## Grants SA 2024-25 Digital Inclusion Funding Round

### Grants SA 2024-25 Digital Inclusion Grant Round

#### \* indicates a required field

### 1.1 Welcome to Grants SA 2024-25 Digital Inclusion Funding Round

Digital inclusion means that all Australians can access and use digital technologies with the skills and confidence required to participate in an ever-increasing on-line world. This funding round will support eligible community organisations to address barriers to digital inclusion faced by DHS priority groups and local communities.

Grants SA's Digital Inclusion Round offers funding of up to \$20,000 to eligible organisations to support:

- Digital infrastructure for community and/or public use. Requests for digital technology equipment are capped at \$10,000.
- Digital literacy workshops and initiatives to improve digital skills, safety, and confidence for both on-line and in person training.
- Expansion of existing digital literacy programs including drop-in support services for community education.

Before commencing this application, please make sure you have read and are familiar with the requirements of the round including the funding guidelines.

https://dhs.sa.gov.au/how-we-help/grants/available-grants/digital-inclusion-grants

Funding is prioritised for projects that support people and/or communities experiencing socioeconomic disadvantage and other vulnerabilities.

#### Please note:

- If your application is successful there is no guarantee that you will receive the full amount of funding requested.
- Successful organisations will only have one grant awarded within this funding period.

If you have problems completing the form or have questions about the process, including eligibility please contact the Grants SA team on **1300 650 985** or email grantssa@sa.gov.au.

### 1.2 Eligibility

The guidelines provide detailed information about the requirements for completing this application, including applicant and project eligibility.

#### 1.2.1 Applicants must:

- Be an incorporated not-for-profit organisation / Aboriginal Community-Controlled Organisation or have evidence of a comparable legal status, such as Australian Public Company limited by guarantee or be a Social Enterprise that holds a current certification with <a href="Social Traders">Social Traders</a>
- Have a registered Australian Business Number (ABN)
- Be currently operating within South Australia, and delivering the program / service / initiative to residents of South Australia.

## 1.2.2 Applications will not be accepted from organisations or sponsored organisations that:

# Grants SA 2024-25 Digital Inclusion Funding Round

- Have any outstanding contractual or financial obligations (including reports, acquittals, unpaid invoices) for any funded Department of Human Services projects/programs.
- Have licensed gaming machines in their facilities or hold a gaming machine license.
- Are educational institutions or related representative bodies. For example, schools and/ or their parent or student associations, universities, colleges.
- Are family trusts and are not Social Trader certified social enterprises.
- Are individuals, sole traders, or organisations applying on behalf of an individual.
- Are for-profit organisations or private companies and are not Social Trader certified social enterprises.
- Are Government agencies -Commonwealth or State Departments and Local Government Agencies. (Local Government Agencies can only act as a sponsor for *unincorporated* community organisations).
- Organisations that have been operating for less than 12 months.

Any eligible organisation or sponsored organisation can be funded for a maximum of two Grants SA grants per financial year. There is no limit to the number of times an eligible organisation can sponsor.

### 1.2.3 Do you meet the eligibility criteria as listed in 1.2.1? \*

- O Yes
- O No You may not be eligible. Please contact us before submitting this form.

### 2. Applicant Organisation

\* indicates a required field

#### 2.1 • ABN

The ABN in this section is to be that of:

- the organisation who is managing this grant application and delivering the project.
- the eligible organisation or Council that is sponsoring an organisation to deliver a project (see guidelines for more information).

The sponsoring organisation is responsible for submitting this application online, entering into the grant agreement, receiving the funding, and being legally accountable for all aspects of managing the grant, including acquitting the funds.

Details of the Sponsored Organisation will be entered in section 3.1.

