

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Form Explanation

Before commencing an application, please read the 2026-27 Aboriginal and Torres Strait Islander Grant Program Guidelines.

Please refer to the [2026-27 Aboriginal and Torres Strait Islander Grant Guidelines](#).

The aim of the grants program is to increase initiatives in the ACT and surrounding region that relate to Aboriginal and Torres Strait Islander Culture, Community, Leadership and Lifelong Learning in line with the priority areas of the **ACT Aboriginal and Torres Strait Islander Agreement 2019-2028** (The ACT Agreement).

If you would like to attend an information session on the 2026-27 Aboriginal and Torres Strait Islander Grant Program, please contact the ACT Office for Aboriginal and Torres Strait Islander Affairs by email OATSIA.Grants@act.gov.au.

If you have any questions about the application process or require assistance in filling out the form please contact the ACT Office for Aboriginal and Torres Strait Islander Affairs by email OATSIA.Grants@act.gov.au.

Eligibility Requirements

* indicates a required field

Entity Type

You need to read the 2026-27 Aboriginal and Torres Strait Islander Grant Program Guidelines before you start your application.

Please refer to [2026-27 Aboriginal and Torres Strait Islander 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 Aboriginal and Torres Strait Islander Affairs at OATSIA.Grants@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 *

- ☐ Incorporated association
- ☐ Registered not-for-profit or charitable organisation
- ☐ Community group or organisation auspiced by an incorporated association

Profit making businesses and groups (including sole traders), education institutions, government entities and registered political parties are not eligible to apply.

2026-27 Leadership and Lifelong Learning Grant Application Form Preview

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

☐ Yes ☐ No

The Health and 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 auspicings. The larger organisation will receive and manage the grant funding, with the community group undertaking the actual project work. Please note profit making businesses and groups (including sole traders), education institutions, government entities and registered political parties are not eligible to be auspicings.

Does your Organisation operate in the ACT? *

☐ Yes ☐ No

The program, project, or activity must demonstrate it will be of benefit to ACT Aboriginal and Torres Strait Islander community and must demonstrate a strong connection the ACT Aboriginal and Torres Strait Islander Community.

The following section **MUST** be completed if the organisation is not an Aboriginal Community Controlled Organisation (ACCO).

Please outline how the project/activity is Aboriginal and/or Torres Strait Islander-led. *

Individual Eligibility

Individuals that are applying for a Leadership and Lifelong Learning Grant must be 18 years or older.

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

Do you live in the Canberra region? *

☐ Yes ☐ No

For the purpose of these grants, the ACT and connecting region includes the following the Australian Capital Territory and the New South Wales Member Councils: ACT, Queanbeyan-Palerang and Yass Valley, Snowy Monaro and Upper Lachlan.

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

Attach a file:

This is to verify your age.

Please upload evidence of Canberra region residency. *

Attach a file:

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

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.

Are you an Aboriginal and/ or Torres Strait Islander person? *

☐ Yes ☐ No

These grants are only open to Aboriginal and/or Torres Strait Islander individuals. Applicants must provide confirmation of their Aboriginal and/or Torres Strait Islander identity as a requirement of grant eligibility criteria.

Cultural identity

For the purpose of this process, eligibility is determined by the applicant meeting the following criteria:

- being of Aboriginal and/or Torres Strait Islander descent;
- identifying as an Aboriginal and/or Torres Strait Islander person; and
- are accepted as being of Aboriginal and/or Torres Strait Islander descent in the community where they currently or have previously lived.

Applicants may submit one or more of the below methods of confirmation:

- Confirmation of Aboriginality (COA) This is a document issued by a registered Aboriginal Community Controlled Organisation (ACCO) in accordance with the legal definition.
- Letter of recognition from a registered ACCO identifying that the person is known and accepted as an Aboriginal and/or Torres Strait Islander person.
- Letter from a recognised Elder who has relevant cultural authority, that identifies that the person is known and accepted by the community as an Aboriginal person.
 - Communal recognition as an Elder, generally through a registered ACCO, will be considered in determining the relevance of the claims in line with the grant requirements.

Please upload evidence of your Aboriginal and/or Torres Strait Islander cultural identity. *

Attach a file:

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:

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

- ☐ Yes
☐ No

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

☐ Unsure

Overdue reporting or acquittals for any previous Health and Community Services Directorate grants will make your application ineligible.

