LGBTIQA+ Inclusion Grants Program Application Form
Form Preview

Eligibility Criteria

* indicates a required field

How to apply

Help Guide for Applicants
The LGBTIQA+ Inclusion Grants Program 2026-27 (Grants Program) provides funding opportunities for eligible organisations supporting implementation of Western Australia's LGBTIQA+ Inclusion Strategy (the Strategy) and initial five-year Action Plan.

The focus of the Grants Program is to support initiatives that align with the following three priority areas of the Strategy:

- Belonging, connection and visibility
- Safety, equity and wellbeing
- Leadership, education and awareness

In addition to aligning to one or more of these three priority areas, applications will also need to align to one of three distinct Outcome Focus Areas. Each Outcome Focus Area has one or more funding tiers:

- **Outcome Focus Area 1 - Regional Capacity Building** - Total Funding Allocation of $95,000 (excl. GST) includes Tier One for grants up to $15,000 (excl. GST), and Tier Two for grants of up to $50,000 ex GST).
- **Outcome Focus Area 2 - Capability and Partnerships** - Total Funding Allocation of $95,000 (excl. GST) includes Tier One for grants up to $15,000 (excl. GST), and Tier Two for grants of up to $50,000 (ex GST).
- **Outcome Focus Area 3 - Supporting Diverse Communities** - Total Funding Allocation of $63,000 (excl. GST) has only one funding tier for grants up to $15,000 (excl GST)

Please complete the grant application providing a level of detail which is commensurate with the value of the grant and the type of project or activity that the grant will fund.

Please ensure all **attachments are clearly and meaningfully labelled** to indicate their contents.

Once a grant application is submitted, no changes or modifications can be made. Please ensure all information is accurate and complete before submission.

You will not be able to submit an application after the closing time and date.

Before completing this application form, you should have read the program guidelines:

Download: DOCG202642877 - LGBTIQA+ Inclusion Grants Program 2026-27 - Guidelines

Department of Communities will develop Grant Agreements with successful applicants. An example Grant Agreement, including relevant Grant Agreement Terms and Conditions has been provided below to download.

Download: Example Grant Agreement Template

If you have any questions regarding the Grants Program please contact the Grants Team:

Melinda Cunningham**Phone:** 0432 835 077**Email:** grants@communities.wa.gov.au

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Grant Program Name

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- you have read and understood the program guidelines.
- you are able to demonstrate alignment between your project and the aims of this program.
- your organisation is a not-for-profit organisation or a local government authority.
- your organisation is incorporated, or is auspiced by an incorporated organisation/local government authority for the purposes of this application.
- your organisation is located in Australia and delivering services in Western Australia.
- your organisation does not have a 'Failed to Acquit' letter from the Department of Communities as a result of outstanding acquittals from previous funding or grants.

Please note application limits.

- Eligible organisations may submit one application only per Outcome Focus Area.
- If considering applying for grant funding under multiple Outcome Focus Areas, a separate application form must be submitted per Outcome Focus Area.
- Where a grant Outcome Focus Area has two funding tiers, organisations may only apply for one funding tier.
- Incorporated organisations may auspice multiple unincorporated organisations and may still submit one application per Outcome Focus Area for their own organisation.

Notes for Unincorporated Groups or AssociationsImportant: Unincorporated groups cannot receive grant funding directly.If the organisation undertaking the project is **unincorporated,** the grant must be applied for through an **auspice** that is either:

- a **not-for-profit incorporated organisation,** or
- a **local government authority**.

The **auspicing organisation** is considered the **administering** or **applicant organisation** and will take on administrative, legal, and financial responsibility for the grant. This includes:

- accepting and adhering to all terms and conditions of the grant,
- maintaining appropriate financial records, and
- submitting all required reports and documentation on behalf of the project.
- Should the application be successful, the **funding agreement will be established with the auspicing organisation**, who will also receive and distribute the grant funding on behalf of the project.