#### ABN of the Applicant Organisation \*

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

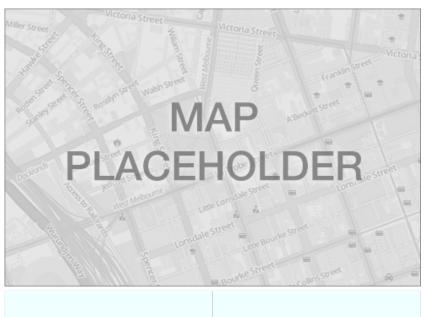
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions		
Main business location		
Main business location		
2.2 • GST Registration		
	<ul><li>Not Registered</li></ul>	

Please enter the legal name of your organisation exactly as it appears in official documentation (such as with ASIC, ABR, ACNC, ATO) or trading name linked to the ABN; abbreviations like Inc. are not acceptable.

If unsure, search for your organisation under the 'Organisation & Business names' dropdown on the <u>ASIC Registers website</u>, or <u>Association Search (cbs.sa.gov.au)</u> for South Australian Incorporated Associations, ensuring it matches the ABN entity name on the Australian Business Register.

The legal name, not trading or business name, is required for contracting purposes and payment of the funds.

Applicant Organisation Registered Name Organisation Name	*
Organisation Website	
Must be a URL.	
Address * Address	



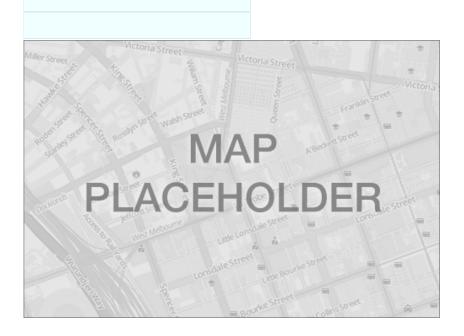
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

### Postal Address \*

Address

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

## **Project Address** Address



## 2.4 • Applicant Organisation Incorporation

Select the incorporation status of your organisation *  ○ incorporated under the Associations Incorporation Act 1985,  ○ incorporated under the Corporations (Aboriginal and Torres Strait Islander) Act 2006  ○ Social Traders Certified Social Enterprises  ○ A comparable legal status, including an entity under the Corporations Act 2001 (Cth) Must be no more than 1 choice selected
<ul> <li>Your incorporation number can be found on your Certificate of Incorporation or search the <u>ASIC website</u> or if incorproated in South Australia the <u>CBS website</u></li> <li>You can search <u>here</u> for your Indigenous corporation number.</li> </ul>
Incorporation Number
Indigenous Corporation Number (ICN)
If applicable for Indigenous organiations.
2.4.1 • Comparable legal status upload
Please upload evidence of your comparable legal status for consideration * Attach a file:
2.5 • Quality System of Management (to be updated)
Is your organisation involved with a quality system of management?
<ul> <li>Not currently involved with a quality system of management</li> <li>Implementing ASES Recognition Level 1 (formerly STARService) or equivalent</li> <li>Recognised in ASES Recognition Level 1 (formerly STARService) or equivalent</li> <li>Implementing ASES or equivalent</li> <li>Accredited in ASES or equivalent</li> <li>Long term accreditation in ASES (min 3 years continuous)</li> </ul>
3. Sponsorship
* indicates a required field
3.1 • Sponsorship

Are you sponsoring this application on behalf of another organisation? \*

O Yes

No

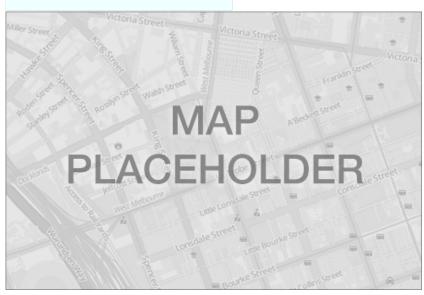
Please read pages 5-6 of the Digital Inclusion Funding Guidelines for more details on sponsorship. There is no limit to the number of times an eligible organisation can sponsor.

### 3.1.1 • Sponsored Organisation

	c		<u> </u>				
DOTAILS O	it tha	tha	( )raanication	$1/\Omega$	ara	cnanca	rina:
DELANS U	и ине	uic.	Organisation	VUU	ale	ういいけつい	ııııu.
			0.90	,		0,000	9 .

