2026.27 - Application Form - Quick Response Pathways
Form Preview

Introduction

* indicates a required field

Quick Response

The **Quick Response Grant – Pathways** provides small amounts of funding to support City of Onkaparinga residents to pursue their passion. This includes the participation in skill development, leadership or representative sporting opportunities that they have been selected or self-nominated for.

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. *

○ Pathways - Youth
○ Pathways - Sport

Diversity

Do you, as the applicant, 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 *
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.

Pathways - Youth

* indicates a required field

Purpose: Nurturing the development of young people helps build strong and inclusive communities. The Youth Pathways category is designed to:

- Increase opportunities for young people to participate fully in community life.
- Encourage leadership, volunteering, and creative contribution.
- Build confidence, imagination, and future-focused thinking in our local youth.

Eligibility

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

To be eligible you must:

- Be aged 25 years or under
- Reside in City of Onkaparinga
- Show how this opportunity will help you build skills or confidence connected to your educational, creative, or career goals.
- Include evidence of acceptance, nomination, or recommendation must be attached. This evidence may be provided by a teacher, mentor, organisation, or professional referee confirming the applicant's selection, participation, or demonstrated potential.

Please upload proof of age	Confirmation of residential address	Attach evidence of acceptance, nomination, or recommendation.
For example, student card.	For example, drivers license. If over 18 years old, confirmation must be for the applicant.	This can come from a teacher, mentor, organisation, or governing body confirming your selection, participation, or recommendation.

Opportunity details

What is the name of this opportunity? *

Tell us a little about this opportunity. *

Word count:
Must be no more than 100 words.

Please describe how this activity will benefit you and your future. *

Word count:
Must be no more than 100 words.

When you imagine yourself six months after doing this opportunity, what do you hope will feel different? *

Word count:
Must be no more than 100 words.

Is the grant applicant/recipient under the age of 18 years? *

○ Yes ○ No

Parent or guardian details

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.

Parent or guardian name *

Relationship to the applicant *

e.g. grandparent

Phone number *

Funding requested

How much does this opportunity cost? *

Must be a dollar amount.

How much funding are you requesting from council? *

Must be a dollar amount and no more than 500.
Maximum amount is $500.

What will the funding be used for? *

☐ Course or registration fees
☐ Travel or accommodation
☐ Materials or equipment
☐ Other:

Bank Details

Please provide the bank details you would like to be paid into if successful.

If the applicant is under the age of 18 the details of the parent/guardian listed above needs to be listed. If the applicant is over the age of 18, payment must be made to the applicant (not a parent/guardian)

Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Pathways - Sport

* indicates a required field

Purpose: Assist individual competitors and teams travelling over 250km to participate in intrastate, interstate or international competitions that are recognised by relevant peak sport body.

Event details

Where is the event being held? *

○ Intrastate (greater than 250km travel) ○ Interstate ○ International

What is the name of the ev ent? **What is the event location?** **What is the date of the eve nt?**

	E.g. venue, state	

Eligibility

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

To be eligible you must:

- Reside in City of Onkaparinga
- Have endorsement by the recognised governing sporting association verifying selection/participation e.g. letter on governing body letterhead verifying selection, location, date of the event and full name of participant.

A note on teams

- Where five or more members of a club, organisation or school are attending the same event you must apply as a group.
- All individuals must reside in Onkaparinga.
- The application should be completed by a club official or coach.

Are you applying as an individual or as a group/team? *

○ Individual ○ Group/team

Team member name	**Proof of residential addres s**	**Evidence of endorsement o r selection**
Must reside in the city of Onkaparinga.	If applicant is over 18 years old, proof of residential address must be in their name (not parent/caregiver)	Should include participant's full name, competition/event name, date of competition

Please upload proof of residential addre ss	**Evidence of endorsement or selection**
Must reside in the City of Onkaparinga.	Should include participant's full name, competition/event name, date of competition

Funding request

Individuals can apply for up to:

- Intrastate - $100
- Interstate - $200
- International - $300

Groups (5+ people) can apply for up to:

- Intrastate - $500
- Interstate - $1,000
- International $1,500

How much funding are you requesting from council? *

Must be a dollar amount and no more than 1500.

Is the applicant under the age of 18 years? *

○ Yes ○ No

Parent or guardian details

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.

Parent or guardian name *

Relationship to the applicant *

Phone number *

Bank Details

Please provide the bank details you would like to be paid into if successful.

If the applicant is under the age of 18 the details of the parent/guardian listed above need to be listed. If the applicant is over the age of 18, payment must be made to the applicant (not a parent/guardian)

Bank Account *

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Certification and Funding Conditions

* indicates a required field

Certification

I, being the applicant or guardian of the applicant making this declaration, confirm and agree to the following:

1. I certify that the statements and information provided (including attachments) in this application are true and correct.
2. I also agree to acknowledge Council's funding in any publicity or promotion.
3. I further agree that monies received from the City of Onkaparinga will be expended as outlined in this application. Any monies not expended will be returned to the City of Onkaparinga.
4. I agree that should my application for funding be approved, Council may provide information contained herein to the public in any form and/or use this information to promote their grant and sponsorship programs.
5. Any changes to the agreed expenditure of Council's grant funds must be negotiated in writing with the Onkaparinga Grants Team.
6. I agree to notify Council if the activity I am applying for as part of this application is cancelled. If this occurs and Council has already distributed the grant monies, I will be required to return the funds that are yet to be expended.
7. I agree to abide by funding conditions outlined in the Community – Pathways Guidelines.

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

Name of authorised person *

First Name Last Name

Applicant or guardian if applicant under 18.

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.