Where applicants are using an auspice, to complete the application, enter the unincorporated groups details in the organisation section and select unincorporated group as the entity type. This will prompt access to an additional application page to capture the auspice's details and allow upload of the Auspice Arrangement Letter.

Sole traders are not eligible to submit an application to this Grants Program either as an applicant or auspiced by an eligible incorporated not for profit organisation or local government authority.

If you are a sole trader and wish to be involved in relevant project delivery, you will need to be part of a consortia or partnership where the main applicant is an eligible applicant, as outlined above.

You must confirm that all statements above are true and correct. *
○ Yes

Organisation Contact Details

* indicates a required field

Privacy Notice

Information collected in this application will be used by the Department of Communities (the administering agency) to assess eligibility, manage the grants program, and for related reporting, evaluation, compliance, and audit purposes. Information may be shared with other Western Australian Government agencies, external assessors or contractors where required to administer the program, or where authorised or required by law. Information included in your application to address the assessment criteria, for example service models or project plans, will be treated as commercial-in-confidence.

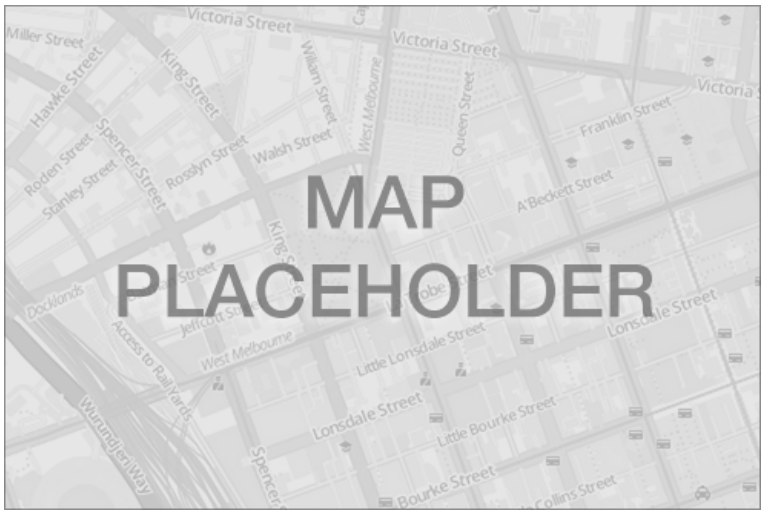
Information will be handled in accordance with applicable Western Australian privacy requirements, as outlined on the WA Government Privacy webpage, including obligations relating to secure storage, access and correction. If requested information is not provided, the application may not be able to be assessed.

Organisation Details

Organisation Name (as per legal entity) *
Organisation Name

Make sure you provide the organisation's legal entity name as per your ABN or Certificate of Incorporation

Organisation Primary Address *
Address



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

Organisation Postal Address (if different from above)
Address

Organisation Phone Number *

Must be an Australian phone number.
Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Organisation Email Address *

Must be an email address.

Organisation Website

Must be a URL.

Primary Contact Details

Primary contact name *
Title First Name Last Name

This is the person we will correspond with about this grant.

Primary Contact Position held in organisation *

e.g., Manager, Director or Fundraising Coordinator.

Primary Contact phone number *

Must be an Australian phone number.
Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Primary Contact office phone number

Must be an Australian phone number.
Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Primary Contact email address *

Must be an email address.
This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Select the entity type of the organisation *

- ○ Aboriginal corporation
- ○ Incorporated organisation
- ○ Local government authority
- ○ Not-for-profit company
- ○ Not-for-profit Trustee
- ○ Organisation established under an Act of Parliament
- ○ Unincorporated group
- ○ Other:

If your organisation is unincorporated, it must have an auspice organisation.

Does your organisation have an 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.

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	

What is your incorporation number?

