Eligibility confirmation

* indicates a required field

It is strongly recommended that you "Save" your progress at the beginning of
each page and every 5-10 minutes during the application process to ensure that
you don't lose any changes or updates you have may have made.

you don't lose any changes or updates you have may have made.	
Eligibility	
Please answer the following question to confirm your eligibility for a SA Youth Week grant.	2025
Does your organisation work directly with Young people? * O Yes O No SA Youth Week is open to all young people between the ages of 12 and 25 years.	
Please provide an overview of your work with young people: *	
Must be no more than 40 words. Must be no more than 40 words	
Will your organisation provide a contribution to the proposed SA Youth We 2025 event/s? *	ek
O Yes O No Organisations must match the grant funding, either dollar for dollar, through in-kind support combination of both. An in-kind contribution is a contribution of a good or a service other tha Some examples include staff hours or voluntary labour (for example, painting work), donated (for example, sporting equipment) and donated services (for example, professional advice from	n mone goods

ey. architect).

Please provide more details * No more than 25 words

Will the proposed event/s take place within SA Youth Week 2025 (9 April 2025 to 17 April 2025)? * Yes

 \bigcirc No

Ineligible applicant

You have indicated that your organisation doesn't work directly with young people and therefore is ineligible for the SA Youth Week 2025 Grant.

Thank you for your time. You may be able to locate a more appropriate grant through the links below:

https://business.gov.au/grants-and-programs www.dhs.sa.gov.au/grantssa

Ineligible applicant

You have indicated that your organisation is not prepared to make an in kind contribution to the proposed SA Youth Week Event/s. Unfortunately this response makes this application ineligible for the SA Youth Week 2025 Grant.

Thank you for your time. You may be able to locate a more appropriate grant through the links below:

https://business.gov.au/grants-and-programs www.dhs.sa.gov.au/grantssa

Ineligible applicant

You have indicated that your event will not take place within the Period of: 9 April 2025 and 17 April 2025. Unfortunately this application is therefore ineligible for the SA Youth Week 2025 Grant.

Thank you for your time. You may be able to locate a more appropriate grant through the links below:

https://business.gov.au/grants-and-programs www.dhs.sa.gov.au/grantssa

Organisation Details

* indicates a required field

Legal Name of organisation *	Type of Organisation *
Organisation Name	
	Please select from Drop down

ABN of 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 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	
ATO Charity Type ACNC Registration Tax Concessions	More information

Organisatio Address	on Address: *			Postal Addre Address	ess: *			
Suburb	State	Postcode		Suburb	State	Postcode		
Must be	an Australia	n post code		Must be a	an Austral	lian post code		
Head Office	Phone Number			Website add	dress:			
Must inc	lude Area co	ode & be an A	Australian phone		_	https://dhs.sa ple-grants	.gov.a	au/how-we-

Primary contact details

Should your application be successful this person must be authorised by the applying organisation to enter into a contract with the Department of Human Services.

i.e. : CEO / Director / Chairperson / Project Manager.

Note: This person should be authorised to enter into legal contracts on behalf of the applicant organisation . Please note, if the application is successful this person will receive the contract by the electronic contract management system DocuSign AU, to sign the contract electronically.

Primary contact name: *
Title First Name Last Name

Doctation *	
Position *	
Primary Contact Number *	Alt Phone Number
Must be an Australian phone number	Must be an Australian phone number
Primary E-mail Address	Alt Email Address
Must be an email address	Must be an email address.
Do you have an Auspice?	
An Auspice is required when the applying org Australian Business Number (ABN).	anisation (Applicant) does not have an
"Auspice" means to lend support to someone auspice organisation receives the grant mone organisation also has the responsibility for managements are met.	ey on the applicant's behalf. The auspice
regarierres are meet	
•	n Auspice, please select 'Yes' to provide
If you, the applicant organisation, has a the Auspice organisation details. * O Yes	
If you, the applicant organisation, has a the Auspice organisation details. *	
If you, the applicant organisation, has a the Auspice organisation details. * O Yes Auspice Organisation Details:	○ No
If you, the applicant organisation, has a the Auspice organisation details. * O Yes	
If you, the applicant organisation, has a the Auspice organisation details. * O Yes Auspice Organisation Details:	○ NO Auspice Organisation Name: *
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details:	○ NO Auspice Organisation Name: *
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: Auspice ABN:	No Auspice Organisation Name: * Organisation Name
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other:	No Auspice Organisation Name: * Organisation Name
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: Auspice ABN: The ABN provided will be used to look up the following information. Click	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: 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.	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: 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	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: 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	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: 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	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: 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	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/
If you, the applicant organisation, has a the Auspice organisation details. * Yes Auspice Organisation Details: Type of Auspice Organisation Other: 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	Auspice Organisation Name: * Organisation Name Auspice Website Must be a URL eg: www.dhs.sa.gov.au/

