

2026.27 - Application Form - Community Facilities Development Fund

Form Preview

Introduction

Community Facilities Development Fund

The **Community Facilities Development Fund** provides funding to support groups with a formal partnership (e.g. lease arrangement, MoU) with the council to undertake works that will further activate and future proof a public space. Works must be for permanent fixtures undertaken on streetscapes associated with parks and reserves, community recreation areas or council-owned facilities.

Funding will facilitate the Onkaparinga community to respond to local needs with confidence and creativity in line with the [Community Vision 2034's](#) aspirations.

We're here to help

If you need support or have questions, please contact the grants team on **08 8384 0666** or **grants@onkaparinga.sa.gov.au**.

For technical help with the SmartyGrants online form, please read the [Help Guide for Applicants](#).

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

The identification number or code for this submission.

Checklist to prepare your application

- 1.Read the guidelines in full and check you're eligible.
- 2.Speak to a relevant council officer.
- 3.Confirm your project will be in a council owned facility or space.
- 4.Arrange documents such as quotes, letters from partners and necessary approvals (e.g. Lessee landowner consent).
- 5.Prepare a budget and ensure its balanced and detailed.

Eligibility

* indicates a required field

Program

This field is read only.

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Confirmation of Eligibility

This section of the application is designed to help you - and us - understand if you are eligible for this grant.

Eligible applicants must be a community-owned sporting facility or have a formal partnership with council to access or manage a council owned facility/space (e.g. lease, memorandum of understanding) and you have received consent for the proposed works.

To be eligible the following must apply:

- you have read and understood the program guidelines
- your organisation is a not-for-profit organisation
- your organisation is incorporated, or is auspiced by an incorporated organisation for the purposes of this application
- your organisation is located in (and/or supplies services) within the City of Onkaparinga boundary
- your organisation does not owe any reports or money to the City of Onkaparinga as a result of previous funding or grants
- your organisation agrees to provide evidence of the appropriate type and level of insurance for the activities that are the subject of this grant before funding is distributed
- you have received consent from the landowner for the proposed works.

Please confirm your eligibility to progress. *

☐ Yes

It's recommended that applicants speak to a relevant council officer before applying. There is a list of [key council contacts](#) on the website to help connect you with the best person to speak to about your project.

Which council officer did you speak to about your project/event idea? *

Contact details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. You can view our [privacy statement here](#).

Applicant Details

Applicant organisation name *

Organisation Name

Make sure you provide the same name that is listed in official documentation. Grant funds will only be paid into a bank account in this name.

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Primary contact *

Title	First Name	Last Name

This is the person we will primarily correspond with about this grant project.

Position title

Applicant primary address *

Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant primary email *

Must be an email address.

Applicant website

Only if applicable. Must be a URL.

Getting to know you

* indicates a required field

Organisation details

Tell us a little about your organisation or group. *

Word count:

Must be no more than 100 words.

Please include the organisation's vision or purpose.

Diversity

We value diversity in all its forms. By collecting data about ethnicity, disability, age, gender diversity when you apply for our grants, we can monitor our program practices and ensure they're inclusive for all applicants.

Your response to the following questions is optional, confidential and are not assessed.

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Do any of the individuals leading the delivery of this project identify as being part of the following demographic groups?

Do you/any of the individuals leading the delivery of this project identify as being part of the following demographic groups?

- | | |
|---|--|
| ☐ Aboriginal | ☐ Disabled, d/Deaf, neurodiverse, chronically ill |
| ☐ Torres Strait Islander | ☐ LGBTQIA+ |
| ☐ Born overseas | ☐ Aged 25 years or younger |

Have you received grant funding from the City of Onkaparinga within the last three years? *

- ☐ Yes ☐ No

Organisational structure

Does your organisation have an ABN? *

- ☐ Yes ☐ No

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	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main Business Location	

As you do not have an ABN, you will need to provide a completed ATO Statement by a Supplier form, otherwise 48.5% of any approved grant may be withheld.

Should your application be successful you will need to provide this before funding is released by council.

You can download the Statement by Supplier form from [the ATO website](#).

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☐ I understand that I will need to provide a Statement by Supplier form should my application be successful.

