

# Grants SA 2024-25 Digital Inclusion Funding Round

## Form Preview

## 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](mailto: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 [Social Traders](#)
- 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:**

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- 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? \*

- ☐ Yes
- ☐ 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	

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

## 2.2 • GST Registration

### Is your Organisation registered for GST? \*

☐ Registered

☐ Not Registered

If you are unsure, please refer to the ABN lookup details above

## 2.3 • Applicant Organisation Details

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 [ASIC Registers website](#), or [Association Search \(cbs.sa.gov.au\)](#) 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

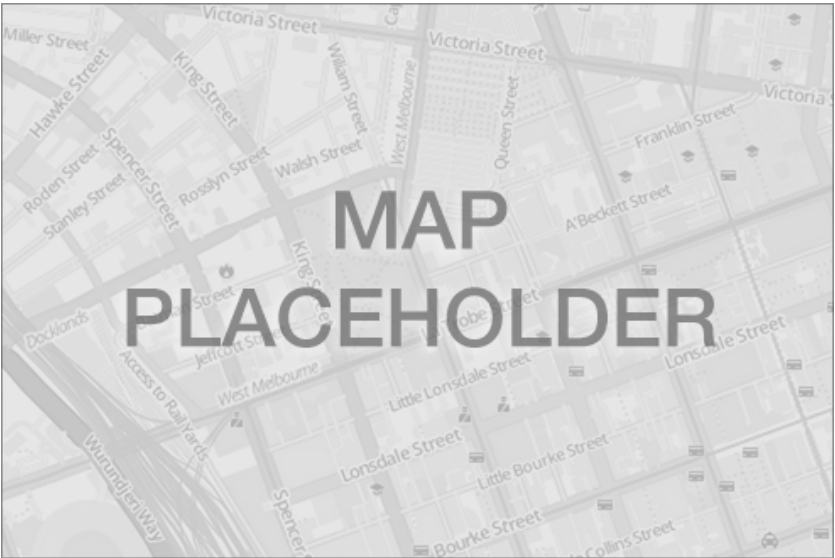
Must be a URL.

### Address \*

Address

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

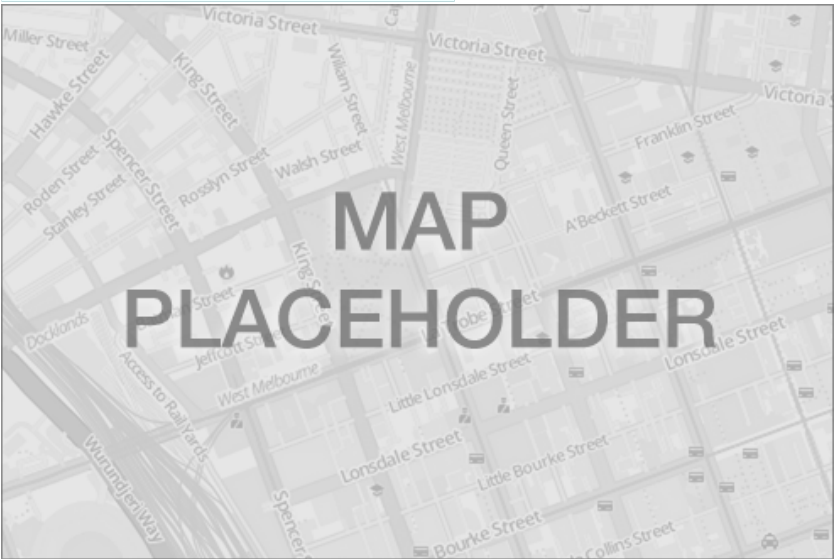
### Postal Address \*

Address


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

### Project Address

Address

## 2.4 • Applicant Organisation Incorporation

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### 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

- Your **incorporation number** can be found on your Certificate of Incorporation or search the [ASIC website](#) or if incorporated in South Australia the [CBS website](#)
- You can search [here](#) for your **Indigenous corporation number**.

### Incorporation Number

### Indigenous Corporation Number (ICN)

If applicable for Indigenous organisations.

## 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?

- ☐ Not currently involved with a quality system of management
- ☐ Implementing ASES Recognition Level 1 (formerly STARSservice) or equivalent
- ☐ Recognised in ASES Recognition Level 1 (formerly STARSservice) or equivalent
- ☐ Implementing ASES or equivalent
- ☐ Accredited in ASES or equivalent
- ☐ Long term accreditation in ASES (min 3 years continuous)

## 3. Sponsorship

\* indicates a required field

### 3.1 • Sponsorship

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

- ☐ 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.

