Stream 2: Mental Wellbeing and Protective Factors
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 (30%)

* indicates a required field

Tell us about your community, the need you have identified and how the idea for this project developed.

Applicants are not expected to disclose personal experiences of suicide. Community knowledge, cultural knowledge and lived experience are recognised as valuable forms of evidence.

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? This might include what community members have told you, lived experience, cultural knowledge, local knowledge, feedback from services or organisations, local or other data, research, or experience from previous community activities. *

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

A maximum of 5 files can be attached.

Who will benefit from the project? Tell us about the people or community you hope to reach, including any priority population(s), and where the project will take place. *

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

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 people from the community helped identify the need and develop the project idea? *

How will community members, including people with relevant lived experience and/or cultural knowledge where appropriate, continue to have a say in how the project is delivered? *

Project design, outcomes and value for money (25%)

* 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 want 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 involve or reach?	What will the projec t produce or deliver ? For example, this could include comm unity activities, eve nts, resources, volu nteers involved, pe	Explanatory notes

		ople trained or supp orted, or new comm unity connections or partnerships.	
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.

Which protective factor(s) will your project strengthen? Select all that apply: *

☐ Social connection and belonging.
☐ Community participation.
☐ Cultural identity and connection.
☐ Inclusion and safety.
☐ Community resilience.
☐ Help-seeking pathways.
☐ Economic and social participation.

At least 1 choice must be selected.

Briefly tell us how the activities you propose will strengthen the protective factor(s) you selected. *

Tell us what difference you think your project will make.

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. What difference do you hope people or the community will experience because of the project?	When do you expect the change to emerge?	How will you know whether the project made that difference? This does not need to be complicated. You might use participant feedback, short surveys, conversations, stories of change, attendance or participation information, observations, or another method appropriate to your project.

How could the project create benefits, connections or community capability that continue after the grant funding finishes? *

Project budget

- Please provide a simple 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 your project connects with your community.

Partnerships do not need to be formal. For a small community project, strong local relationships and practical collaboration may be just as important.

Who will help you plan or deliver the project?	**What will they contribute?**	**Explanatory notes**
One per row.		Add notes if you need to provide more context.

What connections do you have with relevant community groups, organisations, services, networks or other local supports? *

How will your project build on or complement what is already available in the community rather than unnecessarily duplicate it? *

Safe, inclusive and culturally responsive delivery (15%)

* indicates a required field

Tell us how you will make your project safe, welcoming and accessible for the people taking part.

We are looking for practical responses appropriate to the size and nature of your project rather than complex policies or procedures.

Give practical examples of how you will consider safety and wellbeing: *

Give practical examples of how you will consider inclusion and accessibility: *

Give practical examples of how you will consider trauma-informed practice: *

Give practical examples of how you will consider cultural safety and responsiveness: *

Where Aboriginal people and communities are intended to benefit, how will Aboriginal leadership, community knowledge, culture and self-determination be respected and supported? *

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

What will you do if someone taking part needs additional wellbeing or other support? *

If your project talks or communicates about suicide, how will you make sure this is done safely and in ways that promote help-seeking and help-offering? *

Organisation capability and governance (15%)

* indicates a required field

Tell us why you are well placed to make this project happen.

What experience, skills, community relationships, lived experience expertise and/or cultural knowledge will help you deliver the project? *

Why are you well placed to work with the people or community the project aims to benefit? *

Who will be responsible for organising and overseeing the project? *

How will you keep track of the project, the funding and whether activities are being delivered as planned? *

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.