the last 2 years, if applicable.

Eligibility cont.

Please provide more details how the work of your organisation benefits LGBTIQA+ communities in Canberra. *

Word count:
Must be no more than 150 words.

Eligibility cont.

Provide your 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

Eligibility cont.

Provide your organisation's Incorporated Association Number, Australian Corporation Number (ACN) or Indigenous Incorporation Number (ICN). *

Please upload your certificate of incorporation or charity registration.
Attach a file:

Eligibility cont.

Explain why acquittal or reporting requirements have not been met. *

Word count:
Must be no more than 200 words.

Contact details

Organisation name *
Organisation Name

Organisation physical address *
Address

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

Organisation postal address *
Address

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

Organisation website

Must be a URL.

Organisation social media channels

Official representative *
First Name Last Name

This can be an executive director, board chair or an equivalent. We require full legal as it will be used in the Deed of Grant, if your project is recommended for funding.

Official representative position *

Official representative phone number *

Must be an Australian phone number.

Official representative email *

Must be an email address.

Main project contact person *
First Name Last Name

This can be a chosen name.

Project contact person position *

Project contact phone number *

Must be an Australian phone number.

Project contact email *

Must be an email address.

Unregistered LGBTIQA+ collectives

* indicates a required field

Eligibility

Is your collective led by LGBTIQA+ communities and/or demonstrate that its activities primarily benefit LGBTIQA+ people in the ACT or surrounding region? *

- ○ Yes
- ○ No

If you answered no, you are not eligible for this grant.

Does your collective operate as a non-for-profit? *
- ○ Yes
- ○ No

If you answered no, you are not eligible for this grant.

Does you collective operate in the ACT or surrounding region? *
- ○ Yes
- ○ No

Do you have any outstanding reporting requirements for any previous ACT Government grants? *
- ○ Yes
- ○ No

This only applies to grants which have been completed.

Provide details about the ACT Government grants received in the last 2 years (if applicable).

Eligibility cont.

Describe the work of your collective and how it benefits LGBTIQA+ people in the ACT or surrounding region. *

Word count:
Must be no more than 250 words.

Eligibility cont.

Provide further details about how you operate as a non-for-profit. *

Word count:
Must be no more than 200 words.

Eligibility cont.

Provide details why acquittal or reporting requirements have not been met. *

Word count:
Must be no more than 250 words.

Contact details

Name of your collective *
Organisation Name

Primary address *
Address

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

Postal address *
Address

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

Collective's website

Must be a URL.

Collective's social media accounts

Project contact person (Legal name) *
First Name Last Name

We require your full legal as it will be used in the Deed of Grant, if your project is recommended for funding.

Chosen 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 and will publish it alongside your project description, if your application is successful.

Position in the collective *

Project contact primary phone number *

Must be an Australian phone number.

Primary email *

Must be an email address.

Auspiced Funding

* indicates a required field

An auspiced grant is one where a third party takes responsibility for financial management of the grant.

You will need auspicing for a grant if you are applying on behalf of an unregistered entity.

Being auspiced will not affect how your application will be assessed.

You need to choose an auspicing entity before applying. The details of the auspicing entity must be included on the application form as well as a letter confirming their agreement to the auspicing arrangement.

The auspicing relationship is the responsibility or the auspicing entity and the organisation, group or person being auspiced.

The Office of LGBTIQA+ Affairs will add a 7% auspicing fee to your total grant amount if your application is successful. This amount is to be kept by the auspicing entity to cover costs associated with auspicing.

Auspice organisation details

Auspice organisation name *
Organisation Name

Are you a non-for-profit organisation or a registered charity? *
- ○ Yes
- ○ No

If you answered no, you cannot be an auspice.

Auspice organisation physical address *
Address

eg: 1 Constitution Ave, City, ACT, 2601, Australia

Auspice organisation postal address *
Address

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

Auspice organisation contact person *
First Name Last Name

Auspice organisation contact person position *

Auspice organisation contact person phone number *

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

Auspice organisation contact person email address *

Must be an email address.

Provide auspice organisation's 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	

Please upload the auspice organisation's certificate of incorporation or charity registration. *
Attach a file:

Please attach signed certification letter by Office Bearer of auspice organisation confirming the auspicing arrangement. *
Attach a file:

This is evidence of agreement from the auspice organisation to support your project.

Project details

* indicates a required field

Project title *

Must be no more than 250 characters.

Please provide a short description of your project. *

Word count:
Must be no more than 100 words.
This description will be used in promotional materials should the funding be awarded. Example: "This project creates a safe, inclusive space for trans and gender diverse people to come together and connect through dance."

Do you have public liability insurance? *

○ Yes
○ No, I will purchase it from the grant
○ No, I do not need one for this project

You may require current public liability insurance policy with a cover of a minimum of $10 million. If you choose to purchase it from the grant, you will be required to send us a copy of its certificate of currency.

