

## YOUTH GRANT CLAIMS FORM

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You must claim the money for your project by **31 October 2025**. The only exception is if you apply for an extension due to special circumstances. If this happens, you must contact Deaf Children Australia (DCA) and request the extension before **31 October 2025**.

DCA reserves the right to reject any claims made after the final cut-off date of **31 October 2025**.

Please note that as per the conditions set out in our Information Kit, claims may be rejected if they do not meet our criteria:

- You strictly cannot claim for alcohol, food and beverages, entertainment costs, items of a personal nature, everyday items, medical fees (including physiotherapy and speech therapy), support worker fees and associated costs of a support worker, or any costs not directly associated with your project.
- You cannot use your project funds to cover costs for family members and/or friends (accommodation, transport, entertainment, etc.) DCA reserves the right to decline claims that are deemed inappropriate based on your approved project.
- If your Youth Grant project is approved for you to use DCA funding for accommodation, DCA will only cover the cost of accommodation for a single room. Any parents, family, friends, or support workers travelling with the recipient need to cover the costs of their own accommodation. DCA is not able to finance other people travelling with a grant recipient or visiting a grant recipient.
- All claims must be in Australian Dollars. DCA is an Australian organisation and cannot pay out based on foreign currencies due to the variability of exchange rates.
- In the case of submitting multiple receipts and invoices, you need to organise them into a single PDF document in date order from oldest to newest and clearly label them. DCA reserves the right to reject receipts and invoices that are not clearly related to the approved project.

Please note you will only receive payment for your claims **after** DCA has received your report. No report = no payment.

When sending your receipt/invoice to DCA, please fill out and attach this form.

NAME:

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AMOUNT GRANTED: \$

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How much are you claiming? \$

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Please ensure that the cost does not exceed the amount DCA approved for you.

Where do you want the payment to be made?

Bank:

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BSB:

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Account number:

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Name on account:

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Please make sure you have attached a receipt/invoice to this form and forward it to:

Youth Grants

Deaf Children Australia

PO Box 6466 Melbourne 8008

E: [youthgrants@deafchildren.org.au](mailto:youthgrants@deafchildren.org.au)

P: 03 9539 5300