

2026-27 Youth Action Plan - Third Spaces for Young People

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2026-27 Youth Action Plan - Third Spaces for Young People

1.1 Welcome to the 2026-27 Youth Action Plan - Third Spaces for Young People

Please use this form to apply for funding up to **\$30,000** to support the development of Third Spaces for young people and the purchase of equipment and resources for these spaces

Before commencing this application, please make sure you have read and are familiar with the requirements contained within the xxx FUNDING GUIDELINES [ADD LINK](#)

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 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 or be a Local Government Association.
- Have a registered Australian Business Number (ABN)
- Have been operating for more than 12 months.
- 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.

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).

1.2.2 Do you comply with the above eligibility?

- ☐ Yes
- ☐ No - You may not be eligible. Please contact us 1300 650 985 before starting this form. Please review page 4 and 5 of the Grant Guidelines, Who can Apply? & Sponsoring an organisation to apply.

1.2.3 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 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
- Organisations that have been operating *for less than 12 months*.

Applicants may submit more than one application to the round however a maximum of one will be funded.

There is no limit to the number applications an eligible organisation can sponsor.

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

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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 *

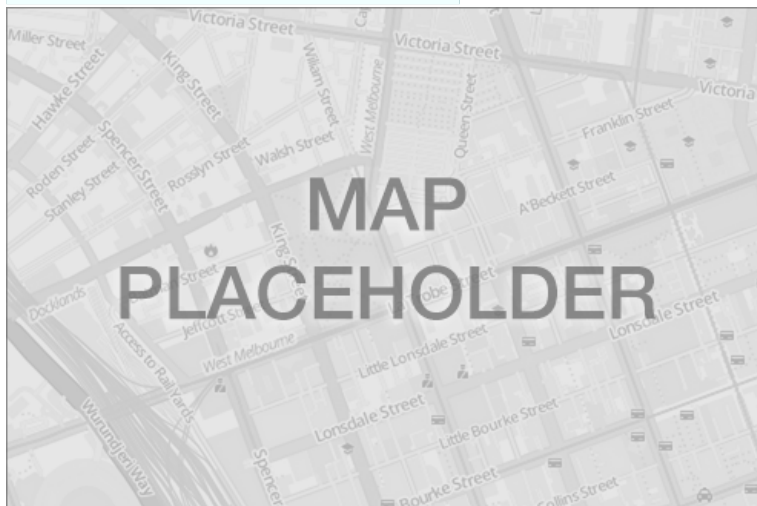
Organisation Name

Organisation Website

Must be a URL.

Organisation Address *

Address



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

Postal Address *

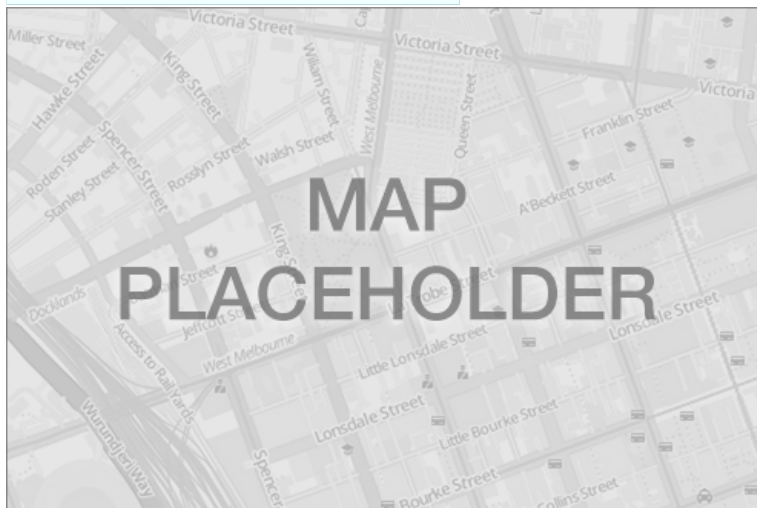
Address

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

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Address for the location the project will be undertaken

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
- ☐ A comparable legal status, including an entity under the Corporations Act 2001 (Cth)
- ☐ Other:

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

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](#)

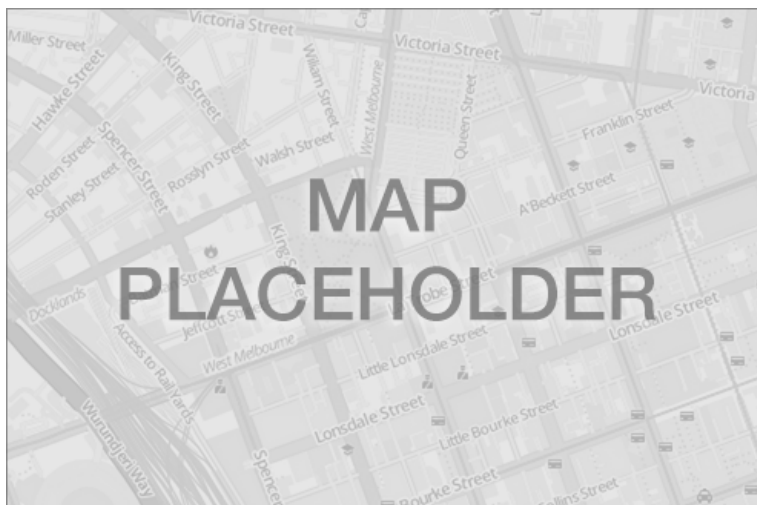
Name *

Organisation Name

Sponsored organisation Office Address *

Address

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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

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 *

Address

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
ABN

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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 2026-27 Youth Action Place - Third Spaces for Young People.