Incorporated Association, Australian Company Number or Indigenous Company Number

Please upload Certificate of Incorporation
Attach a file:

Max 25mb per file uploaded

Is your organisation an LGBTIQA+ community-led organisation, as per the definition provided on pages 9 and 10 of the Grant Guidlines? *

- ○ Yes
- ○ No

LGBTIQA+ community - led organisations

Please describe how your organisation is an LGBTIQA+ organisation, as per the definition provided on pages 9 and 10 of the Grant Guidlines. *

Non-LGBTIQA+ organisations

Please demonstrate how your organisation will deliver the project in genuine partnership with an LGBTIQA+ community-led organisation. The details of the partnership organisation will also need to be captured in the Consortium or Community Partners table provided later in this application form. *

Auspice Information

* indicates a required field

Auspice Arrangement

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation.

If your organisation is unincorporated and does not currently have an auspice organisation, you **must** arrange an eligible auspice before submitting your application.

In accordance with the Grant Guidelines, applications submitted by **unincorporated organisations without an eligible auspice organisation** will be considered **ineligible** and will not proceed to assessment.

Instructions:

1. Download the Auspice Arrangement Letter Template below.
2. The Letter must be completed and signed by an authorised representative of the auspice organisation.
3. Upload the signed Letter on the Auspice Information page of this application.

Download: Auspice Arrangement Letter Template

Is your organisation auspiced by another organisation for the purpose of this grant? *

○ Yes ○ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you do not have an auspice you should not apply for this grant. Applications from unincorporated organisations applying without an auspice will be deemed ineligible.

Auspice Organisation Details

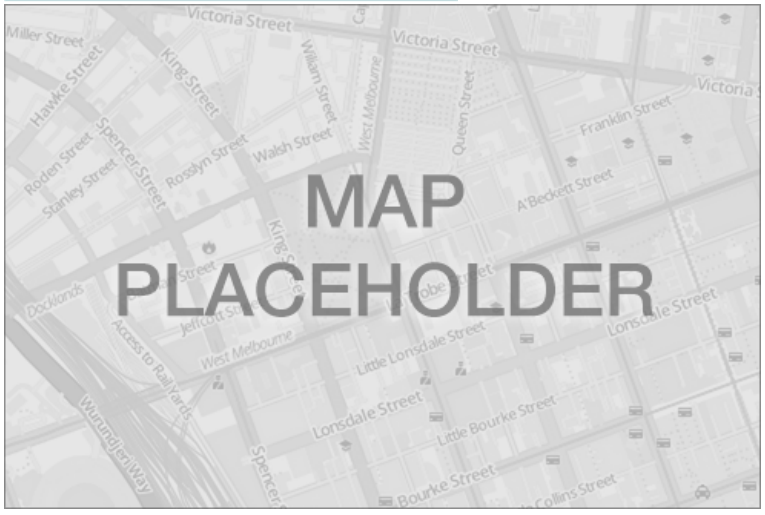
Auspice organisation name *

Organisation Name

Please use the organisation's legal entity name from the ABN registration or Certificate of Incorporation.

Auspice primary address

Address



Auspice postal address
Address

Auspice primary phone number *

Must be an Australian phone number.
Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Auspice email address *

Must be an email address.

Auspice website

Must be a URL.

Primary contact person at auspice organisation *
Title First Name Last Name

We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation *

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary contact primary phone number *

Must be an Australian phone number.
Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Auspice primary contact office phone number

Must be an Australian phone number.
Enter the phone number, including the area code for landlines (e.g., 08 1234 5678) or the mobile number (e.g., 0412 345 678).

Auspice primary contact email address *

Must be an email address

Please attach a letter from the auspice organisation confirming that the auspice arrangement is valid and current. The letter needs to be signed by the Auspice's Delegated Authority. *

Attach a file:

The letter must be signed by an authorised person (e.g., Manager, CEO or Board Chair) and must include: name, position, signature and date.

Does the auspice organisation have an 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.

