2026-27 Beach Ramp EOI form
Form Preview

2026-27 Beach Ramp Expression of Interest

* indicates a required field

BEFORE YOU START

Only persons 18 years of age or over can declare this application.

Association's location

1. Is your association's main office located within the City of Onkaparinga?
○ Yes ○ No

We recommend you stop here and save your application and contact the Project Officer, Community Safety on (08) 8384 0666 to check eligibility for this funding.

Incorporation Details

2. Is your association incorporated? *
○ Yes ○ No

Must be registered on the ASIC register. To check your incorporation number please use ASIC Register.

2a. What is your association's incorporation number? *

We recommend you stop here and save your application and contact the Project Officer, Community Safety on (08) 8384 0666 to check your eligibility for this funding.

3. Does your association have volunteers available for the entire season? i.e. every weekend from 12/12/26 to 8/3/27 OR every weekday from 14/12/26 to 26/1/27 *
☐ Yes
☐ No

New Section

3a. If No, then would you prefer to share a ramp with another group on alternate weekends?

☐ Yes
☐ No

Comments

Association details

* indicates a required field

4. What type of association are you? *

5. Name of your association

6. Primary Contact - Association Information

If the officer requires clarification or further information this is who will be contacted.

Primary contact person's name
Title First Name Last Name

Please note: elected members and employees of the City of Onkaparinga are not eligible to sign or be listed on any funding application

Primary contact person's position

Primary contact person's email address

Association email address is preferred, personal email address not recommended. All emails will be sent to this address, it must be checked on a regular basis.

Primary person's contact mobile number

7. Secondary Contact Information

Please provide a secondary contact person's details in case the Project Officer cannot get hold of primary contact person.

Secondary contact person's name *

Secondary contact person's position *

Secondary contact person's email address *

Association email address is preferred, personal email address not recommended.

Secondary contact person's contact mobile number *

Must be a number.

Association Information

* indicates a required field

8. What year was your association founded? *

9. Describe your association's core function? *

10. How many members do you expect to participate in the program? *

Must be a number.
(Please only include the number of volunteers who will actively staff the ramp.)

11. What are your association's aims and objectives? *

Mission Statement etc.

12. Please upload sufficient evidence that your association's committee are in support of your application to participate in the beach ramp program. *
Attach a file:

(E.g. Committee minutes where opportunity to participate in 2026-27 beach ramp program was discussed etc.)

Finance Requirements

* indicates a required field

ABN (if applicable)

To find your ABN visit The Australian Business Register, then enter the number below and click 'lookup' to automatically populate the fields.

13. Association's 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	

Public Liability Insurance

14. Does your association have current Public Liability Insurance? (minimum of $20 million) *

○ Yes ○ No

Please note: if successful, you will need to provide council with a copy of your current Public Liability Insurance Certificate as part of your Conditions of Contract.

EFTPOS/card reader facility

15. Will the association provide an EFTPOS/card reader facility to collect beach ramp fees? *

○ Yes ○ No

Please note: if successful, your association must have access to an EFTPOS/card reader facility to collect beach ramp fees.

Management of funds

Please provide the details of the member who will be specifically responsible for the management of funds.

Note: If successful, you will be required to obtain a police clearance for this member.

16. Contact details

Title | First Name | Last Name

Phone Number

Must be an Australian phone number.

Email

Must be an email address.
Association email address is preferred, personal email address not recommended.

17. Please explain in detail your contingency plan if you are unable to fulfil your beach ramp collection obligations due to unforeseen circumstances. *

Please provide the steps you will take in detail.

Fundraising and Community Benefit

* indicates a required field

18. Describe in detail how your association will sufficiently undertake beach ramp collections for the duration of the 2026-27 season. Please detail how your members will participate, including how you will recruit and induct volunteers and what tasks each role will be responsible for. *

19. Does your association have any events scheduled during the season that may impact your volunteer availability? Please provide dates and details.

20. What specific activities will the funds raised support and, what is your timeline for implementation? *

21. Explain how funds will be used for the benefit of your local community (outside of your association)? *

22. Has your association received Beach Ramp funding in previous years? *

○ Yes ○ No

Please note: This fundraising opportunity is in high demand and previous groups are not given priority. Applications will be assessed on the quality of their responses, suitability and availability.

23. Does your association undertake any other fundraising activities? *

○ Yes ○ No

23a. Briefly describe other fundraising activities undertaken? *

Bunnings BBQ, Raffles, quiz nights, other Council grants etc.

Council funding details

24. Has your association been successful in receiving other council funding including grants? *

○ Yes ○ No

24a. Please provide details of other council funding received? *

25. Tell us why your association should be selected? *

Recognition and Promotion

* indicates a required field

Recognition of Council Support

26. If successful, how will you recognise and acknowledge council's support for your association? *

Beach Ramp Information

* indicates a required field

27. Beach Ramp Preference

Please Indicate Beach Ramp preference **(1 = most preferred, 4 = least preferred)** if you do not wish to staff a certain ramp please indicate this by placing a 0 in the box.

Moana Ramp	Aldinga Ramp	Sellicks Ramp	Silver Sands Ramp
Must be a number.	Must be a number.	Must be a number.	Must be a number.

28. Weekend/Weekday preference

Indicate attendance period preference (weekend/weekday)

Moana beach ramp	Aldinga beach ramp	Sellicks beach ramp	Silver sands beach ramp

29. Is your association interested in attending more than one ramp? *

○ Yes ○ No

30. Would your association prefer to share a ramp on alternate weeks/weekends with another group? *

○ Yes ○ No

31. Do you have any further information that is relevant to your expression of interest?

Word count:

Terms Conditions

* indicates a required field

Terms and Conditions

1. You certify that the statements and information provided (including attachments) in this application are true and correct.
2. You must comply with all relevant and applicable Legislation and all lawful conditions, requirements, notices and directives issued or applicable under any such Legislation or by any Statutory Authorities.
3. It is the responsibility of the applicant to obtain all necessary insurances and the City of Onkaparinga will not be held liable for any matter arising out of this funding.
4. The City of Onkaparinga will keep your personal information confidential and will only disclose it with your consent Please note that we may need to release your personal information where:

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  - City of Onkaparinga are required and authorised by law to do so, or
  - City of Onkaparinga have received a freedom of Information application about the application, in which case we will consult with you before releasing your personal information, or it is necessary to information share for promoting safety and well-being.

For more information please refer to Councils Privacy Statement which is available on the website.

Declaration

I, the applicant (on behalf of an association), declare that the information provided in this application is true and correct. I have read, understood and agree to the Terms and Conditions of the program as outlined above and am duly authorised to prepare and submit this application.

I declare *

○ Yes

Successful applicants will be required to sign a detailed Conditions of Contract tailored to their individual project.

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Declared by *

Title	First Name	Last Name

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