

Grants SA 2024-25 Social Impact Round 2 (2 Tiers)

Form Preview

Grants SA 2024-25 Social Impact Two Grant Round

* indicates a required field

1.1 Welcome to Grants SA 2024-25 Social Impact Two Funding Round

Please use this form to apply for funding up to **\$30,000** to support your community.

Before commencing this application, please make sure you have read and are familiar with the requirements contained within the Funding [Guidelines](#).

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 round.

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. Please read the Guidelines carefully to check that you meet the following requirements.

1.2.1 Organisations 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 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.
- Have an Australian Bank account in the name of the legal entity.
- Have an annual revenue of less than \$3 million.

Note: Unless you are Social Enterprise, you **may not apply** if you are an individual, sole trader, a for-profit organisation, a private company, or a trust (except fixed trusts).

1.2.3 Applications will not be accepted from organisations or sponsored organisations that:

- 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 individuals, sole traders, or organisations applying on behalf of an individual.

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- 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 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 applications an eligible organisation can sponsor.

1.3 Organisation Size

In order to qualify for this grant round, your organisation must demonstrate a revenue of less than \$3 million. Please review your organisation's most recent financial statement, (within the last two years of the round closing date) to confirm your revenue is under \$3million.

Revenue is a component of total income: **Revenue + Other Income = Total Income**

Please note: applicants that do not provide adequate financial reports will be deemed ineligible for this grant round.

Is your organisation's reportable annual revenue under \$3 million? *

☐ Yes ☐ No

Please record your organisations last reported annual revenue here: *

\$

As it appears on your last financial report.

Please check the ACNC (Link below) to see if you are registered and answer Yes if you are registered and No if you are not. If not, you will be required to upload a copy of your annual financial report. *

☐ Yes ☐ No

Please check the ACNC <https://www.acnc.gov.au/charity/charities>

Financial Report Upload

If you are not registered on the Australian Charities and Not-for-Profits Commission (ACNC) please upload your most recent end of year financial report here:

Attach a file:

Annual revenue NOT under 3 Million?

The **annual revenue exceeds 3 million**, unfortunately, you do not meet the eligibility criteria for this funding round. Please refer to the **organization eligibility details** on **Page 4** of the **(add link to Guidelines here)**

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2. Applicant Organisation

* indicates a required field

2.1 • ABN

To be completed by the applying organisation and, in the situation where an eligible organisation is sponsoring another community organisation, this section is about the Sponsoring organisation. For more information about sponsoring, refer to pages 5-6 in Guidelines.

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	

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 organization 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 organization under the 'Organisation & Business names' dropdown on the [ASIC Registers website](#), ensuring it matches the ABN entity name on the ABR. This will be used later for contracting purposes and payment of the funds.

Applicant Organisation Registered Name *

Organisation Name

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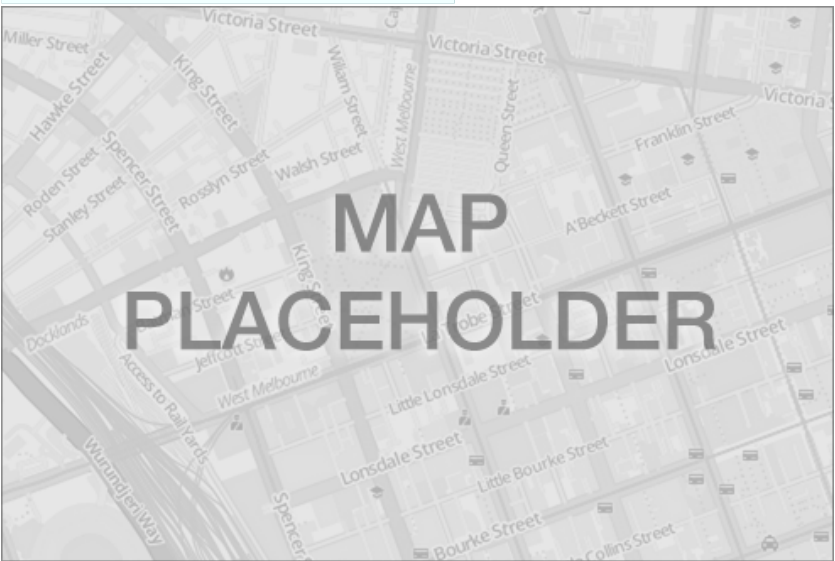
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Organisation Website

Must be a URL.