* 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 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.

Project Title *

Word count:

Must be no more than 40 characters.

4.3 Brief Project Description

Please describe the key purchases or upgrades that will be undertaken in this project. eg: To purchase equipment to create a Third Space for youth in .. . To supply and install furniture at To upgrade the space at ... to create a welcoming space for

Please briefly describe your proposed project. *

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Word count:

Must be no more than 100 words.

4.4 Link to grant round outcomes

Please discuss how your proposal aligns with the funding intent of providing infrastructure, resources and equipment to create or expand Third Spaces for young people in South Australia. *

Word count:

Must be no more than 250 words.

4.5 Need of young people

What is the need for young people that are being addressed? How was this need identified by young people? How will this project address this? *

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 Youth Cohort

Please select one or more of the DHS Priority Focus Groups your project will support. *

- | | |
|---|---|
| ☐ Aboriginal young people. | ☐ Young people in contact or at risk of becoming in contact with the youth justice and /or the child protection systems. |
| ☐ Young people at risk of homelessness. | ☐ Young people from regional and/or remote SA. |
| ☐ Young people from culturally and linguistically diverse backgrounds. | ☐ Young people with disability not supported through the NDIS. |
| ☐ Young Carers | ☐ Neurodivergent young people. |
| ☐ Young people experiencing unemployment. | ☐ LGBTIQ+ young people. |

At least 1 choice and no more than 3 choices may be selected.

What actions are you undertaking to ensure that the young people mentioned above are consulted in your planned project? *

Word count:

Must be no more than 100 words.

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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.

How many young 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 number? *

Word count:

Must be no more than 100 words.

4.7 Direct Impact for young people

Please outline the intended impact or benefit of the project for the youth cohort identified in 4.6 above. *

Word count:

Must be no more than 200 words.

What is the predicted impact of this funding?

Please upload evidence of consultation with the young people who would benefit from this proposal. *

Attach a file:

A minimum of 2 files and a maximum of 6 files may be attached.

Evidence of consultation with the young people who would benefit; this could include a minimum of 2 testimonials and/or surveys or questionnaires.

How will the impacts or benefits be measured? *

Word count:

Must be no more than 100 words.

Feedback, surveys

4.8.1 Minor Infrastructure Upgrades

Do the building works require Council approval before commencing? *

☐ Yes

☐ No

4.8.2 Lease agreement or documentation to prove ownership of the premises you are upgrading

Please upload a copy of your lease or proof of ownership documentation here *

Attach a file:

Proof of ownership may include a copy of Council rates bill or Land Titles Certificate

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) *

4.9 Photo Upload

Photos will assist the assessment panel by explaining or supporting your proposal, please upload relevant photographs here: *

Attach a file:

A maximum of 5 files may be attached.

Photo's of furniture, equipment and areas where minor infrastructure upgrades will occur.

4.10 Geographic Area of proposed project

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

- | | | | |
|--|--|---|--|
| ☐ Statewide | ☐ Southern Adelaide | ☐ Yorke and Mid North | ☐ Murray and Mallee |
| ☐ Adelaide Hills | ☐ Western Adelaide | ☐ Eyre and Western | ☐ Limestone Coast |
| ☐ Northern Adelaide | ☐ Anangu Pitjantjatjara Yankunytjatjara Lands | ☐ Barossa, Light and Lower North | ☐ Other: <input type="text"/> |
| ☐ Eastern Adelaide | ☐ Far North | ☐ Fleurieu and Kangaroo Island | |

4.11.1 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?

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Suburb/Town, State/Province, Postcode, and Country are required.	
	☐ Yes

4.12 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:

A maximum of 3 files may be attached.

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, 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) (\$)	Amount (incl GST) (\$)	Total Amount (incl GST) (\$)	Quote or evidence
	\$	\$	\$	
GST Note: Enter \$0 GST for any				

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wages or salaries, as GST does not apply to wages.				
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5.1.1.1 Estimated Total

Amount (Ex-GST)

Amount (Incl-GST)

5.1.1.2 Estimated Total (Tier 1)

Amount (Ex-GST)

Amount (Incl-GST)

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:

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

Contribution Description (including source)

Contribution value (\$)

Funding Status

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	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)

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.

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(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.

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
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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;
- › 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

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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 receipt | ☐ 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 DHS Grants Youth Action Plan Creating Third Spaces for Young People information session?

- ☐ Yes ☐ No