Name * Organisation Name

**Sponsored organisation Office Address \*** Address



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

<b>Sponsor</b> Title	red Organisat First Name	ion Contact Person Last Name	
Sponsor	ed Organisat	ion Contact Person	Position *
Sponsor	ed Organisat	ion Contact Person	Phone Number *
Must be a	n Australian phoi	ne number.	
Sponsor	ed Organisat	ion Contact Person	Primary Email *
Must be a	n email address.		

**Sponsored Organisation Postal Address \*** 

Address			
Address Line 1, Suburb/Town, State/	Province, Postcode, and	d Country are re	quired.
		-	
Sponsorship Agreement Attach a file:			
, tetaerra mei			
Please download the template, fill ou by Sponsoring (Auspicing) Organisat			
3.1.2 • Sponsored organi	sation ABN (if th	e organisat	tion has one)
Sponsored Organisation ABN			
TI 480			
The ABN provided will be used to check that you have entered the		g information.	Click Lookup above to
Information from the Australian Bus	iness 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			
3.3 • Existing Services of project.	the organisation	n that will b	e delivering the
Briefly summarise your organ	nisation's purpose a	and current a	activities. *
Word count: Must be no more than 250 words.			

Details of the Organisation delivering the project

4. The Proposal for Grants SA 2024-25 Digital Inclusion Round * indicates a required field
4.1 • Project Title
The "Project Title" will be used to refer to this project in all future correspondence. If successful, it will also appear publicly on the DHS website.
Project Title *
4.2 • Brief Project Description
Please briefly describe your proposed project. *
Word count:  Must be no more than 150 words.  Please include a short description of the project including main objectives and goals. What is the project about? What activities or services will it involve? Resources, tools, and processes you will utilise.
4.3 • Community Support and Partnerships
Will your project involve partnering with any other community groups?
Does this project have any partnerships with other community organisations?? $^{\circ}$ Yes $^{\circ}$ No
Overview of the Partnership - organisation name and role in the project
4.4 Focus of Proposal
How does this proposal link to the funding focus of increasing skills and/or access

Word count:

Must be no more than 150 words.

to digital technologies for South Australians? \*

### 4.5 • Community Need

What community need is your project aiming to resolve, and why are these resources or equipment necessary? \*

Word count:
Must be no more than 250 words.
Has your organisation conducted consultation to determine the need? E.g
feedback, peer reviewed research etc
4.6 Impact or benefit to Community
How will this project support your Organisation to achieve community? *
Word count
Word count:  Must be no more than 100 words.
Must be no more than 100 words.
What are the anticipated benefits or impact to your commu
Word count:
Must be no more than 100 words.
How will these impacts or benefits be measured? *
Tiow will these impacts of benefits be measured:
Word count:
Must be no more than 100 words.
4.7 • The Target Group
Who are the primary target group that will benefit as a res
, , , , , , ,
Word count:
Must be no more than 50 words.
Funding is prioritised for projects that support people and/or communities
disadvantage and other vulnerabilities with focus on the following priority
face additional barriers to accessing services. Please refer to page 2 of the
Guidelines for further information on priority focus groups.
How many people will directly engage with your project wi
(up to 12 months)? i.e., participate in program/service or v
Must be a number.
Type a number only, for example: 200. Note: This number is not to include

family or wider community

Please explain how you calculated this number *
Word count: Must be no more than 150 words.
4.8 • Photo Upload
If photos would assist in explaining your proposal, please upload here: Attach a file:
A maximum of 5 files may be attached.
4.9 • Geographic Area of proposed project
What main geographic area will you deliver your project? *  □ Adelaide Hills □ Southern Adelaide □ Yorke and Mid □ Fleurieu and
Northern Adelaide □ Western Adelaide □ Eastern Adelaide □ Far North □ Barossa, Light and □ Limestone Coast Lower North □ Kangaroo Island □ Murray and Mallee □ Barossa, Light and □ Limestone Coast Lower North
4.9.1 • Specific area of service
Are there specific suburbs or towns within the Geographic Area (above) that will benefit the most from your services? Please list the primary suburbs or towns that will receive the greatest benefit from your services.
Address or suburb
Suburb/Town is required.
4.9.2 • Online Services
Does this proposal seek to deliver services exclusively online? *  ○ Yes  ○ No
Does this proposal focus on improvements to a website such as an accessibility
audit? * ○ Yes ○ No
4.10 • Additional information
If there is anything else that you would like to add to support your application, please add it here

