### South Australian Automated External Defibrillator (AED) Grant Program (AED Grants Program)

\* indicates a required field

What is the AED Grants program?

The South Australian Government is improving access to <u>Automated External Defibrillators</u> (<u>AEDs</u>) across the state by making them mandatory in certain buildings, facilities and vehicles through the *Automated External Defibrillators* (*Public Access*) *Act 2022* (the Act).

Under the Act, it is the responsibility of the building/facility owner to ensure compliance by 1 January 2026. To support this, Preventive Health SA is offering targeted grant funding to identified Aboriginal and Community Organisations which may have multiple buildings/facilities requiring an AED. Eligible organisations can apply for grants of \$1,000 per building to assist with the purchase and installation of AEDs.

#### Eligibility Criteria

Organisations eligible in this funding round are targeted Aboriginal and Community Organisations invited to apply by Preventive Health SA.

- Organisations must:
  - provide their Australian Business Number (ABN)
  - provide a certificate of currency demonstrating public liability insurance with a minimum of \$1 million per claim
  - be a not-for-profit club, association or organisation that is sport or community related
- Eligible buildings/facilities must:
  - be predominantly used for community and/or sporting purposes located in South Australia
  - have a unique address or be located some distance apart. Facilities with multiple buildings are eligible for a single grant only.

Key dates

1 November 2024

**Applications Open** 

28 February 2025, 5pm

**Applications close** 

30 May 2025Acquittal due

Applicants must confirm that they have read and understood the <u>AED Grants</u>

Program, Targeted Community Organisations - Frequently Asked Questions

I confirm that I have read and understood the AED Grants Program, Targeted Community Organisations - Frequently Asked Questions \*

O Yes

Organisation and Contact Details

* indicates a required пеіd		
Are you applying for: *	<ul> <li>A community service organisation – established for community service purposes eg Lions or Scouts, which has multiple buildings/facilities requiring an AED.</li> <li>An Aboriginal community – a community predominantly populated by Aboriginal or Torres Strait Islanders.</li> <li>An Aboriginal Community Controlled Organisation*</li> <li>An organisation that offers Aboriginal specific programs or one predominantly used by Aboriginal people for community or sporting related activities.</li> <li>*as per the Corporations (Aboriginal and Torres Strait Islander) Act 2006 and/or 6. Priority Reform Two – Building the Community-controlled Sector   Closing the Gap.</li> </ul>	
What is the full	Organisation Name	
name of the applying organisation? *		
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 a	ddress.			
Postal Address	Address				
	Any, but at least or	ne field is required.	Country mus	st be Australia	
Please upload your	Attach a file:	·			
Certificate of Currency *	Accept a mer				
	To expediate you			oved,	
Bank Account *	Account Name				
	BSB Number	Account Numbe	r		
Organisation Details					
* indicates a required field					
Organisations can submit a gracilities in multiple locations		for sporting or	communit	y buildings/	
Each building/facility must ha apart.	ve a unique add	ress or be loca	ted some (	distance	
<ul> <li>Facilities with multiple build (e.g. clubrooms and storage f</li> <li>For locations spanning a larg be defined by name, purpose next closest location requiring</li> </ul>	acilities), are eligi e geographical ard and an estimated	ble for one grant ea without an ad	only. dress, each	site should	
Does the organisation own all	of the buildings	s/facilities you	are reques	sting grant	
funding for? *  O Yes	○ N	0			
If you currently lease your buinstallation and ongoing main					
building/facility?  ○ Yes	No	○ No	t applicable		
Are all of the buildings/faciliti	es predominant	ly used for spo	rting or co	mmunity	
<pre>purposes? *</pre>	O <b>N</b> e residential or educa		excluded.		

Is the applying organisation a not-for-profit club, association or organisation that is sport or community related? *					
• Yes	○ No				
Building location and details					
Organisations are encouraged they would like to install an A		e building or facility in which			
To add additional buildings/fasection.	cilities, please click add	more at the bottom of this			
What is the address of the building/facility where the AED will be located?	Miller Street  Hodge Breed  PLACE  And Andrew  Red Breed  Red Bree	MAP  ABECRET STREET  FROM MAN STREET  VICTORIAN  FROM MAN STREET  FROM MAN			
		Bourke Street Street			
	To add more locations, use th	e add more button below.			
Additional Information					
	purpose of the building/facilit next closest existing AED or I	an address, please state the y, estimate the distance to the ocation you are applying for, and nat may delay access to this AED roads etc			
Does this building/ facility have an AED installed currently? *	○ Yes	○ No			
Does the applying organisation benefit any of the following communities? *	<ul> <li>□ People from Culturally and Linguistically diverse communities</li> <li>□ Aboriginal and Torres Strait Islander communities</li> <li>□ LGBTQIA+</li> <li>□ People living with a disability</li> <li>□ Unsure</li> </ul>				

What are the typical age ranges of people who use your building/ facility? *  □ 0-18 years □ 18-30 years □ 30-45 years □ 45-65 years □ 65+ years Please select all that apply						
Local Government Areas						
<ul><li>☐ Adelaide</li><li>☐ Adelaide Hills</li><li>☐ Adelaide Plains</li><li>☐ Alexandrina</li></ul>	ernment area(s) is you  Franklin Harbour  Gawler  Gerard Community Goyder  Grant	<ul><li>☐ Mount Gambier</li><li>☐ Mount Remarkable</li></ul>	□ Salisbury			
□ Anangu Pitjantjatjara Yunkunytjatjara □ Barossa □ Barunga West	<ul><li>☐ Holdfast Bay</li><li>☐ Kangaroo Island</li></ul>	<ul><li>□ Northern Areas</li><li>□ Norwood Payneham</li></ul>	☐ Tumby Bay ☐ Unincorporated SA			
□ Berri	☐ Karoonda East Murray	and St Peters  ☐ Onkaparinga	□ Unley			
□ Barmera	□ Kimba	<ul><li>☐ Orroroo and Carrieton</li></ul>	☐ Victor Harbor			
<ul><li>☐ Burnside</li><li>☐ Campbelltown</li><li>☐ Ceduna</li></ul>	<ul><li>☐ Kingston</li><li>☐ Koonibba</li><li>☐ Le Hunte</li></ul>	<ul><li>□ Peterborough</li><li>□ Playford</li><li>□ Port Adelaide</li><li>Enfield</li></ul>	<ul><li>□ Wakefield</li><li>□ Walkerville</li><li>□ Wattle Range</li></ul>			
<ul><li>☐ Charles Sturt</li><li>☐ Clare and Gilbert</li><li>Valleys</li></ul>	□ Light □ Lower Eyre Peninsula	<ul><li>□ Port Augusta</li><li>□ Port Lincoln</li></ul>	<ul><li>☐ West Torrens</li><li>☐ Whyalla</li></ul>			
☐ Cleve ☐ Coober Pedy ☐ Coorong ☐ Copper Coast ☐ Elliston ☐ Flinders Ranges At least 1 choice must be Please select all that app		<ul><li>□ Port Pirie</li><li>□ Prospect</li><li>□ Renmark Paringa</li><li>□ Robe</li><li>□ Roxby Downs</li></ul>	<ul><li>☐ Wudinna</li><li>☐ Yankalilla</li><li>☐ Yalata Community</li><li>☐ Yorke Peninsula</li><li>☐ Other</li></ul>			
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.						
How many locations are you requesting funding for? *						

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**Total Grant Amount Requested \*** 

\$

This number/amount is calculated.

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

### Not Eligible

Please review the <u>Frequently Asked Questions</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 this application and have read a declaration and privacy statement * ○ Yes	and understood the
Date of declaration *	