

Supporting and Strengthening LGBTIQA+ Communities Program

Form Preview

Instructions

About the grant

The Supporting and Strengthening LGBTIQA+ Communities Program (the Program) was established to foster safe, resilient, and sustainable LGBTIQA+ communities in the ACT, addressing priority issues affecting them through an intersectional approach.

The delivery of the Program aims to result in the following outcomes:

Outcome 1: LGBTIQA+ communities experience a strong sense of belonging and improved wellbeing through increased community capacity, representation, participation and access to services.

Outcome 2: LGBTIQA+ people experience greater safety, inclusion and equity, with reduced discrimination and increased understanding of diverse LGBTIQA+ experiences across the community and service sectors.

Outcome 3: A strong, sustainable and capable LGBTIQA+ community-controlled sector delivers effective professional and peer-support services that respond to diverse needs of individuals and communities.

Applicants must deliver **1 mandatory activity** and propose **at least 2 additional** activities which achieve the Program outcomes. Applicants can propose more activities, which are possible within the total funding available and in alignment with the Program outcomes.

Only applications proposing activities for the 3-year Grant period (January 2027 – December 2029) will be considered for funding.

Grant applications process

Before starting your application, please read the Grant Guidelines for all information relating to:

- eligibility
- the grant amount
- types of activities that can be funded
- assessment criteria

All questions marked with * must be answered.

Read instructional text for each question.

Word limits apply for some responses.

Applications close at 11:59pm on Sunday 1 November 2026.

You will not be able to submit this form after the closing time.

You will be told about the outcome within 20 business days of the applications closing date.

If you have any questions about the Grant, please contact the Office of LGBTIQA+ Affairs on (02) 6205 1346 or email LGBTIQAOffice@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'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.

Section 1: Applicant details and eligibility

* indicates a required field

Who can apply

To be eligible for funding, applicants must:

1. be an LGBTIQ+ peer-led organisation; **and**
2. be a registered not-for-profit organisation or registered charity; **and**
3. be based in the ACT or demonstrate a clear benefit to LGBTIQ+ communities living in the ACT and surrounding region.

Where an application involves multiple organisations, the lead applicant must be an eligible LGBTIQ+ peer-led organisation that meets all eligibility requirements.

LGBTIQ+ community-led groups that are not incorporated or registered may apply through an auspice organisation. Not incorporated or unregistered LGBTIQ+ community-led groups are still considered the lead applicant.

The auspice organisation must:

- be a registered not-for-profit organisation or registered charity;
- hold an ABN and be registered for GST; and
- accept responsibility for the financial management and reporting requirements of the grant.

Only one application per organisation will be considered for funding, including where applying as part of a partnership. Auspicing an application is not considered as an application.

Applicant type

How are you applying? *

- ☐ Single organisation (with ABN)
- ☐ Single organisation (no ABN, with auspice)
- ☐ Partnership application

Lead applicant - organisational details

This section applies to all applicants.

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If your application is auspiced: enter the details of your organisation, not the auspice organisation.

If your application is a partnership: enter the details of the lead applicant only.

The lead applicant must meet all three eligibility criteria.

Name of your organisation *

Organisation Name

Physical 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.

Website

Must be a URL.

Organisational social media accounts

Office phone number *

Must be an Australian phone number.

Partnership application details

List the names, physical addresses and websites of all organisations entering the partnership. *

Upload a letter confirming that all members of this partnership have committed to the proposed activities for the duration of the project. *

Attach a file:

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The letter needs to identify responsibility of members and governance structures to ensure positive working relationships, dispute resolution and similar for the entire duration of the grant.

Criterion 1: Organisational type

Is the lead applicant an LGBTIQ+ community-controlled organisation? *

- ☐ Yes
- ☐ No

If the lead applicant is an unregistered LGBTIQ+ community-controlled group applying through an auspice organisation, select Yes. If you have answered No, you are not eligible for this grant.

Does the lead applicant identify as any of the following organisations? *

- ☐ An LGBTIQ+ Aboriginal Community Controlled Organisation (ACCO)
- ☐ An LGBTIQ+ Disabled Peoples Organisation (DPO)
- ☐ An organisation led by and primarily serving LGBTIQ+ people from culturally and linguistically diverse backgrounds, including migrants and refugees
- ☐ None of the above

Describe how the lead applicant meets the definition of an LGBTIQ+ community-controlled organisation. *

Word count:

Must be no more than 250 words.