Any further support Attach a file:	porting material	for your applicat	ion can be uploa	ded here
5. The Fundir	ng Request			
* indicates a requi	red field			
5.1.1 • Itemis	ed Funding Red	quest		
	wish to receive fund ne right hand side t			below. Use the +
You must attach	a quote or evide	ence of costs for	ALL items/budge	et lines.
	les a total amount i y, you can calculate : \$100).			
	ST, multiply the GS ne total amount of			e., \$100 × 0.1 =
Reminder:				
<ul> <li>For <b>Project</b> very employment.</li> <li>4 of this application.</li> <li>If your application amount of fun.</li> <li>If successful,</li> </ul>	et items align with vages, include the (consider including cation) ation is successful this budget information and Grants SA.	Award, level, hour a position descript there is no guarant ation forms the bas	ly rate, weekly hoution or overview of	the role in section
	any similar items, <u>c</u> quantities of an ite			
•				
Description	Amount (excl GST) (\$)	GST (\$)	Total Amount (Incl GST) (\$)	Quote or evidence
	\$ Must be a dollar	\$	\$	
	amount.			
Estimated Tot	al			
Amount (Ex GST)		Amount (Incl	GST)	
This number/amoun	t is calculated.	This numb	per/amount is calcula	ted.
Estimated Tot	al			

Amount (Inc GST)

Amount (Ex GST)

This number/amount is calculated	l.	This number/an	nount is calculated.	
5.2 • Total Funding Am	ount Reques	sted		
Total Funding Amount Req  \$ Total financial support you are rec		onlication		
5.2.1 • Budget Comme		эрпсаноп		
5.2.1 Dauget comme	1103			
Please provide comments on y further clarification of what yo				
5.3 • Itemised Financia	5.3 • Itemised Financial Contribution			
Do you have other confirmed contributions to this project? *  ○ Yes  ○ No				
O les		O NO		
5.3.1 • Financial Contri	bution	O NO		
5.3.1 • Financial Contri	or in kind contri	butions for you	r project and the source of the and remove rows.	
5.3.1 • Financial Contributions  Please list any other financial funds. Use the + and - buttons	or in kind contri s at the right ha	butions for you		
5.3.1 • Financial Contri	or in kind contri s at the right ha y be from:	butions for you nd side to add		
5.3.1 • Financial Contributions  Please list any other financial funds. Use the + and - buttons  Financial Contributions may  • Your organisations funds	or in kind contri s at the right ha y be from: or members co	butions for you nd side to add		
5.3.1 • Financial Contributions  Please list any other financial funds. Use the + and - buttons  Financial Contributions may  • Your organisations funds  • Other grants  • Business sponsor or proje	or in kind contrict or the right has be from: or members contribution	butions for you nd side to add ntributions value (\$)	and remove rows.  Funding Status	
5.3.1 • Financial Contributions  Please list any other financial of funds. Use the + and - buttons  Financial Contributions may  • Your organisations funds  • Other grants  • Business sponsor or proje  • Philanthropy  Contribution Description	or in kind contrict or the right has be from: or members contribution	butions for you nd side to add ntributions	and remove rows.  Funding Status	
5.3.1 • Financial Contributions  Please list any other financial of funds. Use the + and - buttons  Financial Contributions may  • Your organisations funds  • Other grants  • Business sponsor or proje  • Philanthropy  Contribution Description	or in kind contrict or the right has be from: or members contribution	butions for you nd side to add ntributions value (\$)	Funding Status  Are the funds confirmed or	

### 5.3.2 • Total Financial Contributions

### **Total Financial Contributions**

\$

This number/amount is calculated.

