S&S Parents, Carers and Children Stream
Form Preview

Instructions

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.

It is recommended you draft your application in Word and copy & paste into the form when you are ready.

Applications close at 9:00am on Monday 28 September 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 1317 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: Eligibility

* indicates a required field

Criterion 1: non-for-profit status and/or charity registration

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

○ Yes
○ No

Important: If you selected No, you are not eligible for this grant.

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.
Important: If you do not have an ABN (unless you are an incorporated organisation without an ABN), you must have an auspice arrangement in place (see Section 3 of this application form.

Is your organisation incorporated? *
- ○ Yes
- ○ No
- ○ Not applicable

If your organisation is incorporated, please provide your organisation's Incorporated Association (IA), Australian Corporation Number (ACN) or Indigenous Incorporation Number (ICN)

Upload a copy of documents confirming your answers above. This can be your certificate of incorporation, registration with ACNC or similar.
Attach a file:

Criterion 2: Organisation type

Select what best describes your organisation? *
- ○ An LGBTIQA+ families organisation
- ○ A family-focussed organisation with demonstrated expertise in working with LGBTIQA+ people
- ○ An LGBTIQA+ peer-led organisation with demonstrated expertise in working with families
- ○ A partnership of organisations described above

Please describe how your organisation meets the definition of the selected organisational type *

If you have selected 'a partnership of organisations above' 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 their names.

Criterion 3: ACT operation and LGBTIQA+ community reach

Does your organisation operate in the ACT? *
- ○ Yes
- ○ No

If your organisation does not operate in the ACT, outline how you will ensure that your project delivers benefits for LGBTIQA+ families living in the ACT and the surrounding region.

If you are based in the ACT, skip this question.

Other organisational requirements

Upload your organisations public liability certificate of currency *
Attach a file:

Your organisation must have public liability insurance.

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

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

If you answered yes, please explain why acquittal or reporting requirements have not been met.

Is your organisation compliant with the National Child Safe Standards? *
- ○ Yes
- ○ No

The organisation may be asked to demonstration compliance.

Do all staff who will be engaged in this project have a working with vulnerable people registration? *
- ○ Yes
- ○ No

This is required before the project can proceed.

Section 2: Contact details

* indicates a required field

Organisation details

Name of your organisation *
Organisation Name

If applying in partnership, this is the main applicant

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.

Social media

Partnership application

Answer these questions if you are applying as a partnership of multiple organisations.

List 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. 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.
Attach a file:

Contact person 1

Name *
Title First Name Last Name

Pronouns

Position held in the organisation *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Contact person 2

Name *

Title | First Name | Last Name

Pronouns

Position held in the organisation *

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Are you applying with an auspicing organisation?

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.

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 of the auspicing entity and the organisation being auspiced.

Are you applying with an auspicing organisation? *
- ○ Yes
- ○ No

Section 3: Auspicing requirements

Auspiced Funding

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.

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 of the auspicing entity and the organisation being auspiced.

You only need to answer these questions if you are applying with an auspicing organisation.

Auspice organisation name
Organisation Name

Auspice organisation physical address
Address

Auspice organisation postal address
Address

Auspice organisation contact person name
Title | First Name | Last Name

Auspice organisation contact person position

Auspice organisation contact person email address

Must be an email address.

Auspice organisation contact person phone number

Must be an Australian phone number.

Upload the auspicing organisation’s certificate of incorporation or similar
Attach a file:

Upload the certificate of currency for the auspicing 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:

Section 4: Project details

* indicates a required field

What is the title of your project? *

Word count:
Must be no more than 20 words.

Write a short description of your project *

Word count:
Must be no more than 150 words.

Describe what you will do. To answer this question you must give details about the proposed activities, including what, where, how many and how long. *

Word count:
Must be no more than 500 words.

How will your project achieve the required outcomes? *

Word count:
Must be no more than 500 words.
The outcomes are: • increased sense of belonging and social connection for LGBTIQA+ families. • improved wellbeing and resilience of LGBTIQA+ parents, carers and their children. • improved understanding of needs and experiences and ensure inclusion of LGBTIQA+ families across services.

Does your project specifically engage with LGBTIQA+ parents and carers living in Canberra belonging to one or more of these groups? *

☐ Aboriginal and Torres Strait Islander LGBTIQA+ families
☐ LGBTIQA+ families from culturally and linguistically diverse backgrounds (CALD) including migrants, refugees and people seeking asylum
☐ LGBTIQA+ parents and carers with disability
☐ None of the above

Select as many as applies

Describe how your activities will be culturally safe, accessible and be capable of supporting LGBTIQA+ parents and carers with intersecting experiences as indicated above? *

Word count:
Must be no more than 500 words.

Describe your organisational capability to deliver this project. *

Word count:
Must be no more than 500 words.
For applicants applying in a partnership agreement with other organisations, please include relevant information about all organisations applying.

How will your organisation measure the success of the project? *

Word count:
Must be no more than 500 words.

Section 5: Budget and value for money

* indicates a required field

Income

The total funding available through this grant is $118,000 divided as follows:

- 2026-27 financial year - $58,000
- 2027-28 financial year - $60,000

If you have additional funding sources for this project, record the detail here. *

Include any other grant funding here

If you (or your partners if applicable) providing any in kind contributions for this project, please detail them here, including a dollar value *

Expenses

- Complete the table below to show how you will spend the grant funding.
- Add as many expense rows as required (e.g. wages, resources, printing, venue hire)
- Admin and management costs must not exceed 20% of total funding available.
- Add GST on top of the available funding, if you are registered. Leave blank if you are not registered to collect GST.
- Proposed expenses must be clearly aligned with the proposed activities described above.
- Proposed expenses must not exceed available funding.

Expenditure	**$**

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

Section 6: Review, submit and feedback

* indicates a required field

Certification

This MUST be completed by the applicant organisation.

I certify that to the best of my knowledge the statements made within this application and the information provided is true and correct, and I understand that if the Office of LGBTIQA+ Affairs in the Health and Community Services Directorate (HCSD) approves the grant, I will be required to accept the terms and conditions of the grant as outlined in the grant application and Deed of Grant.

If selected as the successful applicant, I consent to HCSD using and publishing photographic images and audiovisual recordings (the Material) of the project in this application for informational and promotional purposes.

These include:

- HCSD promotional material and reports;
- External and educational publications;
- The Office of LGBTIQA+ Affairs website
- Social media.

I agree that the above can be retained in HCSD library for future use.

I confirm the above statement *
○ Yes

Name *
Title First Name Last Name

Position in the organisation *

New Question *
Must be a date.

Section 7: Application Feedback (optional)

How did you hear about this grant?
○ Facebook
○ Instagram

- ○ 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?

Must be a number.
In hours

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