Organisation Address *

Address



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

Postal Address *

Address

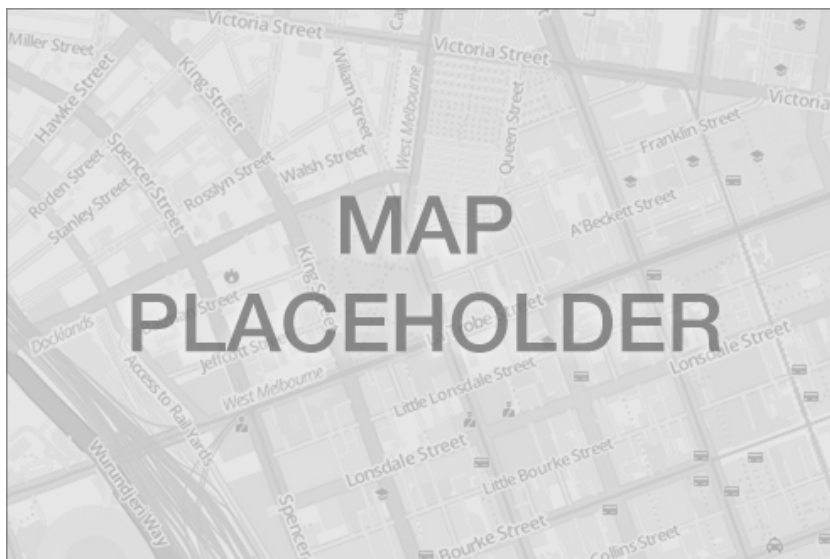
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Address for the location the project will be undertaken

Address

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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

- Your **incorporation number** can be found on your Certificate of Incorporation or search the [ASIC 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 a evidence of your comparable legal status for consideration

*

Attach a file:

2.5 Quality System of Management

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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

Please read pages 5 of the Grant guidelines for more details on sponsorship

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

- ☐ Yes ☐ No

3.1.1 Sponsored Organisation

Details of the the Organisation you are sponsoring:

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](#)

Name *

Organisation Name

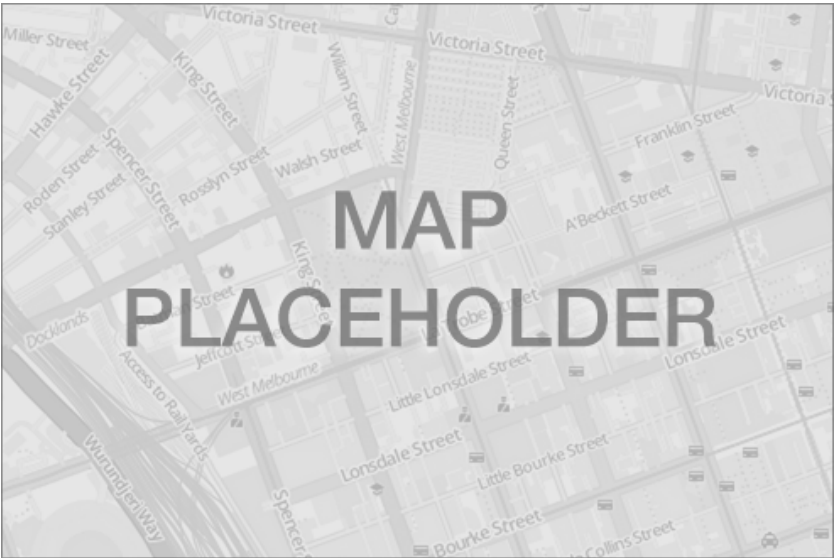
Sponsored organisation Office Address *

Address

<input type="text"/>
<input type="text"/>

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

Sponsored Organisation Contact Person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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 *

<input type="text"/>
<input type="text"/>

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

3.1.2 Sponsored organisation ABN

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

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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

4. The Proposal for Grants SA 2024-25 Social Impact Round 1

* indicates a required field

4.1 Existing Services

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

4.2 Select a Funding Tier

The value of the project does not determine the tier you will apply for.