To check the status of a previous grant with the Health and 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 Grants Team to discuss further at HCSDGrants@act.gov.au

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

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

If you or your organisation have previously received a grant from the Health and Community Services Directorate grant and you are unsure if acquittal obligations have been met, then please contact the Grants Team at HCSDGrants@act.gov.au for assistance to identify any outstanding acquittal reporting.

Please provide details of any Health and Community Services Directorate grants you have received.

Grant Program	Grant ID Number	Funding acquitted?

Contact Details

* indicates a required field

Applicant Details

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

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Applicant Primary Address *

Address

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

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

Applicant Postal Address *

Address

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

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.

Is the CEO/Chair/President or equivalent the primary contact person for this project? *

☐ Yes ☐ No

Details of project contact person

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Applicant Project Contact *

Title	First Name	Last Name

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

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.

ABN
Entity Name
ABN Status
Entity Type

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

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 will 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:

Certificate of Currency.

Name of Insurer *

Policy Number *

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. Please note auspicing organisations can not be profit making businesses and groups

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

(including sole traders), education institutions, government entities or registered political parties.

Auspice Organisation Name *

Organisation Name

Auspice Primary Address *

Address

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

Auspice Postal Address *

Address

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

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. *

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

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.

ABN

Entity Name

ABN Status

Entity Type

Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type

ACNC Registration

Tax Concessions

Main Business Location

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:

Certificate of Currency.

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Name of Insurer *

Policy Number *

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, evidence of insurance may be required as a condition of the grant.

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.

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: *

- ☐ Culturally and linguistically diverse
- ☐ Person with disability

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

- ☐ Lesbian, gay, bisexual, transgender, intersex and/or queer (LGBTIQA+)
- ☐ None of the above

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

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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

Leadership

Includes learning activities that encourage Aboriginal and Torres Strait Islander individuals or Community Organisations to enhance their leadership skills and abilities to lead, engage, and influence on behalf of their communities and/or organisations. This also may include learning activities that support and/or strengthen the governance of an Aboriginal and Torres Strait Islander Organisation. Examples may include attendance at educational programs, seminars, conferences, professional and personal development opportunities, cultural leadership programs, mentoring, coaching, board readiness training, youth leadership activities, community advocacy workshops, Elder and inter-generational learning opportunities.

Lifelong Learning Includes activities that empower Aboriginal and Torres Strait Islander peoples, at all stages of their life, to engage in learning activities that support the development of their knowledge, skills, expertise, capabilities, personal growth, confidence, and/or self-efficacy. This may include creative and cultural skills development, digital

2026-27 Leadership and Lifelong Learning Grant Application Form Preview

literacy and technology training, healing and wellbeing programs, learning languages, financial and legal literacy, and business skills.

What is the aim of your activity or project ? *

- ☐ Leadership
- ☐ Lifelong Learning

Project Title *

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 learning activity/project. *

Word count:

Please limit your response to 100 words. Tell us about your learning activity/project. What is your learning activity/project and how will it be delivered? Who will be involved in delivering your learning activity/project? When and where will your learning activity/project be delivered?

Will the proposed project being delivered of benefit to ACT Aboriginal and Torres Strait Islander community? *

- ☐ Yes ☐ No

How many people are anticipated to participate in the activity/project? *

Must be a number.

Please upload documentation which supports information on the course, training or learning activity. *

Attach a file:

Assessment Criteria

Please provide a response demonstrating how your proposal meets the following criteria.

1. Capacity

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

The proposal should demonstrate how the individual or organisation has the capacity to manage the funding and deliver or complete the initiative, project or activity.

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

Word count:

Please limit your response to 200 words. For Individuals applying, tell us about any skills, knowledge, experience, or community connections that will help you share your culture with the community and support your learning goals. For Organisations, tell us about the skills, experience, and capacity of staff who will manage the activity, any existing connections with the ACT Aboriginal and Torres Strait Islander community, and how you will continue to engage with the community to deliver culturally appropriate activities and services.

Please outline what experience, qualifications or expertise will support delivery of this project. *

Please limit your response to 150 words. Tell us about any relevant qualifications, professional experience, lived experience, previous project delivery or specialist knowledge that will help you deliver the project.

Please provide any supporting documents to demonstrate any relevant qualifications or expertise to deliver this project.

