Direct Grants Application Form 2526
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. This group of referrers is working in a particular way to support their clients experiencing financial hardship. Intake of new programs is closed.

Nominated Referrers are encouraged to read the *Applying for a Wyatt Direct Grant: Information for Referrers* document before commencing an application.

You should have received this document via email when your account was created.

Please email us at **admin@wyatt.org.au** or call Wyatt on **8224 0074** if you would like another copy, or if you have any queries about the program.

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

Your organisation / program *

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

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

Internal Approval Process

Each organisation now has a limited allocation of funds available through the Direct Grants program.

By continuing, you are confirming that this application has already been through your organisation's internal approval process.

Please select: *

○ I confirm

Privacy Consent Statement

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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: * ○ I confirm

Nominated Referrer Details

* indicates a required field

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 *

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

Client's Support System

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 remaining excess can be met through identified other sources
- Where possible and suitable, the grant is supporting or linked with other Wyatt programs.

Describe how you are working with the client, and what other supports are in place or applied for: *

Client's Housing Circumstances

Is the client living in [or moving into] housing managed by Housing SA?
○ No
○ Yes
○ Unsure

How many Adults and Children typically reside [or will reside] in this household [including the grant recipient]?

Adults [including grant recipient] *

Children *

Client's Financial, Employment, Education Circumstances

Client's Financial, Employment, Education Situation *
☐ Receiving government payment [e.g. JobSeeker, Disability Support Pension, Parenting Payment, etc.]
☐ Working - Full-time
☐ Working - Part-time
☐ Working - Casual
☐ Working - Sporadically

☐ No income
☐ Studying
☐ Looking for work
☐ Other:

Please tick all relevant to this client

Grant Request

* indicates a required field

Sources of support

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

Number of grant requests *

NOTE: Multiple items from the same supplier [e.g. on one invoice] should be entered as one grant request.

Grant Request 1

Item description *

Item Category *

○ Adult education/training ○ Child / youth / education ○ Employment ○ Health and wellbeing ○ Home Maintenance ○ Household goods and furniture ○ Insurance ○ Legal costs / advice ○ Other household bills ○ Personal debt ○ Pet costs ○ Removals / storage ○ Rent / bond ○ Technology / digital inclusion ○ Utilities ○ Vehicle related ○ Other:

"Home Maintenance" includes cleaning and skip bins. "Household goods and furniture" includes whitegoods and air-conditioners.

Supplier Business 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 or advertised price from an appropriate supplier.

Grant amount requested *

$

Must be a dollar amount.
Wyatt's Direct Grants program is limited to $1000 total per application.

Remaining excess *

$

This number/amount is calculated.

How will this remaining excess be paid (if applicable)?

e.g. client to pay, details of other funding sources, etc.

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 *

Item Category

○ Adult education / training ○ Child / youth / education ○ Employment ○ Health and wellbeing ○ Home maintenance ○ Household goods and furniture ○ Insurance ○ Legal costs / advice ○ Other household bills ○ Personal debt ○ Pet costs ○ Removals / storage ○ Rent bond ○ Tech / digital inclusion ○ Utility bills ○ Vehicle related ○ Other:

Supplier Business 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 or advertised price from an appropriate supplier.

Grant amount requested *

$

Must be a dollar amount.
Wyatt's Direct Grants program is limited to $1000 total per application.

Remaining Excess

$

This number/amount is calculated.

How will this remaining excess be paid (if applicable)?

e.g. client to pay, details of other funding sources, etc.

Grant Request 3

Item description *

Item Category

○ Adult education / training ○ Child / youth education ○ Employment ○ Health and wellbeing ○ Home maintenance ○ Household goods and furniture ○ Household costs ○ Legal advice ○ Other household bills ○ Personal debt ○ Pet costs ○ Removalist storage ○ Rent/bond ○ Tech/digital inclusion ○ Utilities ○ Other:

Supplier Business 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 or advertised price from an appropriate supplier.

Grant amount requested *

$

Must be a dollar amount.
Wyatt's Direct Grants program is limited to $1000 total per application.

Remaining excess

$

This number/amount is calculated.

How will this remaining excess be paid (if applicable)?

Whitegoods - energy efficiency

Is this product new, and if so is it an energy efficient product? *

○ Yes - new and 3.5 or more stars
○ No - new, but less than 3.5 stars
○ No - second hand item
○ Unsure
○ Not applicable

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

Utilities

Is this application for a new connection or arrears owing?

Utilities
○ New Connection
○ Arrears Owing

Utilities Arrears

Please confirm that all the below are in place for your client:

Utilities Arrears
☐ Retailer - Hardship program
☐ Retailer - Manageable payment plan
☐ Retailer - On the best plan
☐ Retailer - Requested debt reduction/amount matching for lump sum payment
☐ EEPS application submitted/approved
☐ Paying utilities via Centrepay deductions [if appropriate]
Please tick all that apply

OPTIONAL - Add any notes:

Total grant amount requested
$
This number/amount is calculated.
Wyatt's Direct Grants program is limited to $1000 total per application.

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.

If this application is funded, how would the grant make a difference to the client's experience of financial hardship? What change is the client hoping to see? *

How will you know if this has been achieved? Do you anticipate having any further contact with the client? *

OPTIONAL - You may provide further information to support this application.

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