## **Organisational Details**

\* indicates a required field

### Organisation Name \*

Organisation Name
Your Name \*
First Name
Last Name
Position \*
Email \*
Must be an email address.

#### Telephone \*

Must be an Australian phone number.

#### 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				

Must be an ABN.

#### Address \*

Address
---------

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

Organisation Type \*

Organisation history, mission, vision and values

Major programs and activities \*

Who are your organisation's primary beneficiaries? \*

Number of full-time and part-time employees

Must be a number.

# Do you have Australian Charities and Not-for-Profits Commission (ACNC) Registration? \*

⊖ Yes

○ No

**Please upload your current annual report** Attach a file:

Project Details

\* indicates a required field

**Project Title \*** 

Are you applying as a single organisation or are you collaborating with others? \*

If you are collabora collaboration be ma			org	anisation and how	v w	vill the		
Are you being auspiced by another organisation? *								
If yes, please provi Organisation Name	de t	he name of the o	rga	nisation below				
Project description	anc	l outputs (what w	/ill y	vou do?) *				
Provide a short descript	ion (	100 words recommen	ded)	of your project - what	wil	l you do?		
Project start date *	¢							
roject start date								
Must be a date.								
Project and date *								
Project end date *								
Must be a date.								
Project recipients ( relevant demograp			: tar	get / directly supp	or	t; include any		
	mes	,,,						
Recipient numbers	(ho	w many people w	ill y	our project direct	ly k	penefit?) *		
Must be a number.								
Which LGA/s will yo	our r	recipients come f	rom	? *				
□ Statewide (all)		Elliston		Mount Barker		Roxby Downs		
<ul> <li>Adelaide</li> <li>Adelaide Hills</li> </ul>		Flinders Ranges Franklin Harbour		Mount Gambier Mount Remarkable		Salisbury		
Adelaide Plains		Gawler		Murray Bridge		Streaky Bay		
□ Alexandrina		Goyder		Naracoorte		Tatiara		
		-		cindale	_			
		Grant		Norwood Paynehan	ר∟	Tea Tree Gully		
Pitjantjatjara Yunkunytiatiara			an	d St Peters				
Yunkunytjatjara 🗆 Barossa		Holdfast Bay		Onkaparinga		Tumby Bay		
Barunga West		Kangaroo Island		Orroroo Carrieton		Unley		
		<b>J</b>				,		

# Youth Development & Engagement Grants Application Form Form Preview

- Berri Barmera
- □ Burnside
- □ Campbelltown
- □ Ceduna
- □ Charles Sturt
- □ Clare and Gilbert Valleys
- □ Cleve
- □ Coober Pedy
- □ Coorong
- □ Copper Coast
- Total project cost \*
- \$

Must be a dollar amount. What is the total budgeted cost (dollars) of your project?

□ Karoonda East

Murray

□ Kimba

□ Light

Peninsula

□ Marion

□ Mitcham

□ Mid Murray

□ Kingston

□ Lower Eyre

□ Loxton Waikerie

#### Year 1 amount requested \*

\$ Must be a dollar amount.

#### Year 2 amount requested (if applicable)

\$

Must be a dollar amount.

#### Year 3 amount requested (if applicable)

\$ Must be a dollar amount.

#### **Total grant amount requested**

\$

This number/amount is calculated.

What is the total financial support you are requesting in this application?

## Please upload the project budget \*

Attach a file:

If the project will run over multiple years, please ensure the project budget breaks down the project expenses and grant amount requested by year

#### Additional funding (if your project will cost more than the grant requested, how will remaining funds be sourced?)

Project goals (what change are you anticipating?) \*

- □ Peterborough
- □ Playford
- □ Port Adelaide
- Enfield
- □ Port Augusta □ Port Lincoln
- □ Port Pirie
- □ Maralinga Tjarutja □ Prospect □ Renmark Paringa
  - □ Robe

- □ Victor Harbor
- □ Wakefield □ Walkerville
- □ Wattle Range □ West Torrens
- □ Whyalla
- □ Wudinna
- □ Yankalilla
- □ Yorke Peninsula

Change measurement (how will you measure this change?) \*

Program alignment (how will these changes contribute to the stated program outcomes?) \*

Project risk (what risks do you foresee in relation to completing the project, achieving the project goals? What strategies will mitigate the risk?) \*

Lived experience (how have you engaged with the target cohort in program design and delivery, or organisation management / governance?)

Please provide any further relevant information here

Who has the authority to sign the agreement? \*

First Name

Last Name

#### Authorised person email address \*

Must be an email address.

# Who is the project manager for this project? (the main point of contact between Wyatt and your organisation) \*

First Name Last Name

#### **Project Manager email address**

Must be an email address.

## Declaration

\* indicates a required field

### Declaration

The information O I confirm provided in this application is, to the best of my knowledge, true and correct \* Should the grant be O I confirm successful, funding will be used in accordance with this application \*