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### 3.1.1 • Sponsored Organisation

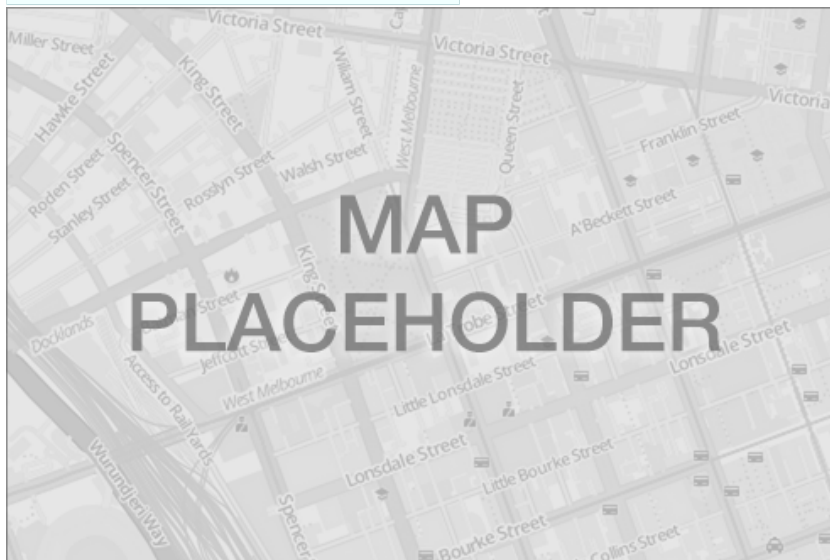
Details of the the Organisation you are sponsoring:

**Name \***

Organisation Name

**Sponsored organisation Office Address \***

Address

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

**Sponsored Organisation Contact Person**

Title First Name Last Name

**Sponsored Organisation Contact Person Position \***

**Sponsored Organisation Contact Person Phone Number \***

Must be an Australian phone number.

**Sponsored Organisation Contact Person Primary Email \***

Must be an email address.

**Sponsored Organisation Postal Address \***

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Address

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

### **Sponsorship Agreement**

Attach a file:

Please download the template, fill out and upload a signed copy of the sponsorship agreement signed by Sponsoring (Auspicing) Organisation. A copy of the template can be found [here](#)

### 3.1.2 • Sponsored organisation ABN (if the organisation has one)

#### **Sponsored 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

### 3.3 • Existing Services of the organisation that will be delivering the project.

**Briefly summarise your organisation's purpose and current 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?? \***

☐ Yes

☐ 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 to digital technologies for South Australians? \***

Word count:

Must be no more than 150 words.

#### 4.5 • Community Need

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



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Word count:

Must be no more than 250 words.

Has your organisation conducted consultation to determine the need? E.g survey, community feedback, peer reviewed research etc

### 4.6 Impact or benefit to Community

**How will this project support your Organisation to achieve its goals for the community? \***

Word count:

Must be no more than 100 words.

**What are the anticipated benefits or impact to your community? \***

Word count:

Must be no more than 100 words.

**How will these impacts or 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 result of the project? \***

Word count:

Must be no more than 50 words.

Funding is prioritised for projects that support people and/or communities experiencing socioeconomic disadvantage and other vulnerabilities with focus on the following priority focus groups who may face additional barriers to accessing services. Please refer to page 2 of the Digital Inclusion Funding Guidelines for further information on priority focus groups.

**How many people will directly engage with your project within the funding period (up to 12 months)? i.e., participate in program/service or visit facility in a year. \***

Must be a number.

Type a number only, for example: 200. Note: This number is not to include indirect beneficiaries eg. family or wider community

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**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? \***

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Adelaide Hills    | <input type="checkbox"/> Southern Adelaide | <input type="checkbox"/> Yorke and Mid North            | <input type="checkbox"/> Fleurieu and Kangaroo Island |
| <input type="checkbox"/> Northern Adelaide | <input type="checkbox"/> Western Adelaide  | <input type="checkbox"/> Eyre and Western               | <input type="checkbox"/> Murray and Mallee            |
| <input type="checkbox"/> Eastern Adelaide  | <input type="checkbox"/> Far North         | <input type="checkbox"/> Barossa, Light and Lower North | <input type="checkbox"/> Limestone Coast              |

#### 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**

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**Any further supporting material for your application can be uploaded here**  
Attach a file:

### 5. The Funding Request

\* indicates a required field

#### 5.1.1 • Itemised Funding Request

List all items you wish to receive funding for in separate rows in the table below. Use the + and - buttons at the right hand side to add and remove rows.