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.

Project Details

* indicates a required field

Project Detail

Project Title *

Please provide a brief overarching description of your proposed project. [Maximum 40 words.] *

Word count:

Must be no more than 40 words.

Please provide a brief overarching description of your proposed project [maximum 40 words]. If successful, this is the description of your project which will be used in resulting media statements or related publicity.

WA's LGBTIQA+ Inclusion Strategy Priority Areas

Which Strategy Priority Area(s) does your project align to? *
☐ Belonging, connection and visibility
☐ Safety, equity and wellbeing
☐ Leadership, education and awareness
Please select one or more of the Strategy Priority Areas that your proposed project aligns to.

Outcome Focus Areas

In addition to aligning to one, or more, of the three Strategy Priority Areas, applications also need to align to one of three distinct Outcome Focus Areas.

Which Outcome Focus Area does your project align to? *
○ Outcome Focus Area 1 - Regional Capacity Building
○ Outcome Focus Area 2 - Capability and Partnerships
○ Outcome Focus Area 3 - Supporting Diverse Communities
If you wish to apply for funding under more than one Outcome Focus Area, a seperate applicaiton form must be submitted

Funding Tiers and Project Timeframes

Please note each Outcome Focus Area has one, or more, funding tiers and length of time for project delivery.

- Outcome Focus Area 1 - Regional Capacity Building - Tier One Grants - up to $15,000 (ex GST) - for projects lasting up to 18 months.
- Outcome Focus Area 1 - Regional Capacity Building - Tier Two Grants - up to $50,000 (ex GST) - for projects lasting up to 30 months using a consortium approach.
- Outcome Focus Area 2 - Capability and Partnerships - Tier One Grants - up to $15,000 (ex GST) - for projects lasting up to 18 months.
- Outcome Focus Area 2 - Capability and Partnerships - Tier Two Grants - up to $50,000 (ex GST) - for projects lasting up to 30 months using a consortium approach.
- Outcome Focus Area 3 - Supporting Diverse Communities - only one funding tier available for grants up to $15,000 (ex GST) for projects lasting up to 24 months.

Application Limits

Please note application limits.

- Eligible organisations may submit one application only per Outcome Focus Area.
- If considering applying for grant funding under multiple Outcome Focus Areas, a separate application form must be submitted per Outcome Focus Area.
- Where a grant Outcome Focus Area has two funding tiers, organisations may only apply for one funding tier.
- Incorporated organisations may auspice multiple unincorporated organisations and may still submit one application per Outcome Focus Area for their own organisation.

Funding Outcome Limitation

If your organisation submits multiple applications for funding under this Grants Program, aligning with each of the different Outcome Focus Areas, and more than one applicaiton is assessed as suitable for funding prioritisation, the organisation will only be offered funding for one of the proposed projects.

Please specify your organisation's priority application for funding allocation. *
- ○ This application is the first priority choice for funding allocation.
- ○ This application is the second priority choice for funding allocation.
- ○ This application is the third choice for funding allocation.

Please select one option

Project Description and Anticipated Activities

Please provide a detailed description of your proposed project and anticipated activities that aligns to your chosen Outcome Focus Area and is commensurate to the Funding Tier you have chosen. *

Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended)

Project Plan

Attach a detailed project plan, including a project schedule of key phases, milestones, timeframes and activities. *

Attach a file:

Project Intended Outcomes

Successful grant recipients will contribute to the program's overall aim of fostering a more inclusive, connected and equitable Western Australia for LGBTIQA+ people, families and communities by:

- delivering initiatives that strengthen community participation
- building organisational and sector capability and fostering partnerships
- addressing the diverse and intersectional needs of LGBTIQA+ communities.

