Stream 1: Evidence-Informed Suicide Prevention Initiatives
Form Preview

Eligibility

* indicates a required field

Applicants: please note

Before completing this application form, please read the **Grant Guide**.

This section is designed to help both you and us determine whether you are eligible for this grant. It is important that you complete these questions before proceeding with the rest of the application, to avoid spending time on an application that may not be suitable.

Late applications will not be accepted.

Applications close at 5:00 pm on Friday 23 October 2026.

If you have any questions, please contact us well in advance via: **PreventiveHealthSA.suicideprevention@sa.gov.au** and quote the application number shown below.

Application Number

This field is read only.

Confirmation of eligibility

Before proceeding, please confirm the following statements:

- you have read and understood the information contained in the **Grant Guide**.

As the applying organisation, you meet all eligibility requirements below:

- Be a legal entity operating on a **Not-for-profit (NFP)** basis.
- Be based in South Australia.
- Hold an active Australian Business Number (ABN) and meet one of the following taxation statuses:
  - **Registered Charity**: Registered with the Australian Charities and Not-for-profits Commission (ACNC).
  - **Income Tax Exempt NFP**: A non-charitable community service organisation that self-assesses as income tax exempt with the Australian Taxation Office (ATO) and complies with annual NFP self-review return obligations.
- Have an active bank account in the legal entity's name.
- Have public liability insurance and will upload the certificate of currency with your application.

You must confirm that all statements above are true and correct. *

☐ Yes

Applicant details

* indicates a required field

Applying organisation

Organisation Name *
Organisation Name

Make sure you provide the same name that is listed in official documentation.

Address
Address

Organisation's website

Must be a URL.

Australian Business 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.

Please provide your organisation's annual revenue. *

- ○ Less than $50,000
- ○ $50,000 or more, but less than $250,000
- ○ $250,000 or more, but less than $1 million
- ○ $1 million or more, but less than $10 million
- ○ $10 million or more, but less than $100 million
- ○ $100 million or more

Your revenue includes grants, donations, and other fundraising activities, fees for services, sale of goods, interest, royalties and in-kind donations that have been included in your accounts as 'revenue'. The Australian Charities and Not-for-profits Commission (ACNC) has more detailed information here: https://www.acnc.gov.au/tools/topic-guides/revenue

Which of the following best describes your organisation's primary focus? *
- ○ Aboriginal Community Controlled Organisation
- ○ South Australian Suicide Prevention Network
- ○ Culturally and linguistically diverse communities (CALD)
- ○ LGBTIQA+SB
- ○ First responders
- ○ Disability
- ○ Veterans
- ○ Older people
- ○ Children and young people
- ○ Men
- ○ Women
- ○ Sporting or recreation
- ○ Health or wellbeing
- ○ Primary production or agricultural
- ○ Community or neighbourhood
- ○ Education or training
- ○ Local council
- ○ Other:

Organisation's Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.
Please provide the correct name of your Bank Account (not account type). Bank account must be active and in the legal entity's name.

Public Liability Insurance *

Attach a file:

Please upload your certificate of currency here.

Authorised officer details

Authorised officer *

Title First Name Last Name

Please enter the details of the person who is legally authorised to enter into a Grant Agreement on behalf of the applying organisation.

Authorised officer's position held *

Authorised officer's phone number *

Must be an Australian phone number.

Authorised officer's email address *

This is the address we will use to correspond with you about this grant.

Community need, leadership and who will benefit (20%)

* indicates a required field

Tell us about the need for this project and the community it will benefit.

Applicants are not expected to disclose personal experiences of suicide. We are interested in how relevant lived experience, community knowledge and cultural knowledge have informed the project.

Applicants, before you begin completing the application, please note:

- Please provide clear, concise and focused responses that address each question.
- Responses should be proportionate to the size and complexity of the project.
- The assessment panel is interested in the relevance, clarity and completeness of the information provided, not the length of the response.

What need or issue in your community will this project address? *

What tells you this project is needed? Your evidence might include local or other data, research, lived experience, cultural knowledge, community knowledge, feedback from community members or services, or learning from previous activities. *

You may upload any relevant evidence of need here.
Attach a file:

A maximum of 5 files can be attached. This is not mandatory.

