

Direct Grants Application Form 2324

Form Preview

Eligibility

* indicates a required field

Who can submit an application?

Wyatt's Direct Grants Program is available only to a defined group of referrers from pre-selected South Australian programs who have been through a nomination process during 2023. This group of referrers is working in a particular way to support their clients experiencing financial hardship. Intake of new programs is closed.

Please read [Applying for a Wyatt Direct Grant: Information for Referrers](#) for further information or call Wyatt on 8224 0074 with any questions.

Nominated referrers must select their organisation and program from the drop down list below to continue to the Direct Grants application form.

Your organisation *

When you select your organisation, the list will expand to show eligible programs within your organisation. Please select your primary program to continue.

Privacy Consent Statement

Personal information about the client which is required to assess this grant application is collected in accordance with [Wyatt's Privacy Statement](#). Please provide or explain the statement to the client and seek their consent to release their personal information to Wyatt before you commence the application.

I confirm that the client has been made aware of Wyatt's Privacy Statement and consents to the release of the information for the purpose of this grant application.

Please select: * Yes

Organisation Allocation Exhausted

We are unable to accept any further Direct Grant applications from your organisation for this financial year.

Please do not submit this form.

Please contact your manager or team leader for further information.

Regards, The Wyatt Trust

Nominated Referrer Details

* indicates a required field

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Your Name *

First Name

Last Name

Position *

Program / Department *

Organisation *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Office Postcode *

Must be a number.

Email Address *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Please include the area code if listing a landline number.

Please provide the details of the Direct Grant Contact at your organisation as the alternate referrer. It is expected that the person named in this section will be familiar with the client's situation and grant request, and can respond to enquiries about the application if you are not available.

Alternate Referrer Name *

Please provide both names in the format: Firstname Lastname

Alternate Referrer Position *

Alternate Referrer Email *

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Client Eligibility

* indicates a required field

The client is currently living in SA *

Yes No

The client has lived in SA for *

5 years or more Less than 5 years Unknown

The client is experiencing financial hardship *

Yes No Unsure

Client's Full Name *

Please enter in the format: Firstname Lastname. Both names are required to assess the application.

Client's Date of Birth *

Must be a date.

Client's Gender *

Does the client identify as Aboriginal or Torres Strait Islander? *

Client's Postcode *

Must be a number.

Client Details

* indicates a required field

Please note that Direct Grants applications are likely to be successful when the referrer can demonstrate:

- The grant will meet a priority need(s), agreed between the client and the referrer, in the context of the client's circumstances
- The grant is part of a holistic, wrap around suite of supports
- The grant is leveraging off other resources for the client, enabling people to receive varied supports (eg concessions, No Interest Loans, waivers, other brokerage or grants)
- The need can not be met by other services or funding
- Any balance can be met through identified other sources
- Where possible and suitable, the grant is supporting or linked with other Wyatt programs.

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Describe how you are working with the client *

Financial situation: what evidence have you relied on in your assessment that the client is experiencing financial hardship? *

Housing situation: please include details of household size, make up, type of housing and current challenges *

Employment and/or education situation: please include relevant information for household members as well as the client *

Grant Request

* indicates a required field

Number of grant requests *

Grant Request 1

Item description *

Is this product an energy efficient product? *

Yes

No

Not applicable

Please note that energy efficiency in this context relates to ratings of 3.5 stars and over.

What other assistance or funding have you investigated to meet this need and what was the outcome? *

Payee name *

Cost of item or service *

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\$

Must be a dollar amount.

Whilst you do not need to upload a quote, please ensure that this amount is based on a quote from an appropriate supplier.

Grant amount requested *

\$

Must be a dollar amount.

Balance *

\$

This number/amount is calculated.

How will the balance be paid (if applicable)?

Please note that invoices are not accepted during the application stage. If your Direct Grant application is successful, we will request the invoice through the Direct Grant Payment stage of the process.

Grant Request 2

Item description *

Is this product an energy efficient product? *

Yes

No

Not applicable

Please note that energy efficiency in this context relates to ratings of 3.5 stars and over.

What other assistance or funding have you investigated to meet this need and what was the outcome? *

Payee name *

Cost of item or service *

\$

Must be a dollar amount.

Whilst you do not need to upload a quote, please ensure that this amount is based on a quote from an appropriate supplier.

Grant amount requested *

\$

Must be a dollar amount.

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Balance

\$

This number/amount is calculated.

How will the balance be paid (if applicable)?

Grant Request 3

Item description *

Is this product an energy efficient product? *

Yes

No

Not applicable

Please note that energy efficiency in this context relates to ratings of 3.5 stars and over.

What other assistance or funding have you investigated to meet this need and what was the outcome? *

Payee name *

Cost of item or service *

\$

Must be a dollar amount.

Whilst you do not need to upload a quote, please ensure that this amount is based on a quote from an appropriate supplier.

Grant amount requested *

\$

Must be a dollar amount.

Balance

\$

This number/amount is calculated.

How will the balance be paid (if applicable)?

Total grant amount requested

\$

This number/amount is calculated.

Impact & Declaration

* indicates a required field

Impact

Please note that Wyatt aims to achieve the following through the Direct Grants Program:

1. Direct Grants make a tangible difference to the financial or housing circumstances of recipients
2. Direct Grant recipients experience reduced stress and increased agency
3. South Australian households have access to resources and pathways out of hardship.

How will the grant make a difference to the client's experience of financial hardship? *

How will you know if these outcomes have been achieved? *

OPTIONAL - You may provide further information or evidence to support this application. Utilise the text box, or upload a document via the 'attach a file' function. Do not upload any file that contains personal client information.

Attach a file:

For confidentiality and privacy reasons, do not upload any file that contains personal client information. A file attachment is optional

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