**You must attach a quote or evidence of costs for ALL items/budget lines.**

If the quote provides a total amount including GST (e.g., \$110) without listing the GST amount separately, you can calculate the GST-exclusive amount by dividing the total by 1.1 (i.e.,  $\$110 \div 1.1 = \$100$ ).

To calculate the GST, multiply the GST-exclusive amount by 10% or 0.1 (i.e.,  $\$100 \times 0.1 = \$10$ ). Therefore, the total amount of \$110 includes \$10 as GST.

**Reminder:**

- Ensure budget items align with your project description.
- For **Project wages**, include the Award, level, hourly rate, weekly hours and length of employment. (consider including a position description or overview of the role in section 4 of this application)
- If your application is successful there is no guarantee that you will receive the full amount of funding requested.
- If successful, this budget information forms the basis of the funding contract between your organisation and Grants SA.

*Tip: If you have many similar items, group them into categories such as office equipment or tools. For multiple quantities of an item on a quote, please specify in the description (e.g., 5 tables).*

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Description	Amount (excl GST) (\$)	GST (\$)	Total Amount (Incl GST) (\$)	Quote or evidence
	\$	\$	\$	
	Must be a dollar amount.			

#### Estimated Total

Amount (Ex GST)

This number/amount is calculated.

Amount (Incl GST)

This number/amount is calculated.

#### Estimated Total

Amount (Ex GST)

Amount (Incl GST)

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This number/amount is calculated.

This number/amount is calculated.

### 5.2 • Total Funding Amount Requested

#### Total Funding Amount Requested

\$

Total financial support you are requesting in this application

#### 5.2.1 • Budget Comments

Please provide comments on your budget if you feel the assessors would benefit from further clarification of what you have written in your budget table above.

### 5.3 • Itemised Financial Contribution

#### Do you have other confirmed contributions to this project? \*

☐ Yes

☐ No

#### 5.3.1 • Financial Contribution

Please list any other financial or in kind contributions for your project and the source of the funds. Use the + and - buttons at the right hand side to add and remove rows.

**Financial Contributions** may be from:

- Your organisations funds or members contributions
- Other grants
- Business sponsor or project partners
- Philanthropy

Contribution Description (including source)	Contribution value (\$)	Funding Status
	Must be whole Australian Dollars	Are the funds confirmed or unconfirmed
	\$	
	\$	

#### 5.3.2 • Total Financial Contributions

#### Total Financial Contributions

\$

This number/amount is calculated.

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### 6. 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 organisation . Please note, if the application is successful the First Office Bearer will receive the contract by the electronic contract management system DocuSign AU, to sign the contract electronically.

**Name \***

Title

First Name

Last Name

**Position \***

**Phone Number \***

Please include prefix

**Email \***

Must be an email address.

**6.1.1 • Is this person Treasurer or Finance Manager? \***

☐ Yes

☐ No

#### 6.2 • Applicant Organisation Second Office Bearer Details

**Executive Board Member (Treasurer, Secretary) or Chief Executive Officer.**

**(Must be different to the First Officer Bearer listed above)** This person will be required to confirm the Organisational Bank Account details should the application be successful.

**Name \***

Title

First Name

Last Name

**Office Position \***

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**Phone Number \***

Please include prefix

**Email \***

Must be an email address.

**6.2.1 • Is this person Treasurer or Finance Manager? \***

☐ Yes

☐ No

**6.3 • Treasurer**

**Name \***

Title

First Name

Last Name

**Position**

**Primary Phone Number \***

**Primary Email \***

Must be an email address.

**6.4 • Application Feedback**

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

**How many hours (approx.) in total did it take to complete this application?**

**Please indicate how you found the online application process:**

☐ Very easy

☐ Ok

☐ Very Difficult

☐ Easy

☐ 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.**

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### How did you hear about this grant round?

- ☐ Previous grant applicant      ☐ Referral/word of mouth      ☐ DHS Website      ☐ Other:
- ☐ Social Media(Facebook, X etc)      ☐ Internet search      ☐ Email from Grants SA

### Did you receive any assistance in completing this form?

- ☐ No      ☐ Yes

If 'Yes', please provide details (e.g., Grant Writer, Friend, Family, etc.).

Word count:

## 6.5 • Grant Application SmartyGrants user details

### Name \*

Title      First Name      Last Name

### Primary Phone Number \*

Must be an Australian phone number.

### Primary Email \*

Must be an email address.

### Mobile Phone Number

Must be an Australian phone 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;

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- › 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.

### **I agree \***

☐ Yes

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

Date of submission (can not be any prior date)