	<b>~</b>	- 11 I	<b>D</b> 1 11	101
h.	Contacts	Feedback.	Declaration	and Submission

\* indicates a required field

### 6.1 • Applicant First Office Bearer

Please provide the details of your organisation's President or Chairperson

#### (Must be different to the Second Office Bearer listed below)

\* This person should be authorised to enter into legal contracts on behalf of the applicant ceive

organisat the contr	tion . Please note,	if the application i	s successful the First Office Bearer will regement system DocuSign AU, to sign the
Name *			
Title	First Name	Last Name	
Position	*		
Dhone N	lumber *		
Phone N	iumber *		
Please inc	lude prefix		
Email *			
Lilian			
Must be a	n email address.		
<b>6.1.1 • I</b> ○ Yes	s this person Tro	easurer or Finan	ce Manager? *
6.2 • A	pplicant Orgai	nisation Secor	d Office Bearer Details
Executiv	e Board Membe	r (Treasurer, Se	cretary) or Chief Executive Officer.
	to confirm the Org		carer listed above) This person will be Account details should the application be
Name *			
Title	First Name	Last Name	
Office P	osition *		

Phone Number *			
Please include prefix			
Email *			
Markhani			
Must be an email address.			
6.2.1 • Is this person Treasurer or Finance	e Manager? *		
	O No		
6.3 • Treasurer			
Name *			
Title First Name Last Name			
Position			
Position			
Primary Phone Number *			
Primary Email *			
Must be an email address.			
6.4 • Application Feedback			
Before you review your application and click the to provide some feedback.	e <b>SUBMIT</b> button please take a few moments		
How many hours (approx.) in total did it to	ake to complete this application?		
Please indicate how you found the online ○ Very easy  ○ Ok	application process:  O Very Difficult		
Easy Difficult	O very Difficult		
Your feedback is highly valued, and we encourage your suggestions for enhancing or expanding the application process/form. Additionally, we appreciate any insights or essential considerations you may have that could better meet applicants' needs and further improve the overall experience.			

How did you hear al	bout this grant round	1?	
<ul><li>Previous grant applicant</li></ul>	<ul><li>Referral/word of mouth</li></ul>	<ul> <li>DHS Website</li> </ul>	Other:
○ Social	<ul><li>Internet search</li></ul>	○ Email from Grants	
Media(Facebook, X etc)	o internet search	SA	
Did you receive any ○ No	assistance in compl	eting this form?	
If 'Yes', please prov	ide details (e.g., Gra	nt Writer, Friend, Fan	nily, etc.).
	-		-
Word count:			
6.5 • Grant Appli	cation SmartyGra	nts user details	
Name *			
Title First Name	Last Name		
Primary Phone Num	ıber *		
Must be an Australian ph	none number.		
Primary Email *			
Filliary Ellian			
Must be an email addres	S.		
Mobile Phone Numb	er		
Must be an Australian ph	none number		

### 6.6 • Declaration terms

#### By submitting this application I declare that:

- > All information supplied in this application form, its schedules and any accompanying documents is complete and accurate, and is not false or misleading, as at the date it is submitted to Department of Human Services (Grants SA);
- > The Applicant Contact Person, Registered Public Officer and/or the Applicant Organisation have/will not partake in and have never committed and/or are being investigated for any fraud or dishonesty offences;
- > All information in the application and its schedules is capable of substantiation for the amount and purposes of expenses;
- > I have made all necessary inquiries to satisfy myself that expenses in the this application meet the eligibility requirements;

- > All documents that may be relevant to this application will be made available (upon request) to The Department of Human Services (Grants SA); and
- > I am authorised to submit this grant application and to agree to this declaration on behalf of the applicant organisation.

#### I understand that:

- > Giving false or misleading information is a serious offence. It is a criminal offence to attempt to obtain a grant or increase the amount of a grant through deceit, false or misleading representation or other unlawful means;
- > The submission of an application does not guarantee funding and if successful does not involve any ongoing government funding commitment;
- > If successful in obtaining a grant, the Applicant Organisation will enter into a binding agreement which includes grant terms and conditions relating to the approved expenditure of grant funds and specific reporting and compliance requirements.

ı	agree	*
$\overline{}$	) Yes	

Date of Declaration (dd/mm/yyyy) \*

Date of submission (can not be any prior date)