Is your organisation or group incorporated? *

☐ Yes ☐ No

An unincorporated group is not recognised as a separate legal entity. For the purpose of this grant, it is considered as a group of individuals action on a common interest or goal.

What is your incorporation number? *

Incorporated Association or Australian Company Number

Auspice information

* indicates a required field

As an applicant that is unincorporated you will need to partner with an auspice to deliver this grant project. Auspicing is where an eligible organisation administers funding on behalf of an applicant. If your application is successful, the grant will be contracted and paid to the auspice. Council has developed an [auspicing agreement template](#) to help you identify, approach and enter into an auspicing partnership.

This needs to be completed and uploaded as part of your application form.

Auspice Organisation Details

Auspice organisation name *

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

Auspice primary address

Address

Auspice postal address (if different)

Address

Primary contact person at auspice organisation *

Title First Name Last Name

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We may contact this person to verify that the auspice arrangement is valid and current.

Position held in organisation

e.g., Manager, Board Member or Fundraising Coordinator.

Auspice primary phone number *

Must be an Australian phone number.

Auspice primary contact email address *

Must be an email address

Please attach an agreement from the auspice organisation confirming that the auspice arrangement is valid and current. *

Attach a file:

The agreement must be signed by an authorised person (e.g., Manager). [Suggested template](#) here.

Auspice 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.

Your project

* indicates a required field

Overview

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Project name *

Word count:

Must be no more than 25 words.

Provide a name for your project/program/initiative. Your title should be short but descriptive

Anticipated project start date *

Anticipated project end date *

What is the location of your initiative? *

- | | | |
|---|--|--|
| ☐ The whole City of Onkaparinga | ☐ Happy Valley | ☐ Old Noarlunga |
| ☐ Aberfoyle Park | ☐ Huntfield Heights | ☐ Old Reynella |
| ☐ Aldinga, Aldinga Beach | ☐ Ironbank | ☐ Onkaparinga Hills |
| ☐ Blewitt Springs | ☐ Kangarilla | ☐ Port Noarlunga, Port Noarlunga South |
| ☐ Chandlers Hill | ☐ Kuitpo | ☐ Port Willunga |
| ☐ Cherry Garden | ☐ Lonsdale | ☐ Reynella, Reynella East |
| ☐ Christies Downs, Christies Beach | ☐ Maslin Beach | ☐ Seaford, Seaford Heights, Seaford Meadows, Seaford Rise |
| ☐ Clarendon | ☐ McLaren Flat, McLaren Vale | ☐ Sellicks Beach, Sellicks Hill |
| ☐ Coromandel Ease, Coromandel Valley | ☐ Moana | ☐ Tatachilla |
| ☐ Darlington | ☐ Morphett Vale | ☐ The Range |
| ☐ Dorset Vale | ☐ Noarlunga Centre, Noarlunga Downs | ☐ Whites Valley, Willunga, Willunga South |
| ☐ Flagstaff Hill | ☐ O'Halloran Hill | ☐ Woodcroft |
| ☐ Hackham, Hackham West | ☐ O'Sullivan Beach | |

What is the name of the project site? *

Please provide the site name and/or street address.

Please upload evidence of landowner consent for this project to go ahead. If you do not have consent, your application is not eligible. *

Attach a file:

In majority of cases this will be granted through the council [request for landowner consent process](#)

Is this a heritage listed property? *

☐ Yes ☐ No ☐ Unsure

If yes or unsure please contact the Heritage Officer on 8384 0666 or email mail@onkaparinga.sa.gov.au to discuss your project.

About your project

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The following information will be assessed as part of your application. To help frame your thinking when answering the following questions, you may wish to visit the [SmartyGrants Answer Bank](#).

Please provide a short summary of the project. *

Word count:

Must be no more than 150 words.

Briefly explain what your project is about. Some suggested framing is: [Project name] is a [brief description: e.g., workshop series, community initiative, creative program] designed to [main goal or purpose]. It will involve [key activities or components] and engage [target audience or participants].

How have you identified the need for this project? *

Word count:

Must be no more than 200 words.

Please provide evidence of the need or gap this project responds to (e.g. data, consultation, demand, usage trends, committee discussions).

Please describe the benefits this project will deliver for the community. *

Word count:

Must be no more than 350 words.