Examples: Requests for items requiring installation by a certified tradesperson ie airconditioners and dishwashers are considered Tier 2 minor infrastructure upgrades. Projects including wages must also be checked as Tier 2.

Please call Grants SA 1300 650 985 if you need further clarification on the Tier for your grant request before continuing with your application.

Please select the funding tier you are applying for *

- ☐ Tier 1 Up to (\$10,000) To purchase equipment and resources, conduct community participation or inclusion activities and to improve or develop spaces for community participation.
- ☐ Tier 2 Up to (\$30,000) For community development projects or short-term programs, to improve access for priority groups and minor infrastructure projects.

4.3 Project Title

The "Project Title" will be used to refer to this project in all future correspondence. If your application is successful, it will also appear publicly on the DHS website.

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Project Title *

4.4 Brief Project Description

Please describe the key activities, actions or services that will be undertaken in this project.
eg: To purchase equipment to deliver xx workshops on 'topic' in the community. To supply and install equipment / furniture / air-conditioning. To install a community garden at xx.

Please briefly describe your proposed project. *

Word count:

Must be no more than 100 words.

4.5 Link to grant round outcomes

How will your project create connected and inclusive communities, and/or advance social and emotional wellbeing in your community? *

Word count:

Must be no more than 250 words.

4.6 Community Need

What is the community need this project will address and how have you identified that it is important for your community? *

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

4.7 Priority Groups

Who are the priority groups that will benefit as a result of the project? *

Word count:

Must be no more than 100 words.

People and /or communities experiencing vulnerability or disadvantage are the core target for this funding. Please provide details of any priority groups as per page 2 of the guidelines.

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How many people will directly benefit from your project within the funding period (up to 12 months)? *

Must be a number.

Type a number only, for example: 200

How have you determined this? *

Word count:

Must be no more than 100 words.

4.8 Impact or benefit to community

What is the impact or benefit that this project will deliver to your community? How will the project expand on or provide greater opportunity for priority group members to participate? *

Word count:

Must be no more than 200 words.

What is the predicted impact of this funding?

How will the impacts or benefits be measured? *

Word count:

Must be no more than 100 words.

Feedback, surveys

4.9 Tier 2 Projects

Please select which one of the following best describes your project. *

- ☐ Minor Infrastructure
- ☐ Community Development Project or short-term program

4.9.1 Community Development projects / programs

Please outline how the community has been involved in the development of this project / initiative, why this particular project will meet community needs. Outline any partnerships / collaborations or involvement by other community groups in the project. *

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Word count:

Must be no more than 200 words.

Indicate if you are engaging personnel for your project by selecting one of the following options; *

☐ New position ☐ Extension of current position ☐ Consultant ☐ Not applicable

If your project work is currently undertaken by a volunteer and you will now employ someone to do this work, please check New position. If your project will be undertaken utilising an existing position please check Extension of current position.

4.9.2 Minor Infrastructure Upgrades

Do the building works require Council approval before commencing? *

☐ Yes

☐ No

Does the applicant organisation or Sponsored organisation own or lease the building where your project will be conducted? *

☐ Own

☐ Lease

4.9.3 Building Lease

Please upload a copy of your lease and building owner approvals here. *

Attach a file:

Please upload your project plan here: *

Attach a file:

• Tier 2 Projects – the project plan covers timeframes, resources, capacity of personnel or contractors involved and a schedule of activities? A project plan template can be found [here](#)

Project Management - Please provide the name and position in your organisation of the Project Manager (this could be more than one person) *

Tier 2 Community Development projects including request for wages

As you have indicated your project will employ staff, please fill in and attach the template role description (link below) *

Attach a file:

A document outlining the roles and responsibilities of the project officer / employee engaged to undertake the project. A role description template can be found [here](#)

4.10 Photo Upload

If photos would assist in explaining or supporting your proposal, please upload here:

Attach a file:

A maximum of 5 files may be attached.

