2026.27 - Application Form - Quick Response Community
Form Preview

Introduction

* indicates a required field

Quick Response

The **Quick Response Grant - Community** provides small amounts of funding for community organisations and eligible individuals to facilitate connection, social inclusion, access and participation.

The application must be completed by a person aged 18 years or over. If the applicant is under 18 years of age, a parent or legal guardian must complete and submit the application on their behalf.

An applicant may only receive one quick response grant per financial year.

Timelines

- We recommend you submit your application at least 2 months before the activity.
- All activities and purchases must be completed before 30 June 2027.

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.**

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

For technical help with the SmartyGrants online form, please read the applicant Help Guide for Applicants.

Application Number

This field is read only.
The identification number or code for this submission.

Grant stream

Indicate which grant stream you are applying for. *

○ Community - Small projects
○ Community - Learning and leadership

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.

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

Have you received grant funding from the City of Onkaparinga before? *

○ Yes
○ No

Confirmation

I confirm that:

- I have read and the relevant grant guidelines
- I understand that council will aim to notify me on my application outcome within 4 weeks of my submission.

*

○ Yes

Contact details

* indicates a required field

Contact details

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 *

○ Individual ○ Organisation

Organisation Name

Title | First Name | Last Name

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

Project contact

First Name | Last Name

Position in organisation

Primary address of applicant *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
If applying on behalf of an organisation list

Primary phone number	**Primary email**
Must be an Australian phone number.	Must be an email address.

Organisation structure

Does your organisation have an ABN? *
○ Yes ○ No

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.

As a group without an ABN there are a couple of options open to you:

1. **Organise for your project to be auspiced by an incorporated and registered partner organisation.** Auspicing is where an eligible organisation administers funding on behalf of an applicant. Council has developed a suggested auspicing agreement template to help you identify, approach and enter into an aupsicing partnership.

2. **Complete an Australian Tax Office Statement by a Supplier form**. If you do not complete the form 48.5% of any approved grant may be withheld.

How would you like to proceed? *
○ I have a partner organisation who will auspice this project.
○ I will submit a Statement by Supplier form.

Statement by Supplier - form upload *
Attach a file:

Is your organisation or group incorporated? *
○ Yes ○ No

What is your incorporation number? *

Incorporated Association or Australian Company Number

Unincorporated groups

* indicates a required field

Auspice partner: As an applicant that is unincorporated it is encouraged that you 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 aupsicing partnership. You will need to complete and upload this as part of your application.

Unincorporated: If you choose to proceed with this application as an unincorporated group, it's important that you understand that you are exposing your members to a range of risks. For example, committee members do not have legal protection and are personally liable for the group, including group's debts, contracts and insurance claims. The individual members may still remain liable for the group's actions after a member resigns if their name still appears on any contract, lease or bank records.

*
○ This grant project will be auspiced.
○ This grant project will be delivered by an unincorporated group. I acknowledge the risks and would still like to proceed.

Auspice organisation details

Auspice organisation name *

Organisation Name

Auspice primary phone number *

Must be an Australian phone number.

Auspice primary email *

Must be an email address.

Please upload a completed Auspice Agreement confirming that the auspice arrangement is valid and current. *
Attach a file:

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.

Community - Small projects

* indicates a required field

Description

For projects that strengthen communities and contribute to a more connected and sustainable region.

Applications that are for the sole purpose of purchasing equipment will be capped at $1,000.

Criteria

- Project/event located within the City of Onkaparinga with benefits for local people.
- Applications must meet at least one of the funding priorities.
- Participation is accessible and affordable.

Eligibility

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

To be eligible the following must apply:

- you/your organisation is a not-for-profit, Aboriginal and Torres Strait Islander corporation, businesses located in Onkaparinga delivering a not-for-profit project or schools/learning institutions for activities that benefit the wider community
- you/your organisation is incorporated or is auspiced by an incorporated organisation for the purposes of this application. If you are unincorporated and do not wish to partner with an aupsice you will need to accept personal liability
- you/your organisation is located in (and/or supplies services) within the City of Onkaparinga boundary
- you/your organisation does not owe any reports or money to the City of Onkaparinga as a result of previous funding or grants
- you/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 must confirm that all statements above are true and correct. *

○ Yes

Getting to know you

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.

Is this application for the sole purpose of purchasing equipment? *

○ Yes ○ No, it's for a small project/event

Project Overview

Project name *

What is the primary location of your initiative? *

☐ The whole City of Onkaparinga ☐ Happy Valley ☐ Old Noarlunga

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

Anticipated start date *

Anticipated end date *

Your project

Please provide a short summary of the project. *

Word count:
Must be no more than 75 words.
Briefly explain what your project is about. Council may use this description for when public announcements are made.

Why does this this work need to be done and in what ways will it benefit the community? *

Word count:
Must be no more than 200 words.
You may wish to touch on the opportunity/challenge that this project is responding to, who it will be directly benefiting and how.

Will this initiative be taking place in a council owned space? *

- ○ Yes
- ○ No

What is the name of the venue? *

Is there a cost to residents to participate in the project? *

○ No, it's free ○ Yes, gold coin ○ Yes, other amount

What is the approximate cost to the individual participant? *

Council will only fund offerings considered affordable to the average household.

How will you minimise barriers to affordability? *

Word count:
Must be no more than 100 words.

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 nutritional literacy among teenagers.
- Decrease in landfill produced from community markets.

Your intended outcome	**Alignment with a Community Vision 2034 goal**
What positive change do you expect will occur as a result of your project?	Which of our goals will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.

Project budget

The below budget will help to tell your project's story - just with dollars.