Explain the difference the project will make and what would be missed if it does not proceed. Focus on social, environmental, cultural and/or physical impacts.

What will change?

Outcomes are the positive change you expect to see as a result from your project. Generally, they are framed as an increase or decrease in one or more of the following:

- Skills, knowledge, confidence, aspiration, motivation
- Actions, behaviour, change in policy
- Social, financial, environmental, physical conditions, mental health.

Examples of an outcome include:

- Increase in women's participation in football.
- Greater tree and plant canopy.
- Increase in uptake of renewable energy.

Your intended outcomes

Alignment with Community Vision 2034 goals

What positive change do you expect will occur as a result of your project? One response per row. Must be no more than 25 words.	Which of our goals will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.

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How will you measure success?

This section will help us understand what you're aiming to achieve in terms of numbers e.g. number of project participants, amount of food distributed.

Please select the measures you plan to capture and provide an estimated target for each. We encourage you to choose realistic targets that reflect what you expect to achieve, rather than aiming for the highest possible number. If the available options don't suit your event, you can add your own measure by selecting 'Other'.

Project measure	Target	Measure notes
Choose at least one project measure e.g. number of participants that you can confidently collect data on.	Please enter your target here. Must be a number.	Space in case you want to include any additional notes e.g. why there's a different between target and results.
Other: 		
Other: 		
Other: 		

Community reach and partners

* indicates a required field

Who will benefit from this project? *

Describe the groups, communities or cohorts who will benefit (e.g. geographic community, age group, inclusion group, club members, etc.).

Estimate the number of individuals directly participating in or reached *

Must be a number.

Who are you partnering with to deliver this project? Examples of potential partners include community groups and local businesses.

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We encourage you to obtain letters of support from your partners that describe how they will contribute to or benefit from this project, and any planned financial or in-kind contributions they will make. The City of Onkaparinga cannot provide these letters.

Project partner	Partner contribution
	e.g. cash, donation of goods, free promotion

Please upload letters of support (if available/relevant)

Attach a file:

A maximum of 5 files can be attached

Inclusion and sustainability

* indicates a required field

Inclusion

The City of Onkaparinga values diversity, inclusion and reconciliation. We encourage applicants to design projects that are accessible, culturally safe and welcoming for all participants.

Examples of building inclusion into grant funded projects include:

- Incorporating cultural education; Acknowledging Country; utilising Aboriginal or Torres Strait Islander owned businesses.
- Provision of Sensory Friendly Spaces; employment, mentorship or volunteering opportunities for people with a disability.
- Inviting individuals from culturally diverse background to participate in a decision-making or leadership role.

Please describe the steps you will take to build inclusion into your project. *

Word count:

Must be no more than 150 words.

Sustainability

All projects have an environmental impact, and there are opportunities to reduce this through thoughtful planning and delivery.

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Examples of sustainability considerations built into grant funded projects include:

- Sourcing recycled materials; borrowing equipment rather than purchasing new items.
- Encouraging carpooling, cycling, and public transport for community events and activities.
- Avoiding single use plastic items; implementation of three bin collection system (organics, recycling/recovery, landfill).
- Preferencing use of energy efficient appliances.

Please describe the steps you will take to build sustainability into your project. *

Word count:

Must be no more than 150 words.

Project delivery

* indicates a required field

How will you deliver your project?

Please list key milestones in your project planning and delivery. These should reflect major phases of the project rather than individual tasks.

Examples of milestones include:

- Planning and approvals e.g. Leesees Landowner Consent
- Partner engagement and confirmation e.g. confirming sponsors
- Project delivery preparation
- Project delivery
- Evaluation and reporting e.g. summarise participant feedback

Milestone	Start date	End date	Explanatory notes
One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Now that we know about your project, we'd like to learn more about your ability to deliver it successfully. Please tell us about your organisation, group or business, including experience, skills or partnerships relevant to delivering the milestones outlined in this application. *

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Word count:
Must be no more than 150 words.
You may wish to include examples of similar projects/initiatives that you have delivered.

Supporting documentation

If there are any additional documents or photos that you would like to upload to further strengthen your application, here's the spot to do it.

Attach a file:

Project budget

* indicates a required field

Your budget helps tell the story of your project in financial terms.