4.12 Geographic Area of proposed project

What main geographic area will most benefit from your project? *

- ☐ Adelaide Hills
- ☐ Southern Adelaide
- ☐ Yorke and Mid North
- ☐ Fleurieu and Kangaroo Island
- ☐ Northern Adelaide
- ☐ Western Adelaide
- ☐ Eyre and Western
- ☐ Murray and Mallee
- ☐ Eastern Adelaide
- ☐ Far North
- ☐ Barossa, Light and Lower North
- ☐ Limestone Coast

4.12.1 Specific area of service

Are there specific suburbs or towns within the Geographic Area (above) that will benefit the most from your project? Please list the primary suburbs or towns that will receive the greatest benefit from your services. (e.g. Port Augusta West, SA, 5700, Australia)

List of Suburb or towns	APY Lands?
Suburb/Town, State/Province, Postcode, and Country are required.	
	<input type="radio"/> Yes

4.13 Additional information

If there is anything else that you would like to add to support your application, please add it here

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 - Tier 1

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.

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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, 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.
- If purchasing multiple of an item please list once with the number of items. eg 10 x computers
- 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 generic types e.g. office equipment, tools.

Description	Amount (excl GST) (\$)	GST (\$)	Total Amount (Incl GST) (\$)	Quote or evidence
	\$	\$	\$	

5.1.1.1 Estimated Total (Tier 1)

Amount (Ex-GST)

Amount (Incl-GST)

5.1.1.2 Estimated Total (Tier 1)

Amount (Ex-GST)

Amount (Incl-GST)

5.1.2 Itemised Funding Request - Tier 2

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, 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.
- If purchasing multiple of an item please list once with the number of items. eg 10 x lengths of steel
- For **Project wages**, include the Award, level, hourly rate, weekly hours and length of employment.
- If your application is successful there is no guarantee that you will receive the full amount of funding requested.

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- 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 generic types e.g. office equipment, tools.

Description	Amount (exclusive of GST) (\$)	GST (\$)	Total Amount (Incl GST) (\$)	Quote or evidence

Estimated Total (Tier 2)

Amount (Ex-GST)

Amount (Incl-GST)

Estimated Total (Tier 2)

Amount (Ex-GST)

Amount (Incl-GST)

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

This is a space to make budget comments 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 any other relevant 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:

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- 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.

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 or person of authority in your organisation (eg CEO).

(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 accept and sign electronically.

First Officer Bearer *

Title	First Name	Last Name

Position *

Phone Number *

Email *

Must be an email address that can only be accessed by this Office Bearer. (avoiding the use of generic email addresses)

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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 Management staff.

(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.

Second Office Bearer *

Title

First Name

Last Name

Office Position *

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

Treasurer / Finance Manager *

Title

First Name

Last Name

Position

Primary Phone Number *

Primary Email *

Must be an email address.

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6.4 • Grant Application SmartyGrants user Details

Person submitting this application (through SmartyGrants), who will be the registered Grants SA user for the grant and is able to access reports.

SmartyGrants user Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

SmartyGrants user Position held in Organisation *

Eg Project Manager, Secretary, Grants Officer

SmartyGrants user Phone Number *

SmartyGrants user Primary Email *

SmartyGrants user Mobile Number *

6.5 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;

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- > 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 *

Date of submission (can not be any prior date)

6.6 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.

How did you hear about this grant round?

☐ Previous Grants SA
recipient

☐ Referral/word of
mouth

☐ DHS Website

☐ Local MP

☐ Social
Media(Facebook, X
etc)

☐ Internet search

☐ Directly from
Grants SA

☐ Other:

Did you receive any assistance in completing this form?

☐ Yes

☐ No

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

Word count:

Did you attend the Grants SA Social Impact One information session?

☐ Yes

☐ No