List the intended outcomes of your proposed project. *

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

Please explain how your project will demonstrate positive and long-lasting benefits for LGBTIQA+ people and communities and the broader community, where applicable. *

Describe three changes you will see if the expected outcomes of the project occur (150 words recommended)

Project Timeline

Estimated Project Start Date *

This date must be no earlier than 1/06/2027 as Department of Communities cannot retrospectively award grants or reimburse funding already spent.

Estimated Project Finish Date *

Based on the Outcome Focus Area and subsequent Tier of grant funding you have chosen to apply for, please select a project finish date: Outcome Focus Area 1, Tier One grants up to a maximum of 18 months. Outcome Focus Area 1, Tier Two grants up to a maximum of 30 months. Outcome Focus Area 2, Tier One grants up to a maximum of 18 months. Outcome Focus Area 2, Tier Two grants up to a maximum of 30 months. Outcome Focus Area 3 up to a maximum of 24 months.

Location

Location that will benefit from the project *

Select options by clicking the drop-down menu in browse box. Please select as many locations that apply, there is no maximum.

Consortium Approach

For grants being applied for under any Tier Two funding, please detail your proposed consortium approach to project delivery and related organisational governance.

Include any governance arrangements in place for the consortium and details of the aspects of the project each consortium member will deliver and any associated funding allocation.

Please detail your proposed consortium.

Consortium or Community Partners

If applicable, please list all organisations involved in the consortia / community partnership who will be delivering the proposed project.

Please consider attaching letters of support/confirmation of partnerships and governance arrangements to strengthen your application.

Organisation Name	Name	Phone Number	How is this organisation involved?
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		
Organisation Name	Organisation Name		

Paid Consultants

Please provide details of any sole traders / consutants you propose to engage in delivery of the project, if applicable.

Include details of the aspects of the project each sole trader / consultant will contribute to and any associated financial payment.

Project Budget

* indicates a required field

Funding Request

Select the funding category that aligns to your proposed project. *

○ Outcome Focus Area 1 - Regional Capacity Building - Tier One Grants - up to $15,000 (ex GST) - for projects lasting up to 18 months.
○ Outcome Focus Area 1 - Regional Capacity Building - Tier Two Grants - up to $50,000 (ex GST) - for projects lasting up to 30 months using a consortium approach.
○ Outcome Focus Area 2 - Capability and Partnerships - Tier One Grants - up to $15,000 (ex GST) - for projects lasting up to 18 months.
○ Outcome Focus Area 2 - Capability and Partnerships - Tier Two Grants - up to $50,000 (ex GST) - for projects lasting up to 30 months using a consortium approach.
○ Outcome Focus Area 3 - Supporting Diverse Communities - only one funding tier available for grants up to $15,000 (ex GST) for projects lasting up to 24 months.

Select one option only. If applying for multiple Oucome Focus Areas, a seperate application form must be completed.

Total Amount Requested (excl. GST) *

Enter the total amount of grant funding being requested through this application excl. GST. If successful, Department of Communities will calculate GST where applicable. This amount should align with the Outcome Focus Area and Tier selected above and cannot exceed $50,000. The requested amount should also align with proposed budget provided later in the application.

Budget

It is important to show how the grant would be expended and any **cash** or **in-kind contributions**, from your organisation or project partners that will support the project.

Please use the separate budget tables below to detail project income sources.

Table one is for expenses to be funded under the Grant Program. Table two is for expenses to be funded by your organisation or other third parties.

Ensure that all costs are clearly justified and aligned with the project's proposed activities and expected outcomes.

Do not include GST in the costings below.

LGBTIQA+ Inclusion Grants Program Funding

Please outline your project expenses in the expenditure table below to be funded via a Department of Communities grant.

List how grant funding will be allocated in this table up to the maximum of grant funding you have requested.

Budget Item	**LGBTIQA+ Inclusion Grants Program - Grant Amount (excl. GST)**
Provide a clear description for what the funding is to be spent on (e.g. project staff costs, venue hire, marketing).	Proposed grant expenditure from the LGBTIQA+ Inclusion Grants Program only. Must be a dollar amount.