Upload a certificate of currency for the public liability insurance
Attach a file:

If your application is auspiced, your auspice should provide you with a copy of their insurance.

What is the expected start date of your project? *

Please note the start date cannot be earlier than January 2027.

What is the expected end date of your project? *

All projects must be completed within 12 months.

Does your project benefit and engage with people living in Canberra belonging to one or more of these groups? *

☐ Aboriginal or Torres Strait Islander LGBTIQA+ people
☐ LGBTIQA+ people with disability
☐ LGBTIQA+ people from culturally and linguistically diverse backgrounds, including migrants and refugees, regardless of visa status
☐ LGBTIQA+ people from multi-faith backgrounds
☐ Trans and gender diverse people
☐ People with innate variations of sex characteristics
☐ Young LGBTIQA+ people
☐ LGBTIQA+ seniors

☐ No

Consider carefully how your project benefits of engages with the selected cohorts. Only tick the cohort if your project and application demonstrate active, purposeful and planned engagement with the cohort and describes the specific benefits for that cohort.

Assessment criteria

* indicates a required field

All applications will be assessed against the assessment criteria as stated in the Capital of Equality Grants Program Guidelines.

Which LGBTIQA+ community needs are you seeking to address with this project? *

Word count:
Must be no more than 350 words.
For example, you aim to address social isolation LGBTIQA+ migrants may experience by providing opportunities for connections. Do not focus on specific activities in this question.

What will you do? Please describe activities you will deliver including when and for how long. *

Word count:
Must be no more than 500 words.
Include description of activities as well as any collaborations and partnerships you will enter to deliver this project.

How will you engage with LGBTIQA+ communities who are expected to benefit from this project? *

Word count:
Must be no more than 350 words.
If you will engage one or more of the priority groups, describe your targeted engagements with them.

What are the intended outcomes of this project and how will you know you achieve them? *

Word count:
Must be no more than 500 words.
The identified outcomes of the Capital of Equality Grants program are: 1) ACT communities have improved understanding of LGBTIQA+ experiences; 2) LGBTIQA+ people experience improved wellbeing; 3) LGBTIQA+ communities have increased opportunities to participate in social and community life; and 4) LGBTIQA+ people have access to opportunities which build their leadership skills.

Please describe your expertise, experience and capacity to deliver this project. *

Word count:
Must be no more than 250 words.
Include in your response why you are best placed to deliver this proposed project, what skills you have or if you delivered similar projects in the past. If you are an individual applicant, explain how much time you can dedicate to this project.

Additional information upload.
Attach a file:

You CANNOT attach any documents that expand on the questions above. Acceptable attachments include one support letter, promotional materials (i.e. design of the poster) or media articles. The application is assessed based on the questions above and not the additional information.

Budget and value for money

* indicates a required field

Project Expenses - from grant funding

Correct budgeting is important to ensure the success of your project.

Please provide an itemised list of expected expenses for the project (in whole dollars - GST exclusive).

In the **"Expenses description"** table below, list all expenses that you expect in undertaking the project **that will be paid for using the grant funding.** This does **not include** in-kind contributions, or funding from other sources.

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

Please note: If you have nominated an auspicing organisation, we will add an 7% fee on top of your requested amount to be kept by the auspicing organisation to cover their expenses. You **do not** need to include this amount in your expenses.

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

	$
	$
	$
	$
	$

Budget Checker

Total project expenses amount

$

This number/amount is calculated.

Financial need and sustainability

Please describe the financial need to deliver this project. *

Word count:

Must be no more than 150 words.

Can these activities be implemented from existing resources? Why or why not?

If you are offered a grant less than the amount you have requested, are you able to proceed with your project? *

- ○ Yes
- ○ No

Responding to this question think if your project is scalable. For example, if you were funded lesser amount and you need to cut down on some activities, will you still achieve the same outcomes?

Please provide a brief explanation if your project scalable or why the full funding is needed. *

Word count:

Must be no more than 200 words.

Income from other funding sources

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

- ○ Yes
- ○ No

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

Do you plan to contribute any additional funding to this project? *

- ○ Yes
- ○ No

This could include any financial contribution from your organisation, or any other income sources from the project (other secured grants, loans, private sponsors, ticket sales etc). This can also include in-kind contributions.

If yes, please provide an estimated amount for 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 Deed of Grant or 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.
☐ I consent to HCSD using and publishing photographic images and audiovisual recordings of the funded project for informational, educational and promotional purposes.
☐ I confirm that I have, or will obtain, any necessary permissions and consents from participants appearing in project images or recordings before they are provided to HCSD.

At least 5 choices must be selected.

Applicant *

First Name | Last Name

Position

Skip for individual applicants.

Applicant email

Must be an email address.

Date *

Must be a date.

Applicant 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
- ☐ Flyer
- ☐ Other

How easy or hard was the application form?

- ○ 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 we cannot change the functionality of SmartyGrants.