- Funding request between $250 - $2,000.
- **Minimum of 25 per cent** towards total program cost, including GST. May comprise of upfront cash or in-kind support (e.g. volunteer hours, materials).
- **Budget nervous?** Take a look at our help sheet on Preparing a Project Budget.

Total amount of funding requested from council? *

Total project cost *

Must be a dollar amount and no more than 2000.

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

Project income

Please outline your project income in the budget table below.

- Include council grant and details of other funding that you have applied for (whether confirmed or not), volunteer hours and donated goods/services.
- Volunteer time should be calculated using $45 per hour as the standard rate.
- You may add additional rows if required.

Income description	Is this funding confirmed?	Income amount
E.g. donations, expected ticket costs.		Enter the total amount expected to be received. Must be a dollar amount.

Project costs

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

In accordance with the Grant Policy and Guidelines, Council does not fund projects whose primary purpose is fundraising.

Expenditure description	Expected costs (inc. GST)	Quotes
E.g. promotion, entertainers.	Enter the total amount to be expended on this budget item. Must be a dollar amount.	For over $500 for items that council funds are being used for.

Balancing your budget

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.
If your budget balances, the number should read zero.

Equipment purchases

What equipment are you intending to purchase? *

Where are you intending on purchasing it from? *

Please upload a quote for the purchase. *
Attach a file:

Please provide a brief description of why this equipment is important for your organisation or group. How will the purchase of this equipment help with achieving your group's objectives? *

Word count:
Must be no more than 100 words.
For example, will it help the group expand the activities it undertakes or meet safety requirements?

The City of Onkaparinga actively embraces circular economy principles, including the reuse and sharing of equipment. What steps will you take to ensure this item doesn't end up in landfill? *

Word count:
Must be no more than 100 words.

Applications that are for the sole purpose of purchasing equipment, including sporting equipment, will be capped at $1,000. Applicants must make a minimum of 25 per cent cash contribution towards the purchase of equipment.

How much funding are you requesting from council? *

Must be a dollar amount and no more than 1000.

What contribution is your organisation or group going to make? *

Must be a dollar amount.

Coult this initiative go ahead without council funding? *

○ Yes ○ No

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.

Bank Details

Please provide the bank details you would like to be paid into if successful. If the project is being auspiced, this **must be** the auspicing organisation's bank account.

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Public Liability Insurance

You will need to provide a copy of your - or your auspicor's - Public Liability Insurance Certificate of Currency (minimum $20 million) before the grant funding is released.

If you have appropriate insurance in place, please upload a copy. If you do not have insurance in place, evidence will need to be provided before funding is released. *
○ I have Public Liability Insurance and will upload a copy with my application.
○ I do not have Public Liability Insurance and acknowledge I will need to provide evidence should I be successful.

Evidence of appropriate public liability insurance
Attach a file:

Community - Learning and Leadership

* indicates a required field

Description

To support local volunteer-run organisations to build and sustain member skills required to deliver community outcomes.

Criteria

- Applicant is a not-for-profit located within the City of Onkaparinga which benefits local people.
- Learning needs clearly connected to group objectives and aligned with the Community Vision 2034.

Eligibility

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

To be eligible the following must apply:

- you/your organisation is a not-for-profit, Aboriginal and Torres Strait Islander corporation, businesses located in Onkaparinga delivering a not-for-profit project or schools/learning institutions for activities that benefit the wider community
- you/your organisation is incorporated or is auspiced by an incorporated organisation for the purposes of this application. If you are unincorporated and do not wish to partner with an aupsice you will need to accept personal liability
- you/your organisation is located in (and/or supplies services) within the City of Onkaparinga boundary
- you/your organisation does not owe any reports or money to the City of Onkaparinga as a result of previous funding or grants
- you/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 must confirm that all statements above are true and correct. *

○ Yes

Getting to know you

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.

Alignment with the Community Vision 2037

Which of council's goals does your organisation's work most closely align with?

No more than 1 choice may be selected.

Learning opportunity

What's the name of the training? *

Who is the training provider? *

What is the location of the training? *

For example, is it online or in Norwood.

How many volunteers will participate in the training? *

Must be a number.

Please provide a brief description of why this training is important for your organisation or group. What skills will your volunteers be gaining and how will this help with achieving your group's objectives? *

Word count:
Must be no more than 150 words.
Include what the learning gap is that the training will meet.

How will you know if this training has been useful? What will success look like? *

Word count:
Must be no more than 100 words.

Budget

You can access up to $250 per person, a maximum of $750 per group.

Please upload evidence of the training, including the cost. *
Attach a file:

This could be a screenshot.

How much funding are you requesting from council? *

Must be a dollar amount and no more than 750.

Bank Details

Please provide the bank details you would like to be paid into if successful. If the project is being auspiced, this **must be** the auspicing organisation's bank account.

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Public Liability Insurance

You will need to provide a copy of your - or your auspicor's - Public Liability Insurance Certificate of Currency (minimum $20 million) before the grant funding is released.

If you have appropriate insurance in place, please upload a copy. If you do not have insurance in place, evidence will need to be provided before funding is released. *

○ I have Public Liability Insurance and will uplaod a copy with my application.
○ I do not have Public Liability Insurance and acknowledge I will need to provide evidence should I be successful.

Evidence of appropriate public liability insurance
Attach a file:

Certification and Funding Conditions

* indicates a required field

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. Am 18 years or over.

I agree * ☐ Yes

Grant - Terms and Conditions

Should your application be successful you will automatically enter into a grant partnership with council. Through submitting this application form you are agreeing to abide by the full list of **Terms and Conditions**.

I agree * ○ Yes

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 example permits from Council.

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.

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.

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)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *

Must be an email address.

Feedback

Applicant Feedback

You are nearing 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

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.