Tax Concessions	
Main business location	
Auspice Business Address * Address	Auspice Postal Address Address
Suburb State Postcode	Suburb State Postcode
Address Line 1, Suburb/Town, State/Province, and Postcode are required. Must be an Australian post code	Must be an Australian post code
Auspice Primary Phone Number *	
Must be an Australian phone number	

Please identify the Local Government Area (Council area) / Unincorporated Area / Aboriginal Community your event/s will cover:

If multiple please indicate by adding using the + button.

Not sure which council you fall under? Hold "Ctrl" and Click on the link to open in a new tab

SA councils list & map | LGA South Australia

LGA

ACNC Registration

Other Adelaide (City of) Adelaide Hills Council Adelaide Plains Council Alexandrina Council Barossa Council (The) Barunga West Council Berri Barmera Council Burnside (City of) Campbelltown City Council Ceduna (District Council of) Charles Sturt (City of) Clare and Gilbert Valleys Council Cleve (District Council of) Coober Pedy (District Council of) Coorong District Council Copper Coast Council Elliston (District Council of) Flinders Ranges Council (The) Franklin Harbour (District Council of)

Form Preview

Gawler (Town of)

Goyder (Regional Council of)

Grant (District Council of)

Holdfast Bay (City of)

Kangaroo Island Council

Karoonda East Murray (District Council of)

Kimba (District Council of)

Kingston District Council

Light Regional Council

Lower Eyre Peninsula (District Council of)

Loxton Waikerie (District Council of)

Marion (City of)

Mid Murray Council

Mitcham (City of)

Mount Gambier (City of)

Mount Remarkable (District Council of)

Murray Bridge (Rural City of)

Naracoorte Lucindale Council

Northern Areas Council

Norwood Payneham & St Peters (City of)

Onkaparinga (City of)

Orroroo Carrieton (District Council of)

Peterborough (District Council of)

Playford (City of)

Port Adelaide Enfield (City of)

Port Augusta City Council

Port Lincoln (City of)

Port Pirie Regional Council

Prospect (City of)

Renmark Paringa Council

Robe (District Council of)

Roxby Downs (Municipal Council of)

Salisbury (City of)

Southern Mallee District Council

Streaky Bay (District Council of)

Tatiara District Council

Tea Tree Gully (City of)

Tumby Bay (District Council of)

Unley (City of)

Victor Harbor (City of)

Wakefield Regional Council

Walkerville (Town of)

Wattle Range Council

West Torrens (City of)

Whyalla (City of)

Wudinna District Council

Yankalilla (District Council of)

Yorke Peninsula Council

Unincorporated Far North Area

Unincorporated Flinders Rangers Area

Unincorporated Port Lincoln Area

Unincorporated Port Pirie Area

Unincorporated Riverland Area

Unincorporated West Coast Area

Unincorporated Western Area

Unincorporated Whyalla Area

Unincorporated Yorke Peninsula Area

Anangu Pitjantjatjara Yankunytjatjara

Gerard Aboriginal Community

Maralinga Tjarutja Community Inc

Form Preview

Nipapanha Community Aboriginal Corporation	
Outback Communities Authority	
Yalata Community	

Remember to Click "Save Progress" to ensure that any updates or changes you have made are saved and applied correctly.

Details of your SA Youth Week 2025 Event/s

* indicates a required field

Event Name

Please provide a title / name for your Event *

Event Details

Please list any organisations with which you will be collaborating:

How many SA Youth Week funded events are intended to be held?

Must be a number and at least 1. Must be a number

Proposed Event(s)

Event name	Event Category	Event Location	Event Date
	Please select from the drop down list	 Full address if known 	Must be a date and between 9/4/2025 and 17/4/2025.