In-kind/Other Cash or Grant Funding

If applicable, please outline other sources of In-kind, Grant or Cash funding that you will contribute to the event/activity in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

Budget Item	**Amount (excl. GST)**	**Is this funding confirmed?**	**Source of Other Funding**
Provide a clear description for what the funding is to be spent on (e.g. Venue hire, Marketing, Signage).	Enter the total amount expected to be received. Must be a dollar amount.		Specify the source of Other Cash or In-Kind support funding.

Budget Totals

PROGRAM Grant Funding Total

This number/amount is calculated.
Please ensure this figure does not exceed the total funding amount requested above.

Other Funding Source Total

This number/amount is calculated.

Total Project Cost/Funding

This number/amount is calculated.

Banking Details

* indicates a required field

This section is to be completed by the organisation managing the grant funds. If you are an unincorporated organisation applying through an auspice, the bank account details provided should be for the auspice.

Applicant Primary Bank Account *
Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Bank Name *

Bank Suburb

Affiliated Body

If the requested grant amount, combined with any other grants or funding received from Communities comprises **more than 50%** of the applicant organisation's total annual income for the current financial year, the organisation is an **Affiliated Body** of Communities.

Acknowledgement of affiliated bodies is a requirement of Communities in accordance with the *Financial Management Act 2016* and prescribed by the Treasurer's instructions.

Is your organisation an affiliated body? *

- ○ Yes
- ○ No

Declaration and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).

On behalf of the applicant organisation, I declare that:

- I am currently authorised to legally enter into contracts on behalf of the organisation, according to its constitution or as bound by law.
- All the information provided in this application, including any attachments, is true and correct.
- The taxation and banking details entered in this application are true and correct.
- The organisation is financially viable and able to meet all accountability requirements.
- I give permission to the Department of Communities, when applicable, to contact any persons or organisation in the processing of this application and I understand that information may be provided to other agencies, where appropriate.
- I acknowledge that this application is for consideration purposes only and does not guarantee funding approval.
- If a grant is awarded:
    - I am aware of and agree to the Grant Conditions contained within the **example Grant Agreement template** provided.
    - I agree to ensure that appropriate insurances are in place (including but not limited to worker's compensation, volunteers, professional indemnity, public liability, motor vehicle, etc.).
    - I agree to undertake the project as stated and provide the required qualitative and financial reports to demonstrate that the grant is to be expended in accordance with the agreement.
    - I understand that this is a competitive grant application process and that, by submitting this application, my organisation commits to delivering the proposed activities/events as outlined, on the dates specified in the application if successful.
    - I am aware that applications will be assessed and prioritised for funding by an independent evaluation panel based on the details provided. To ensure fairness and transparency, I understand that Communities will have limited discretion to approve changes to the proposal or event dates once applications have been evaluated and grants awarded.

I acknowledge and accept the terms of this declaration stated above. *

○ Yes, I confirm.

Please read the above declaration carefully before proceeding.

I authorise the Department of Communities to obtain any additional information necessary to assess and process this application. *

○ Yes, I consent.

This confirmation is required to proceed with your application.

I confirm that I am authorised to make this certification on behalf of the entity listed as the Applicant Organisation. *

○ Yes, I confirm.

This confirmation is required to proceed with your application.

Name of authorised person *
Title First Name Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Additional Document Upload Section

- Ensure all documents are in PDF, DOC, or DOCX format.
- Ensure all documents are clear and legible.
- Double-check the file format and size before uploading.

If applicable, please upload any other relevant documentation.
Attach a file:

Ensure the document is in PDF, DOC, or DOCX format.

If applicable, please upload a Written Support document (e.g., letter of support from the relevant local government).
Attach a file:

Ensure the document is in PDF, DOC, or DOCX format.

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

Please indicate how you found the online application process.
○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application?

Estimate in minutes i.e. 1 hour = 60

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