#### South Australian AED Grants Program

\* indicates a required field

What is the AED Grants program?

To assist community and sporting organisations to have AEDs installed by 1 January 2026, to meet the requirements of the *Automated External Defibrillators (Public Access) Act 2022* (the Act), the AED Grants Program is providing grants of \$1,000 to eligible organisations. Eligible organisations can apply for funding for multiple facilities and buildings at different locations in a single application.

Further information on the Act and requirements for organisations can be found <a href="here.">here.</a>

#### Eligibility Criteria

To be eligible for the AED Grants Program, the applying organisation must:

- be located in South Australia
- be a not-for-profit club, association or organisation that is sport or community related
- have an active Australian Business Number (ABN)
- have public liability insurance with a minimum of \$1 million per claim. Proof of eligibility will be required by uploading a Certificate of Currency
- not have received prior funding from the South Australian AED Grants Program for the buildings or facilities included in this application
- apply for buildings/facilities that do not currently have an AED.

Key dates

3 February 2025

**Applications Open** 

30 April 2025, 5pm

**Applications close** 

30 August 2025Acquittal due

Applicants must confirm that they have read and understood the <u>AED Grants</u> <u>Program, Grant Guide - Round 2</u>

I confirm that I have read and understood the AED Grants Program, Grant Guide - Round 2  $\ast$ 

○ Yes

#### **Contact Details**

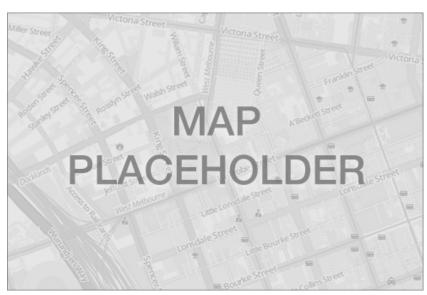
\* indicates a required field

What is the full name of the applying organisation? \*

Organisation Name		

Organisations 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 <u>More information</u>				
	ACNC Registration				
	Tax Concessions				
	Main business location				
Applicant Admin Contact Name *	Title First Name Last Name				
Applicant Admin Contact Position *					
Primary Phone Number *					
Primary Email *	Must be an email address.				
Postal Address	Address				
rostal Address	Address				
	Any, but at least one field is required. Country must be Australia				
Please upload your Certificate of Currency *	Attach a file:				
To expediate your grant payment if approved, please provide your bank account:					
Bank Account *	Account Name				
	BSB Number Account Number				

Organisation Details	
* indicates a required field	
Organisations can submit a g facilities in multiple locations	rant application for sporting or community buildings/
•	ve a unique address or be located some distance
<ul> <li>Facilities with multiple build (e.g. clubrooms and storage)</li> <li>For locations spanning a large</li> </ul>	ings in close proximity, such as those at the same address facilities), are eligible for one grant only. The geographical area without an address, each site should and an estimated distance to the nearest existing AED or g an AED.
Does the organisation own al funding for? *	of the buildings/facilities you are requesting grant
O Yes  If No - We recommend that the apply the AED with the building/facility own	○ <b>No</b> ving organisation discusses purchasing, installing, and maintaining the ner before applying. While this doesn't make you ineligible, under compliance. Previous funding rounds may mean the owner has but hasn't informed the leaseholder.
Is the applying organisation a is sport or community related	not-for-profit club, association or organisation that
• Yes	○ No
Application for an AED Gr	ant for a building/facility
they would like to install an A	
To apply for additional building this section.	ngs/facilities, please click 'Add more' at the bottom
What is the address of the building/facility where the AED will be located?	Address



To add more locations, use the add more button below.