In your response, include the organisation's purpose and activities, how LGBTIQ+ people are represented in governance and decision-making, the proportion of board or governing body members who identify as LGBTIQ+ and how the organisation is accountable to LGBTIQ+ communities. If you have selected 'a partnership of organisations' please include details only in relation to the type of the organisation of the lead applicant. There are separate questions in the form that ask you to list names of partners. For auspiced applications, respond for the lead applicant and not about an auspice.

Criterion 2: Non-for-profit or charity status

Is the lead applicant a non-for-profit organisation or a registered charity? *

- ☐ Yes
- ☐ No

If the lead applicant is an unregistered LGBTIQ+ community-controlled group but can demonstrate that it operates as a non-for-profit, select Yes. If you have answered No, you are not eligible for this grant.

Does the lead applicant have an ABN? *

- ☐ Yes
- ☐ No

If you do not have an ABN (unless you are an incorporated organisation without an ABN), you must have an auspice arrangement in place if you meet criterion 1.

Criterion 2 cont.

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As an unregistered LGBTIQ+ community-controlled organisation, describe how you meet criterion 2 and currently operate as a non-for-profit. *

Word count:

Must be no more than 200 words.

Do not include the details about your auspice organisation.

Criterion 2 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	

Must be an ABN.

Criterion 2 cont.

Is the lead applicant an incorporated organisation? *

- ☐ Yes
☐ No

Criterion 2 cont.

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

Upload a copy of documents confirming your non-for-profit and/or charity status, and incorporation *

Attach a file:

This can be your certificate of incorporation, registration with ACNC or similar. Please combine multiple documents in a single pdf.

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Criterion 3: Location

Does the lead applicant operate in the ACT and delivers services or programs for the benefit of people residing in the ACT and surrounding region? *

- ☐ Yes
- ☐ No

Criterion 3 cont.

Outline how you will ensure that your project delivers benefits for LGBTIQ+ people living in the ACT and the surrounding region. *

Word count:

Must be no more than 250 words.

Governance and capability

We may request a copy of relevant documents to verify your responses to the following questions.

Does the lead applicant have a formal process which describes how the organisation ensures continuous quality improvement? *

- ☐ Yes
- ☐ No

Does the lead applicant have a formal process which describes how the organisation obtains, uses, stores and shares information in line with relevant national/Territory legislation and policy? *

- ☐ Yes
- ☐ No

This can be confidentiality, information security and specific technology/data management systems policies and procedures.

Does the lead applicant have a formal process which describes how risks are identified, managed, and reported? *

- ☐ Yes
- ☐ No

Does the lead applicant have policies and procedures covering client engagement, safety and wellbeing, complaints handling and professional conduct of staff and volunteers? *

- ☐ Yes
- ☐ No

Does the lead applicant have appropriate insurance to cover delivery of the grant (such as public liability insurance and workcover, and professional indemnity insurance, if applicable)? *

- ☐ Yes
- ☐ No

You are permitted to purchase insurances from the grant funding.

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Do all staff who will be engaged in this project hold a current Working with Vulnerable People registration under ACT law? *

- ☐ Yes
☐ No

Can the lead applicant provide audited financial statements, or other financial records acceptable to the Territory, if requested? *

- ☐ Yes
☐ No

Does the lead applicant have appropriate policies and procedures to ensure strong financial management and controls? *

- ☐ Yes
☐ No

Has the lead applicant satisfactorily acquitted all previous ACT Government grants? *

- ☐ Yes
☐ No

This does not include any current grants, which are not yet completed.

Governance and capability cont.

Provide explanation and further details for each question answered as 'No' in the Governance and compliance section. *

Section 2: Auspicing requirements

* indicates a required field

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

If you are an unregistered entity, you need to enter into an auspicing agreement with a registered non-for-profit organisation that fits eligibility criteria 1 and 3.

Auspice details

Auspice organisation name *

Organisation Name

Is the auspice organisation a registered charity or a non-for-profit organisation? *

- ☐ Yes

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☐ No

The auspice organisation must be a registered charity or a non-for-profit organisation, otherwise the lead applicant is not eligible.

Auspice Organisation 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.

Auspice organisation office address *

Address

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

Postal address

Address

Any, but at least one field is required.

Auspice contact person *

First Name

Last Name

Position in the organisation *

Phone number *

Must be an Australian phone number.

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Primary email *

Must be an email address.

Upload documents to demonstrate that the auspice organisation meets eligibility criteria 2 and 3. *

Attach a file:

Criterion 2 is not-for-profit or charity status, Criterion 3 is ACT location. Please combine multiple documents in a single pdf.

