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 here.

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 *

⊖ 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				
	Any, but at least one field is required. Country must be Australia				
Please upload your	Attach a file:				
Certificate of Currency *					
	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 grant application for sporting or community buildings/ facilities in multiple locations.

Each building/facility must have a unique address or be located some distance apart.

- Facilities with multiple buildings in close proximity, such as those at the same address (e.g. clubrooms and storage facilities), are eligible for one grant only.
- For locations spanning a large geographical area without an address, each site should be defined by name, purpose and an estimated distance to the nearest existing AED or next closest location requiring an AED.

Does the organisation own all of the buildings/facilities you are requesting grant funding for? *

O Yes O No If No - We recommend that the applying organisation discusses purchasing, installing, and maintaining the AED with the building/facility owner before applying. While this doesn't make you ineligible, under the Act, the owner is responsible for compliance. Previous funding rounds may mean the owner has already secured a grant for an AED but hasn't informed the leaseholder.

Is the applying organisation a not-for-profit club, association or organisation that is sport or community related? *

⊖ Yes

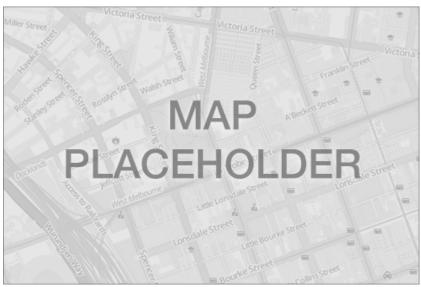
O No

Application for an AED Grant for a building/facility

Organisations are encouraged to apply for any eligible building or facility in which they would like to install an AED.

To apply for additional buildings/facilities, please click 'Add more' at the bottom of this section.

What is the address	Address	
of the building/facility where the AED will be		
located?		



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

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

O No

Does this building/ facility have an AED installed currently? *

Additional Information

Does the applying organisation benefit any of the following communities? *

What are the typical age ranges of people who use your building/ facility? *

$\hfill\square$ People from Culturally and Linguistically diverse communities

- Aboriginal and Torres Strait Islander communities
 LGBTQIA+
- □ People living with a disability
- Unsure

⊖ Yes

Please select all the apply. This is for information only and is not assessed as part of your application.

- \Box 0-18 years
- □ 18-30 years
- □ 30-45 years
- □ 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

Round 2- Application form

Form Preview

Adelaide Plains	Gerard Community	Murray Bridge	Streaky Bay		
Alexandrina	□ Goyder	Naracoorte	Tatiara		
		Lucindale			
🗆 Anangu	🗆 Grant	🗆 Nipapanha	Tea Tree Gully		
Pitjantjatjara					
Yunkunytjatjara					
Barossa	Holdfast Bay	Northern Areas	Tumby Bay		
Barunga West	Kangaroo Island	-	Unincorporated SA		
		and St Peters			
🗆 Berri	Karoonda East	🗆 Onkaparinga	🗆 Unley		
	Murray				
🗆 Barmera	🗆 Kimba	Orroroo and	Victor Harbor		
		Carrieton			
Burnside	Kingston	Peterborough	Wakefield		
Campbelltown	🗆 Koonibba	Playford	Walkerville		
🗆 Ceduna	🗆 Le Hunte	Port Adelaide	Wattle Range		
		Enfield			
Charles Sturt	🗆 Light	Port Augusta	West Torrens		
Clare and Gilbert	Lower Eyre	Port Lincoln	🗆 Whyalla		
Valleys	Peninsula				
	Loxton Waikerie	Port Pirie	🗆 Wudinna		
Coober Pedy	🗆 Maralinga Tjarutja	Prospect	🗆 Yankalilla		
□ Coorong	□ Marion	Renmark Paringa	□ Yalata Community		
Copper Coast	Mid Murray	🗆 Robe	Yorke Peninsula		
Elliston	Mitcham	Roxby Downs	Other		
Flinders Ranges	Mount Barker	-			
At least 1 choice must be selected.					

At least 1 choice must be selected.

Please select all that apply. This is for information only and is not assessed as part of your application.

Briefly describe why an AED would be of benefit to your organisation *

Total Grant Funding Requested

How many locations are you requesting funding for? *

Must be a number.

Total Grant Amount Requested *

\$

This number/amount is calculated.

Grants are \$1000 for each building/facility at each unique address listed.

Not 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 <u>PreventiveHealthSA.Strategy@sa.gov.au</u>

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 this application and have read and understood the declaration and privacy statement * $\odot~\rm Yes$

Date of declaration *