If your location does not have an address, please state the

#### **Additional Information**

purpose of the building/facility, estimate the distance to the next closest existing AED or location you are applying for, and briefly describe any factors that may delay access to this AED eg. difficult terrain, unsealed roads etc Does this building/ Yes  $\bigcirc$  No facility have an AED installed currently? \* Does the applying ☐ People from Culturally and Linguistically diverse organisation benefit communities any of the following ☐ Aboriginal and Torres Strait Islander communities communities? \* ☐ LGBTQIA+ □ People living with a disability □ Unsure Please select all the apply. This is for information only and is not assessed as part of your application. What are the typical 0-18 years age ranges of people ☐ 18-30 years who use your building/ ☐ 30-45 years facility? \* ☐ 45-65 years  $\Box$  65+ years Please select all that apply. This is for information only and is not assessed as part of your application.

#### Local Government Areas

In which Local Government area(s) is your building/facility located? *						
	Adelaide		Franklin Harbour		Mount Gambier	Salisbury
	Adelaide Hills		Gawler		Mount Remarkable	Southern Mallee

☐ Adelaide Plains		•		Murray Bridge		Streaky Bay
☐ Alexandrina	☐ Goyd	er		Naracoorte cindale	Ц	Tatiara
□ Anangu	☐ Grant	<u>-</u>		Nipapanha		Tea Tree Gully
Pitjantjatjara						
Yunkunytjatjara			_		_	
□ Barossa	☐ Holdf			Northern Areas		Tumby Bay
☐ Barunga West	⊔ Kanga	aroo Island		Norwood Payneham d St Peters	ו⊔	Unincorporated SA
□ Berri	□ Karoo	nda East		Onkaparinga	П	Unley
_ 50	Murray			omapaniga		oey
□ Barmera	☐ Kimba	a		Orroroo and		Victor Harbor
			Ca	rrieton		
☐ Burnside	☐ Kings			Peterborough		Wakefield
□ Campbelltown	☐ Kooni			Playford		Walkerville
□ Ceduna	□ Le Hu	ınte		Port Adelaide field		Wattle Range
☐ Charles Sturt	☐ Light			Port Augusta		West Torrens
☐ Clare and Gilbert	□ Lowe			Port Lincoln		Whyalla
Valleys	Peninsul		_			
□ Cleve		n Waikerie		Port Pirie		Wudinna
☐ Coober Pedy		inga Tjarutja		Prospect		Yankalilla
☐ Coorong	☐ Mario			Renmark Paringa		Yalata Community
☐ Copper Coast	☐ Mid M	•		Robe		Yorke Peninsula
☐ Elliston	☐ Mitch		Ш	Roxby Downs	Ш	Other
☐ Flinders Ranges At least 1 choice must be	☐ Moun	Свагкег				
Please select all that app		for information (	onlv	and is not assessed a	s pa	art of your application.
	.,		· j		0 00	,
Briefly describe why	an AED	would be of	be	nefit to your orgai	nis	ation *
Tatal Crant Fund	D					
Total Grant Fund	ng keq	uestea				
How many locations	are you	requesting f	fun	ding for? *		
Must be a number.						
<b>Total Grant Amount</b>	Request	ted *				
\$						
This number/amount is c						
Grants are \$1000 for each	Grants are \$1000 for each building/facility at each unique address listed.					
Not Eligible						
NOC Eligible						

Please review the <u>AED Grant Program -Grant Guide- Round 2</u> for eligibility information.

Organisations must be a not-for-profit club, association or organisation that is sport or community related.

Buildings/facilities must be predominantly used for community and/or sporting purposes located in South Australia.

#### Declaration

\* indicates a required field

#### **Declaration and Privacy Statement**

I certify that all details supplied in this application and in any attached documents are true and correct to the best of my knowledge, and that the application has been submitted with the full knowledge and agreement of the management of my organisation.

I agree that I will contact Preventive Health SA immediately if any information provided in this application changes or is incorrect.

Preventive Health SA respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse in accordance with the SA Health Privacy Policy Directive. Should you need to change or access your personal details, please contact PreventiveHealthSA.Strategy@sa.gov.au

I understand that the information above will be used in accordance with relevant legislation and declare that this information is correct to the best of my knowledge.

Full Name *	
Position held *	
I am authorised to complete the declaration and privacy statem   Yes	and understood the
Date of declaration *	