Upload a certificate of currency for the auspice organisation's public liability insurance. *

Attach a file:

Upload a signed letter by Office Bearer of auspice organisation confirming the auspicing arrangement for the duration of the project. *

Attach a file:

Governance and capability (auspice organisation)

Does the auspice organisation have a formal process which describes how the organisation ensures continuous quality improvement? *

- ☐ Yes
☐ No

Does the auspice organisation have a formal process which describes how the organisation obtains, uses, stores and shares information in line with relevant national/Territory legislation and policy? *

- ☐ Yes
☐ No

Does the auspice organisation have a formal process which describes how risks are identified, managed, and reported? *

- ☐ Yes
☐ No

Does the auspice organisation have policies and procedures covering client engagement, safety and wellbeing, complaints handling and professional conduct of staff and volunteers? *

- ☐ Yes
☐ No

If the auspice organisation employs project staff on behalf of the lead applicant, can it ensure those staff hold a current Working with Vulnerable People registration where required under ACT law? *

- ☐ Yes
☐ No

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Can the auspice organisation provide audited financial statements, or other financial records acceptable to the Territory, if requested? *

- ☐ Yes
☐ No

Does the auspice organisation have appropriate policies and procedures to ensure strong financial management and controls? *

- ☐ Yes
☐ No

Has the auspice organisation satisfactorily acquitted all previous ACT Government Grants? *

- ☐ Yes
☐ No

This does not include any current grants, which are not yet completed.

Governance and capability cont.

Provide explanation and further details for each question answered as 'No' in the Governance and compliance section. *

Section 3: Contact details

* indicates a required field

Lead applicant contact details

Please include the details for two contact persons.

Primary project contact *

First Name

Last Name

What pronouns does the primary contact person use?

Position *

Phone number *

Must be an Australian phone number.

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Email *

Must be an email address.

Secondary contact person *

First Name

Last Name

What pronouns does the secondary contact person use?

Position *

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

Partner organisation(s) details

Primary contact person from a partner organisation *

First Name

Last Name

What pronouns does the contact person use?

Position held in the organisation *

Phone number *

Must be an Australian phone number.

Email *

Must be an email address.

If your application includes more than one partner organisation, provide the contact details for each additional partner organisation using the same questions above.

Section 4: Project details and organisational capability

* indicates a required field

Project details

What is the title of your project? *

Word count:

Must be no more than 25 words.

Describe how you will deliver the mandatory Pride Hub activity. *

Word count:

Must be no more than 350 words.

In your response include details about location and accessibility of the space, proposed opening hours, how LGBTIQ+ organisations and community groups will access the space at no cost, how the space will be promoted, and expected usage and community benefit.

Describe each additional activity (at least 2) that you will deliver. *

Word count:

Must be no more than 750 words.

In your response, for each activity include activity name, its description, target participants, delivery timeframe, estimated number of participants or other outputs.

A successful applicant is required to demonstrate how they will engage with and deliver services to the identified priority populations which are LGBTIQ+ Aboriginal and Torres Strait Islander people, LGBTIQ+ people with disability, and LGBTIQ+ people from culturally and linguistically diverse backgrounds, including migrants and refugees, regardless of visa status. Describe how you will do this. *

Word count:

Must be no more than 350 words.

In your response, include how you will engage each priority population group, barriers to participation you have identified, how you will address those barriers and/or any partnerships with organisations representing priority population groups you have in place or will develop.

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Describe how your proposed activities will help achieve the program outcomes. *

Word count:

Must be no more than 500 words.

In your response, include what Program outcomes you expect to achieve, what changes you expect to achieve and how you will know those changes have occurred. Proposed activities need to be clearly linked to these outcomes.

Describe how you will monitor and evaluate the project's delivery. *

Word count:

Must be no more than 500 words.

In your response, include key performance measures, client feedback methods, data collection methods and how findings will be used to improve delivery.

Project risks

Identify the key risks to successful delivery of the project and how you will manage them.

Fill out the table below to identify up to 4 risks to the project, and how you will manage them.

Choose the risk rating after mitigation based on the following table:

Consequence

Negligible

Minor

Moderate

Major

Extreme

Like-lihood

Almost certain

Medium

Significant

High

High

High

Likely

Medium

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Medium

Significant

High

High

Possible

Low

Medium

Medium

Significant

Significant

Unlikely

Low

Low

Medium

Medium

Significant

Rare

Low

Low

Low

Medium

Significant

Risk 1

Risk description *

Word count:

Must be no more than 20 words.

What may happen and why could it happen?

Likelihood *

Consequence *

Mitigation actions *

Risk 2

Risk description

Word count:

Must be no more than 20 words.

