Eligibility

* indicates a required field

Instructions for Applicants

Before you begin your application please ensure that you have read the **Grant Guidelines** and FAQ document.

The first section of the application form is designed to help you, and us, understand if you are eligible for this grant (refer to the Grant guidelines for a list of eligibility criteria). It is crucial that you complete all of the eligibility questions before any others to ensure you do not waste your time applying if you are ineligible for this grant.

Incomplete applications and/or applications received after the closing date will not be considered.

For further information:

Please call 08 8204 9152 during business hours or email dew.wildlifegrants@sa.gov.au.

When your application is lodged you will receive a confirmation email. If you do not receive this, please check you spam or junk folders.

Application Reference

If you need to contact us throughout the application process, please quote the application number below:

Application Number	
TI: 6: 11:	
This field is read only.	

The identification number or code for this submission.

Confirmation of Eligibility

I confirm that I:

- have read and understand the grant guidelines
- meet the application criteria outlined in the grant guidelines
- do not owe any reports or money to DEW or the Government of South Australia as a result of previous funding or grants

Please select below *		
○ Yes		○ No

Contact Details

* indicates a required field

Applicant Details

The applicant is the organisation or individual leading the grant application. There may be multiple organisations or individuals involved, however, one lead must be listed.

Please submit only one application per individual or project.

I am app Individ	lying for this gr ual	ant as an: *	Organisation	
Applican Title	t Contact * First Name	Last Name		
Organisa	tion Name (if a	pplicable)		
Applican Address	t Residential Ad	ldress		
Applican Address	t Postal Addres	S		
Applican	t Phone Numbe	r*		
Applicant Email Address *				
Must be an	email address.			
Applican	t Website (if ap	plicable)		
Must be a l	URL.			
Individu	ıal details			
For Organ	isations, please s	kip to Organisatio	n details below.	
o Yes	ase or retention	rildlife permit who of wildlife in So	outh Australia?	escue, rehabilitation,

Please provide your SA Wildlife Permit Number:				
Click 'Choose Files' to attach a copy of your valid wildlife permit Attach a file:				
A valid permit must be uploaded in order for your application to be eligible				
A valid permit must be uploaded in order for your application to be engible				
Did you hold a permit for the 2023-24 permit period? ○ Yes ○ No				
If yes, have you completed all permit return requirements for the 2023-24 permit period? O Yes O No You must have completed any permit return requirements to be eligible				
Organisation details				
For Individuals, please proceed to the next page.				
Position held within organisation (applicant must be a member of the committee):				
Does your organisation have an ABN? ○ Yes ○ No Your organisation must be a legal entity to be eligible for this grant				
Applicant 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				
ACNC Description More information				
ACNC Registration				
Tax Concessions Main business location				
Must be an ABN.				

Is your organisation registered for GST?

○ Yes	○ No
Is your organisation registered with the Commission (ACNC)? O Yes Your organisation must be registered with the ACN	Australian Charities and Not-for-profits O No NC to be eligible for this grant
	on, hold a current wildlife permit which nd release or retention of wildlife in South
Australia? ○ Yes	○ No
Please provide the SA Wildlife Permit N	umber:
Click 'Choose Files' to attach a copy of y Attach a file:	our permit
A valid permit must be uploaded in order for your	application to be eligible
Did you hold a permit for the 2023-24 per open open open open open open open open	ermit period? O No
If yes, have you completed all permit reperiod? O Yes You must have completed any permit return require	turn requirements for the 2023-24 permit O No irements to be eligible
General Information	
* indicates a required field	
Purpose of Funding	
Please note, funding will only be considered in relation to the rehabilitation of animals hel	for work undertaken within South Australia, or ld within South Australia.
Please select the primary purpose of the ☐ Infrastructure and equipment such as end cages ☐ Food for native wildlife ☐ Veterinary fees ☐ Training and conference attendance fees wildlife rehabilitation courses) ☐ Personal Protective Equipment ☐ Vaccinations (where applicable) ☐ Research related to rescued wildlife ☐ Other (please specify below)	closures, incubators, shelters and portable

Funding
Amount requested (GST exclusive) *
Must be a number and no more than 5000.
Please upload a copy of all quotes you have received for the items or activities requested, or other evidence of cost (such as a screenshot of item prices) Attach a file:
Species of native wildlife that the grant will support
Please provide a list of species relevant to this application below: *
Project outcomes
The objectives of the grant program are to: 1.Support the wildlife rescue and rehabilitation sector by increasing their ability to respond to and care for sick, injured and orphaned wildlife by providing funding for items which directly assist in the provision of these services; and 2.Improve animal welfare outcomes for sick, injured or orphaned wildlife in South Australia.
Please describe how the funding will assist you or your organisation to meet the objectives of the grant program: *
Please upload any other documentation in support of your application (if desired) Attach a file:
Review

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* indicates a required field

Review

Please ensure that you have competed all relevant fields of the application and attached all requested documentation.

Incomplete applications will not be considered for funding.

Declaration

- I declare that to the best of my knowledge the statements made within this application are true and correct.
- I understand that if the applicant (individual or organisation) is approved for this grant, they will be required to accept the terms and conditions of the grant as outlined in the grant agreement in order for the grant to progress.

I agree: *	
○ Yes	○ No
Please note, if you select "No" your application made and the select "No" your application made and your application made and your application was applicated and your application was applicated and your application wat a proper your application was applicated and your application y	ay be submitted but will not be considered for
funding.	