Who will benefit from the project? Tell us about the people or communities you aim to reach, including any priority population(s), and why the project is particularly relevant to them. *

Please identify the main beneficiaries of your project: Select one. *
- ○ Aboriginal and Torres Strait Islander peoples
- ○ Men
- ○ People from culturally and linguistically diverse communities
- ○ Migrants, refugees and asylum seekers
- ○ People from LGBTIQA+SB communities
- ○ South Australians from rural or remote locations
- ○ First responders
- ○ People with disabilities
- ○ Veterans
- ○ Older people
- ○ Children and young people
- ○ Primary production and agricultural industries
- ○ Veterinarians
- ○ South Australians affected by drought/algal bloom
- ○ International university students
- ○ Other:

What is the primary geographical area to benefit from your project? Select one. *
- ○ Adelaide City
- ○ Adelaide Hills
- ○ Burnside
- ○ Campbelltown
- ○ Charles Sturt
- ○ Holdfast Bay
- ○ Marion
- ○ Mitcham
- ○ Onkaparinga
- ○ Port Adelaide
- ○ Prospect - Walkerville - North East
- ○ Tea Tree Gully
- ○ West Torrens
- ○ Barossa
- ○ Clare Valley
- ○ Copper Coast
- ○ Eyre Peninsula
- ○ Fleurieu - Kangaroo Island
- ○ Limestone Coast
- ○ Lower South East
- ○ Mid North
- ○ Murraylands
- ○ Naracoorte
- ○ Outback - North and East
- ○ Riverland
- ○ South Coast
- ○ Southern and Hills
- ○ Yorke Peninsula

- ○ Yorke - Mid North
- ○ Statewide

If you require assistance with identifying which geographical region applies you can follow these steps using ABS maps: 1. Go to: https://maps.abs.gov.au/ 2. From the drop-down menu, select 2021 Statistical Area Level 3 (SA3) 3. Enter your suburb in the search bar 4. Select the relevant search result to view and confirm your geographical region

How have community members, including people with relevant lived experience and/or cultural knowledge where appropriate, helped identify the need and shape the project? *

How will the people or communities the project is intended to benefit continue to be involved in its design, decisions, delivery and/or evaluation? *

Project design, outcomes and value for money (30%)

* indicates a required field

Project name *

Must be no more than 250 characters.
Please provide a short but descriptive name for your project.

Tell us what you plan to do

Where training is included, applicants should use an established training programs with an appropriate evidence base, accreditation, or recognised quality assurance.

Training should be appropriate for the community, target population, and intended purpose of the initiative.

Suicide Prevention Australia's Directory of accredited suicide prevention and mental wellbeing training programs is available here: **https://www.suicidepreventionaust.org/directory-of-programs/**

What activities will you deliver?	Approximately how many people do you expect to reach?	What will the projec t produce or deliver ? For example, this might include peopl e trained, activities or events delivered,	Explanatory notes

		resources developed, people connected with support, or other relevant outputs.	
One per row.	Must be a number.		Add notes if you need to provide more context. Must be no more than 50 words.

Total reach

This number/amount is calculated.

Tell us why you think it will work

Why do you think this approach is appropriate and likely to work for the community you aim to benefit? Tell us about the evidence or knowledge that supports your approach. This might include research or evaluation findings, evidence from similar initiatives, lived experience, cultural knowledge, community knowledge or previous local experience. *

You may upload relevant evidence for your approach here.
Attach a file:

Which evidence-informed suicide prevention approach(es) below is your project most closely connected to? Select all that apply. *

☐ Improving emergency and follow-up care for people experiencing suicidal crisis.
☐ Guidelines, resources and initiatives that promote evidence-based treatment of suicidality.
☐ Engaging the community in suicide prevention initiatives.
☐ Improving the competency and confidence of frontline workers to deal with suicidal crisis.
☐ Promoting help-seeking, mental health and resilience in schools.
☐ Training the community to recognise and respond to suicide.
☐ Encouraging safe and purposeful media reporting.
☐ Improving safety and reducing access to means.

At least 1 choice must be selected.

