

2026-27 Social Participation 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 [2026-27 Aboriginal and Torres Strait Islander Grant Guidelines](#).

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

The intention of the Social Participation Grants is to increase community participation, engagement and inclusion, and to reduce social isolation.

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

* indicates a required field

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](#).

Applicants can only apply once in the 2026-27 round, but can have dependents in the application.

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

Eligibility Requirements

Individuals that are applying for a Social Participation Grant must be 18 years or older.

Parents may apply on behalf of dependents under the age of 18.

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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:

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 applying for dependents? *

☐ Yes ☐ No

Parents and carers may apply on behalf of dependents under the age of 18.

Are you applying on behalf of a person who is over the age of 18 as a carer or guardian? *

☐ Yes ☐ No

Is the person that will be undertaking the activity you are applying for funding for, 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.

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- 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 Aboriginal and/or Torres Strait Islander cultural identity for the person who will be participating in the proposed activity. *

Attach a file:

If the application is for a dependent under the age of 18 who does not yet have a COA form, but a parent or grandparent has one, their COA form along with the evidence of dependency required below may be considered as evidence.

Proof of dependents

Parents and carers may apply on behalf of dependents under the age of 18.

Relationship to applicant *

Please upload Medicare card or other evidence showing the relationship of a dependent and the applicant. *

Attach a file:

Carer or Guardian

Relationship to applicant *

Please explain why you are applying for a person over the age of 18.

Please upload a copy of an ACT or NSW Driver's License or Proof of Identity Card for the individual who will be undertaking the activity. *

Attach a file:

This is to verify the individual who will be undertaking the activity.

Will the activities you are applying for occur primarily within the ACT ? *

☐ Yes ☐ No

To be eligible the activity needs to occur within the ACT.

Have you received a Social Participation Grant in the last year? *

☐ Yes ☐ No

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Have you received funding from another source to participate in the same or similar activity? *

- ☐ Yes
- ☐ No
- ☐ Not sure

If yes, please provide details:

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

- ☐ Yes
- ☐ No
- ☐ 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.

Please contact the Grants Team at HCSDGrants@act.gov.au if you are unsure your previous grant acquittals have been submitted or are outstanding.

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

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

Have you provided evidence through receipts of how the money was used?

Previous Grants

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

Grant Program	Grant ID Number	Funding Acquitted

Personal Details for the Primary Applicant Requesting to Receive Funding

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* indicates a required field

Applicant Details

Applicant *

Title

First Name

Last Name

Applicant Home Address *

Address

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 Home Phone Number

Must be an Australian phone number.

Applicant Mobile Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Individuals can apply if you are over the age of 18 years old.

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

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- ☐ Person with disability
- ☐ 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)

Applicants

* indicates a required field

How many people are you applying for grant funding? *

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8

This includes yourself and any dependants you are applying for.

Applicant #1

*

Title First Name Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

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Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #2

Name *

Title

First Name

Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

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Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #3

Name *

Title

First Name

Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #4

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Name *

Title

First Name

Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? ***Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. ***

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #5

Name *

Title

First Name

Last Name

Age *

Must be a number.

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What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #6

Name *

Title

First Name

Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

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What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #7

Name *

Title

First Name

Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

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Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself.

Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Applicant #8

Name *

Title

First Name

Last Name

Age *

Must be a number.

What type of activity are you (or the person you are applying on behalf of) choosing to participate in? *

Please describe how this activity will help the individual to participate in society, to reduce social isolation for the applicant, to help make positive connections in the community. *

What is the activity and how often does it happen? Does the activity involve other people? How will this activity contribute to identity and belonging in the community?

When do you estimate the activity will commence, and how long will the activity run? *

Please note if the activity occurs before the 5 November 2026 the funding will not be eligible, as activities cannot have occurred before the Program opened. Please also note that while you are able to apply for funding from this date, notification about the success of your application is expected in February 2027. If your application is not successful you will need to cover the costs of your activity yourself..

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Please provide evidence of the chosen activity you have described. This can be in the form of an email outlining your request for availability, an online quote of the estimated costs of the activity, and/or confirmation of registration etc. *

Attach a file:

Please refer to guidelines.

Budget Information

* indicates a required field

The maximum grant that any 1 person in the application can apply for is \$500.

As there is no good or service being exchanged, GST is not applicable to grant payments.

Funding cannot be used for:

The following items **WILL NOT** be funded as outlined in the Guidelines:

- Activities that do not contribute to or meet the priority areas of this program.
- Activities that are not delivered primarily within the ACT.
- Costs of projects or activities that have already taken place, or item already purchased.
- Debt repayments of any kind, including personal loans, or HECS-HELP debt.
- Projects or activities already funded by the ACT Government or Australian Government or are better suited to other available funding opportunities or incentives.
- Travel or accommodation costs not specifically associated with the project.
- IT equipment including laptops, tablets and phones.
- Activities that contain content that may offend or bring into disrepute the applicant organisation, the Health and Community Services Directorate and/or the ACT Government.
- Activities that do not comply with public safety requirements or meet relevant Australian Government legislative requirements.
- Projects or activities which are deemed to be inappropriate or offensive.

How to complete the budget

Please refer to the below example of how to complete the budget description of all items each individual applicant/s are seeking funding for to perform their chosen activity.

Applicant Number: Applicant 1

Applicant Name: Mark Smith

Activity and/or item: This is the activity name activity or item for example Football Registration

Total amount of funding requested per item This must be no more than \$500

Overall cost per item This section is for you to highlight how much the activity costs overall, as we appreciate that \$500 may not cover everything. We cannot provide more than

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\$500 per person, however providing this figure gives a better picture of the costs involved for you to participate.

Applicant Number:

Applicant Name:

Activity and/or item

Total amount of funding requested per item

Overall cost per item

Applicant 1

Mark Smith

Football Registration

\$320

\$350

Applicant 1

Mark Smith

Football Boots

\$80

\$150

Applicant 2

Sally Smith

Dance lessons

\$400

\$450

Click "Add More" button to insert new row.

Budget description

Please provide a list of all items each individual applicant/s are seeking funding for to perform their chosen activity.

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Applicant Number: **Applicant Name:** **Activity and/or item** **Total amount of funding requested per item** **Overall cost per item**

			Must be a dollar amount and no more than 500.	Must be a dollar amount.

Total amount of funding requested for chosen activity per applicant.

Applicant #1 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #2 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #3 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #4 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #5 *

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\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #6 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #7 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Applicant #8 *

\$

Must be a dollar amount and no more than 500.

The total amount requested for the applicant must match the cost items listed in the budget table.

Budget Totals

Total amount of funding requested *

\$

This number/amount is calculated.

Must be a dollar amount no greater than \$500 per person (Total = \$requested amount x number of people)

Overall activity cost *

\$

This number/amount is calculated.

This section is for you to highlight how much the activity costs overall, as we appreciate that \$500 may not cover everything. We cannot provide more than \$500 per person, however providing this figure gives a better picture of the costs involved for you to participate.

Feedback, Review and Submit

* indicates a required field

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.

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Name *

Title

First Name

Last Name

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 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. and **The Human Rights Act 2004** (which outlines a person's rights to privacy).

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

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

☐ Facebook

☐ Other:

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