Event Description

Provide a detailed description of each proposed event listed above: *

Word count: Must be no more than 300 words	
Participation by young people	
Please outline how young people will pai implementation of the event/s, including	
Word count: Must be no more than 100 words	
Estimate the number of young people an	ticipated to ATTEND the proposed even
Must be a number	
SA Youth Week is open to all young peop However, some events also aim to engage	
Please Indicate the specific group/s your ☐ General event - no specific target group ☐ Aboriginal or Torres Strait Islander young people ☐ Young people that have newly arrived or	event/s will target: * Young people with a disability Young people that are homeless or at ris of homlessness Young people with mental illness/es
are refugees ☐ Young carers	☐ Young people at risk of offending or in th juvenile justice system
 □ Culturally and linguistically diverse young people □ Lesbian, Gay, Bisexual, Transgender, Intersex and Queer 	☐ Young people who are living in a regiona or rural area
Please provide details on how strateiges marginalised groups? *	in place to involve disadvantaged and
Word count: Must be no more than 250 words. Any measures to enable participation/access by dis	sadvantaged and minority groups

Budget

Please enter the financial support your organisation is requesting for this project and the organisation contribution (financial or in-kind)

Please see <u>example budget</u>

Form Preview

NOTE: The total amount of requested funds **not to** exceed \$2500

Item Required	SA Youth Week grant funds requested	Organisation in-kind contribution
	\$	\$
	\$	\$
	\$	\$
	Must be a dollar amount Must be a whole dollar amount (no cents) and between 1 and 2500.	Must be a dollar amount

\$ Grand Total of 'SA Youth Week 2025 Funds' requested \$ Grand Total of 'In-kind Contributions' \$ This number/amount is calculated. This number/amount is calculated.

Should the total requested grant not be obtained, will you still proceed with your project? $\mbox{\ensuremath{^{\ast}}}$

Yes

O No

What outcomes do the event/s aim to achieve?

Please include information on

- How will this activity/event celebrate young people and youth culture?
- How will you measure participation of all young people including those with diverse backgrounds and circumstances?

Please detail the ex	pected outcomes *	
Word count:		

Must be no more than 300 words.

Please click "Save Progress" to ensure none of your updated data is lost.

Declaration and Supporting Documentation

* indicates a required field

First Office Bearer

Please provide the details of your organisation's President or Chairperson (Must be different to the Second Office Bearer listed below)

Form Preview

* 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 N	lumber *			
Must be a	n Australian phone n	umber		
Primary	Email			
Must be a	n email address			
inust be di	ii ciiiaii audi ess			
Second	Office Bearer			
Name				
Title	First Name	Last Name		
Primary	Phone Number			
· · · · · · · · ·				
Must be a	n Australian phone n	umber.		
Primary	Email			
r i iiiiai y	Liliali			
Must be a	n email address.			
S manutu (Swamts User (Dors	on cubmitting this	application (through	h Emarty Crants) who
be Grants	s SA contact for th	e grant.)	application (tilloug	h SmartyGrants), who
Name a *				
Name * Title	First Name	Last Name		
Primary	Phone Number	k		
Must be a	n Australian phone n	umher		
MINST DE 91	n Australian phone n	ullibel.		

Form Preview

Primary Email *					
Must be an email address.					

Declaration

- I certify that the information provided in this application is true and correct to the best of my knowledge.
- I certify this application is endorsed by an authorised person.
- I understand that if successful in obtaining a grant, the organisation will enter into an agreement that will include specific grant terms and conditions relating to the expenditure of funds, reporting and compliance with specified requirements.
- I understand that the submission of an application does not guarantee funding and does not involve any ongoing government funding commitment.

I agree * O Yes						
Date of declaration *						
Date of submission (can not be any prior date)						

Supporting documentation, please upload here (if applicable).

Should you have any supporting documentation you wish to include please upload as an attachment here:

Attachments - Each separate attachment must be no larger than 5 Mb, the maximum of all attachments must not exceed 25mb

Additional information #1	Attach a file:	
	E.g. Financial Statement,	
Additional information	Attach a file:	
#2		
	E.g. Financial Statement,	