What may happen and why could it happen?

Likelihood

Consequence

Mitigation actions

Risk 3

Risk description

Word count:

Must be no more than 20 words.

What may happen and why could it happen?

Likelihood

Consequence

Mitigation actions

Risk 4

Risk description

Word count:

Must be no more than 20 words.

What may happen and why could it happen?

Likelihood

Consequence

Mitigation actions

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Word count: Must be no more than 35 words. What can you do to reduce the impact of the risk or prevent the risk from happening?	Word count: Must be no more than 35 words. What can you do to reduce the impact of the risk or prevent the risk from happening?	Word count: Must be no more than 35 words. What can you do to reduce the impact of the risk or prevent the risk from happening?	Word count: Must be no more than 35 words. What can you do to reduce the impact of the risk or prevent the risk from happening?
Risk rating after mitigation *	Risk rating after mitigation	Risk rating after mitigation	Risk rating after mitigation

Organisational capability

Describe your organisation's capability and experience to deliver this project. *

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Word count:

Must be no more than 350 words.

In your response include relevant experience delivering similar activities, staffing and volunteer capability, and governance and financial management capacity. For applicants applying in a partnership agreement with other organisations, please include relevant information about all organisations applying.

Section 4: Budget and value for money

* indicates a required field

Available funding and budget instructions

The total available funding for the Program is \$724,200 (excl. GST) and will be provided as follows:

- \$141,700 (excl. GST) in 2026-27FY for the period of January - June 2027;
- \$229,000 (excl. GST) in 2027-28FY;
- \$234,000 (excl. GST) in 2028-29FY;
- \$119,500 (excl. GST) in 2029-30FY for the period of July - December 2029.

Project Budget (Expenditure)

- Outline your project expenses in the expenditure table below per each financial year.
- Include expenses from this grant only.
- All budgeted expenses must be GST exclusive. GST will be added on top for the successful applicant.
- Add as many expense rows as required.

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- The annual cost of delivering the mandatory Pride Hub activity should not be more than \$28,000 (excl. GST).
- Admin and management costs should not exceed 20% of total funding requested.
- Do not budget end of project evaluation costs.
- If your application is auspiced, an auspice organisation may charge an auspicating fee. Any such fee must be included in the project budget and must not exceed 7% of the total grant funding requested.
- Proposed expenses must be clearly aligned with the proposed activities described earlier.
- You may request less funding than available. However, applications proposing a shorter timeframe will not be considered.

Expenditure description	Expenditure type	Expenditure amount 2026-27FY	Expenditure amount 2027-28FY	Expenditure amount 2028-29FY	Expenditure amount 2029-30FY	Total
Provide clear descriptions for each budget item. Examples of expenses could include 'translation costs', 'part-time staffer x 40 hours'.	Please select the type of expenditure.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.	This number/amount is calculated.
	Other:					
	Other:					
	Other:					

Budget Totals

Total expenditure for 2026-27FY

This number/amount is calculated.

Total expenditure for 2027-28FY

This number/amount is calculated.

Total expenditure for 2028-29FY

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This number/amount is calculated.

Total expenditure for 29-30FY

This number/amount is calculated.

Total grant budget

This number/amount is calculated.

Include any additional details or comments about the proposed budget, if applicable.

Word count:

Must be no more than 250 words.

Describe in kind contributions or other available funding to be used for this project including a dollar value? *

While additional funding contribution is not required, every project has an in-kind contribution. It is recommended that it is quantified and included.

Review, submit and feedback

* indicates a required field

Certification

This section must be completed by the lead applicant.

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.
- ☐ I understand that the Office of LGBTIQ+ Affairs, Health and Community Services Directorate (HCSD), may verify the information provided in this application.
- ☐ If this application is successful, I consent to HCSD using and publishing photographic images and audiovisual recordings of the funded project for informational, educational and promotional purposes.
- ☐ I understand that these materials may be used in HCSD promotional materials and reports; external and educational publications; the Office of LGBTIQ+ Affairs website; and social media channels.

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☐ 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 6 choices must be selected.

Name of the responsible person on behalf of the lead applicant *

First Name

Last Name

Position *

Submission date *

Must be a date.

Application feedback

Please take a few moments to provide some feedback. We would value any feedback you may have regarding our online grants application process. Please note that we do not have a control over SmartyGrants functionality.

How did you find out about the Grant?

- ☐ Facebook
- ☐ Other social media
- ☐ Word of mouth
- ☐ ACT.gov.au
- ☐ Email
- ☐ Other:

How did you find the application process?

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

How long did it take you to complete this application?

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