Briefly explain how your project will contribute to the suicide prevention approach(es) you selected. *

Tell us what difference you expect the project to make for participants or the community

Outcomes are the changes you expect to occur for the beneficiaries of your project. Generally, outcomes can be framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation (these are generally immediate or short-term outcomes)
- Actions, behaviour, change in policy (these are generally intermediate or medium-term outcomes)
- Social, financial, environmental, physical conditions (these are generally long-term outcomes)

Timeframes

- Immediate outcomes occur directly following an activity (e.g. within 1 month)
- medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and
- long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Outcome	**Timeframe**	**Measure of success**
One per row. Describe the change you hope to see as a result of the project.	When do you expect the change to emerge?	How will you know whether these changes have occurred? Tell us what information you will collect or use to understand whether the project made a difference. This could include participant feedback, surveys, stories of change, changes in knowledge or confidence, participation information, referrals or connections, or other measures appropriate to your project.

How could the project create benefits, capability or learning that continue beyond the funding period? *

Project budget

- Please provide a project budget detailing how grant funding will be used under **Expenses**.
- The total of these expenses will be automatically calculated as the **Total Grant Amount Requested**.
- Please also include any cash and/or in-kind **Contributions**, such as your organisation's contribution, other confirmed funding contributions, and the estimated value of any in-kind support.
- **Contributions** will be combined with the **Total Grant Amount Requested** to calculate the **Total Project Value**.
- Grant funding can be used for reasonable and necessary costs directly related to delivering the project. Please refer to the **Grant Guide** for details of eligible and ineligible costs.

Expenses	**$ Amount**	**Contributions**	**$ Amount**
How will grant funding be used?	Must be a dollar amount.	Please provide any cash and/or in-kind contributions.	Must be a dollar amount.

Project budget totals

Total Grant Amount Requested

This number/amount is calculated.

Total Contributions Amount

This number/amount is calculated.

Total Project Value

This number/amount is calculated.

You may upload any relevant information or quotes here
Attach a file:

Partnerships and collaboration (15%)

* indicates a required field

Tell us who you will work with and how the project fits with what is already happening.

Formal partnerships are not required in every case. We are interested in whether the partnerships and connections proposed are appropriate to the project and community.

Who will you work with to plan or deliver the project?	What will each partner con tribute?	Explanatory notes
One per row. Must be no more than 20 words.	Must be no more than 20 words.	Add notes if you need to provide more context. Must be no more than 20 words.

How have relevant community organisations, services, networks or other local supports been involved in developing the project? *

How will your project build on, connect with or complement existing services, programs, community strengths and supports rather than unnecessarily duplicate them? *

If the project responds to a gap in existing supports, what tells you that this gap exists? *

Safe, inclusive and culturally responsive delivery (15%)

* indicates a required field

Tell us how you will make the project safe, welcoming and accessible for the people and communities involved.

Your response should be relevant and proportionate to your project. We are interested in what these principles will look like in practice.

Please give us a practical example of how you will make the project trauma-informed. *

Please give us a practical example of how you will make the project inclusive and accessible. *

Please give us a practical example of how you will make the project culturally safe and responsive. *

Where Aboriginal people and communities are intended to benefit, how will Aboriginal leadership, self-determination, cultural knowledge and appropriate community involvement inform the project? *

If this question is not relevant to your project, please enter N/A.

How will you ensure that project activities and communications about suicide are safe, purposeful, minimise potential harm and encourage help-seeking and help-offering? *

Organisation capability and governance (20%)

* indicates a required field

Tell us why your organisation and project team are well placed to deliver this project.

What relevant experience, skills, community relationships, lived experience expertise and/or cultural knowledge do your organisation, staff and volunteers bring to the project? *

Why is your organisation well placed and trusted to work with the people or communities the project aims to benefit? *

Who will be responsible for the project, and what governance or oversight arrangements will support its safe and effective delivery? *

How will you monitor progress, manage any significant risks or challenges, and make changes if the project is not working as expected? *

Certification and feedback

* indicates a required field

Certification

This section must be completed by an authorised person on behalf of the applying organisation.

I certify that to the best of my knowledge the statements made within this application are true and correct.

I will notify Preventive Health SA immediately if my project is approved for funding through an alternative funding source.

I agree * ☐ Yes

Authorised officer * Title First Name Last Name

Please enter the details of the person who is legally authorised to complete this application on behalf of the applying organisation.

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Applicant feedback

You are at the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process. *

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.