Need help? Take a look at our [Preparing a Project Budget](#) help sheet.

Applicants must contribute a minimum of 25% of the total project cost (including GST). This contribution can be cash or in-kind support (e.g. volunteer hours, donated materials or services).

Funding available: \$1,000 - \$10,000.

Total amount of funding requested from council *

Must be a dollar amount and between 1000 and 10000.

What is the total cash support you are requesting in this application?

Can this project go ahead without council grant support? *

☐ Yes

☐ No

Total project cost *

What is the total budgeted cost (dollars) of your project?

Project income

Please outline your project income in the budget table below.

Include all income sources such as Council funding, other grants, donations and in-kind contributions. Volunteer time should be calculated at \$45/hour.

Income description	Income amount (budgeted)	Is this confirmed?
e.g. council grant, donated services	Enter the total amount expected to be received. Must be a dollar amount.	

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Project costs

List **all** project expenses, including GST. Quotes are required for individual items over \$500 and must be uploaded.

Expenditure description	Expected costs (GST inc)	Quotes
e.g. engineering report, purchase of materials	Enter the total amount to be spent on this budget item. Must be a dollar amount.	For items over \$500 that council funds will be used for.

Budget Totals

Council funding is intended to support your project, not generate a profit. Your budget should accurately reflect your project, with total income matching total expenditure so that your budget balances to \$0.

Budget totals are calculated automatically.

Total income, including council grant

This number/amount is calculated.

Total project costs

This number/amount is calculated.

Budget balance (should equal zero)

This number/amount is calculated.

Could your project still proceed if only part of the requested funding was approved? *

☐ Yes

☐ No

Selecting 'Yes' indicates you are willing to accept partial funding, and the assessment panel may consider awarding less than the amount requested. Selecting 'No' means your application will only be considered for the full amount requested

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What would be the impact on your project if Council funding was reduced or only partially approved?

Working with children and young people

* indicates a required field

Working with children and young people

Children's health, safety and wellbeing are important.

Where a project involves working with children or young people applicants must ensure their organisation/group complies with the Child Safety (Prohibited Persons) Act 2016 and the Children and Young People (Safety) Act 2017. This involves ensuring all people working or volunteering with children as part of this project have a valid [Working with Children check](#).

Does this project involve working with children with or without their care giver present? *

☐ Yes ☐ No

Does your organisation or group comply with relevant legislation? *

☐ Yes ☐ No

If your organisation does not have appropriate policies or procedures in place you can get assistance from the Department of Human Services: [Creating a policy | DHS](#).

Conditions, Certification & Feedback

* indicates a required field

Terms and Conditions

Should your application be successful you will need to enter into a funding agreement with council. The full list of [Terms and Conditions](#) can be found on the grant's webpage.

For your convenience, here is a summary **of some** of the key conditions:

1. The funds provided must be used for the approved project as detailed in the grant application.
2. You will obtain any relevant approvals, for development approval.
3. As the grant partner you will obtain and maintain public liability insurance covering relevant grant activities for up to \$20 million. The City of Onkaparinga will not be held liable for any matter arising out of this grant.

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4. Any changes to the agreed project/event focus or expenditure of Council's grant funds must be negotiated in writing with Council's Grants Team.
5. Council's funding of the grant project will be acknowledged in any promotional or communication material relating to the initiative.
6. If council is the primary funder of a Grant Activity you will invite the Mayor or an Elected Member to speak at any events and provide at least four weeks' notice.
7. Comply with all Laws and Australian Standards which are applicable to the Grant Activity.
8. Ensure the safety and wellbeing of your employees, volunteers and members of the public involved with the Grant Activity.
9. Complete a short Grant Report within 8 weeks of the project concluding.

Certification

I, being the authorised officer of the organisation making this declaration, confirm and agree to the following:

1. Certify that the statements and information provided (including attachments) in this application are true and correct.
2. Confirm that I have read and understood the relevant grant guidelines.
3. Understand that if successful I will enter into a funding agreement with council.

I agree *

☐ Yes

Name of authorised person *

First Name

Last Name

Must be a senior staff member, trustee or appropriately authorised volunteer

Position

Position held in applicant organisation (e.g. CEO, Treasurer)

Applicant feedback

You have reached 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.

