Youth Development & Engagement Grants Application Form
Form Preview

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 collaborating, who is the lead organisation and how will the collaboration be managed?

Are you being auspiced by another organisation? *
○ Yes   ○ No

If yes, please provide the name of the organisation below
Organisation Name

Project description and outputs (what will you do?) *

Provide a short description (100 words recommended) of your project - what will you do?

Project start date *

Must be a date.

Project end date *

Must be a date.

Project recipients (who will your project target / directly support; include any relevant demographics?) *

Recipient numbers (how many people will your project directly benefit?) *

Must be a number.

Which LGA/s will your recipients come from? *
☐ Statewide (all)   ☐ Elliston   ☐ Mount Barker   ☐ Roxby Downs
☐ Adelaide   ☐ Flinders Ranges   ☐ Mount Gambier   ☐ Salisbury
☐ Adelaide Hills   ☐ Franklin Harbour   ☐ Mount Remarkable   ☐ Southern Mallee
☐ Adelaide Plains   ☐ Gawler   ☐ Murray Bridge   ☐ Streaky Bay
☐ Alexandrina   ☐ Goyder   ☐ Naracoorte   ☐ Tatiara
                                                       Lucindale
☐ Anangu   ☐ Grant   ☐ Norwood Payneham   ☐ Tea Tree Gully
Pitjantjatjara   and St Peters
Yunkunytjatjara
☐ Barossa   ☐ Holdfast Bay   ☐ Onkaparinga   ☐ Tumby Bay
☐ Barunga West   ☐ Kangaroo Island   ☐ Ororoo Carrieton   ☐ Unley

- ☐ Berri Barmera
- ☐ Karoonda East Murray
- ☐ Peterborough
- ☐ Victor Harbor
- ☐ Burnside
- ☐ Kimba
- ☐ Playford
- ☐ Wakefield
- ☐ Campbelltown
- ☐ Kingston
- ☐ Port Adelaide Enfield
- ☐ Walkerville
- ☐ Ceduna
- ☐ Light
- ☐ Port Augusta
- ☐ Wattle Range
- ☐ Charles Sturt
- ☐ Lower Eyre Peninsula
- ☐ Port Lincoln
- ☐ West Torrens
- ☐ Clare and Gilbert Valleys
- ☐ Loxton Waikerie
- ☐ Port Pirie
- ☐ Whyalla
- ☐ Cleve
- ☐ Maralinga Tjarutja
- ☐ Prospect
- ☐ Wudinna
- ☐ Coober Pedy
- ☐ Marion
- ☐ Renmark Paringa
- ☐ Yankalilla
- ☐ Coorong
- ☐ Mid Murray
- ☐ Robe
- ☐ Yorke Peninsula
- ☐ Copper Coast
- ☐ Mitcham

Total project cost *

$

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

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?) *

[ ]

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.

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Declaration

* indicates a required field

Declaration

The information provided in this application is, to the best of my knowledge, true and correct *
○ I confirm

Should the grant be successful, funding will be used in accordance with this application *
○ I confirm