Attach a file:

2. Outcomes

The proposal should demonstrate a clear outcome for the initiative, project, or activity.

Please describe the benefits that this initiative, project, or activity will have on your life, and the Aboriginal and Torres Strait Islander community, and how that contributes to the Agreement Core Focus Area of Cultural Integrity. *

Word count:

Please limit your response to 200 words.

3. Need

The proposal should demonstrate the current need in the community for this initiative, project, or activity.

Please describe why you need this grant and consider what would happen if you didn't receive a grant now, or in the future. Also, what are the expected long-term benefits of this activity on your life, the lives of your family or those you

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

provide services to and the ACT Aboriginal and Torres Strait Islander Community. *

Word count:

Please limit your response to 200 words.

Please outline what need or issue your project is addressing, how you know this need exists and why this project is needed in the ACT. *

Please limit your response to 200 words. Tell us about the problem, issue or opportunity your project will address, and why you believe this project is needed. This could be based on your experience, feedback from community members, conversations with participants, surveys or research, or other information about the ACT community.

Does your project target participants who may be experiencing violence, trauma, mental ill health, homelessness or other complex support needs? *

☐ Yes

☐ No

Please demonstrate how Aboriginal and Torres Strait Islander people are actively participating in this activity. *

Word count:

Please outline how participants will be recruited, engaged and supported. *

Please limit your response to 100 words. Describe how participants will hear about the project, how they will be encouraged to participate and how you will support their involvement.

What safeguards will be in place to support participant safety and wellbeing? *

Please limit your response to 100 words. Examples may include screening processes, codes of conduct, privacy and confidentiality measures, participant support processes, supervision arrangements or complaints processes.

What referral pathways or support arrangements are in place for participants who require additional support? *

Please limit your response to 100 words. Examples may include partnerships with specialist services, referral arrangements, crisis support pathways, emergency contact procedures or formal support agreements.

What experience, qualifications or specialist expertise will support delivery of this work? *

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Please limit your response to 100 words. Include any relevant qualifications, training, professional experience, lived experience, supervision arrangements or partnerships that support safe delivery.

Project Timeframe

Please outline the key milestones for your project and their expected completion dates, including planning, promotion, delivery and any post project activities.

The Health and Community Services Directorate expects to notify applicants of the outcome of their application in February 2027. Please ensure that this timeframe is taken into consideration when planning your project.

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

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

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

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. (Individuals can apply to fund IT equipment to support adult learning up to a threshold of \$1,000).

The maximum grant an organisation can apply for is \$10,000.

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 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.

Notes - Additional comments on item description and quantity.

** 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.*

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

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.

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

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

Item of Expenditure	Grant Amount Requested	Other Funding Sources and Contributions	Other Funding Sources and Contributions Amount	Total Project Amount	Notes
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List each budget item. (One item per row).	Must be a dollar amount.	Select from the dropdown list where this funding is coming from	Must be a dollar amount.	Must be a dollar amount. This number/amount is calculated.	Additional comments on item
	\$	Other:	\$	\$	
	\$	Other:	\$	\$	
	\$	Other:	\$	\$	

Budget Totals

Total Grant Amount Requested

\$

This number/amount is calculated.

Total Other Funding Sources and Contributions Amount

\$

This number/amount is calculated.

Total Project Amount

\$

This number/amount is calculated.

Quotes and Supporting Information

You will need to provide evidence of your grant activity.

This can take the form of:

- Excerpt or screenshot from a website showing current pricing
- Letter or email from the organisation offering the activity confirming costs
- Invoice or quote from the provider
- Flyer or brochure with pricing details

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Upload quotes and supporting information *

Attach a file:

Please include in the table, website links, showing supplier information or other documents that show how you worked out the costs.

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:

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 Health and 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 *

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Chief Executive Officer, Chair, President or equivalent

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 Health and 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 *

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 Health and 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.

2026-27 Leadership and Lifelong Learning Grant Application

Form Preview

Please indicate how you found the online application process: *

- ☐ Very easy ☐ Easy ☐ Neither ☐ Difficult ☐ Very difficult

How did you find out about the Aboriginal and Torres Strait Islander Grants 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'
☐ Word of mouth
☐ Other:

Please provide us with any improvements and/or additions to the application process/form that you think we need to consider:

Word count:

Must be no more than 100 words.