

Business Assistance Grant

Application Form 2023-24

Applications are accepted throughout the year.

Applications can be submitted by mail, email or hand delivered:

Shire of Boddington
39 Bannister Road
Boddington 6390
shire@boddington.wa.gov.au

Please note the outcome of the application will be advised within four weeks of the closing date.

Application Checklist

- Contacted the Community Development team to discuss the proposed project and eligibility for funding.
- Completed all questions in the application form.
- Ensured any attached documents to your application are clearly marked and are in a clear and easy to understand format:

Eligibility

| | | |
|---|------------------------------|-----------------------------|
| The Applicant has an ABN. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| The Applicant is submitting an application for an eligible project: <ul style="list-style-type: none"> • training in social media, • website design or enhancement, • customer service training, • business coaching or mentoring, • seminars, or • shop front enhancement | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| For applications to proceed to assessment they must: <ul style="list-style-type: none"> • be lodged on time; • be submitted on the appropriate form; • include the required information; • include agreement from the applicant to acknowledge the Shire if funding is successful; • ensure the applicant demonstrates its ability to manage the project; and • not be due to commence until after the notification date. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered 'No' to any of these questions, please contact the Community Development team.

Applicant Details

Organisation Details This is the business undertaking the project.

| | |
|----------------------------|--|
| Legal Name of Organisation | |
| Organisation Name | |
| Postal Address | |
| ABN | |
| Registered for GST | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Opening hours | |

Organisation Contact This is the person legally authorised to enter into contracts on behalf of the business.

| | |
|-----------|--|
| Name | |
| Position | |
| Telephone | |
| Mobile | |
| Email | |

Background Please provide background information on your business including information such as how long the business has operated in the Shire of Boddington, staff numbers and plans for growth / expansion.

| |
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| |
|--|

Project Details

Which category best describes your community project?

- training in social media,
- website design or enhancement,
- customer service training,
- business coaching or mentoring,
- seminars, or
- shop front enhancement

Project name

Provide a summary of the project

Anticipated commencement date

Anticipated completion date

Describe how the project will benefit the business.

Describe how the need for the project been identified.

Describe the impact to the project if the funding amount requested is unsuccessful, or is less than the full amount requested

How will you acknowledge the Shire of Boddington's contribution to the project?

| |
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| |
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Budget Details

Use the table below to list the expenses your project will incur, detail the income and in-kind that will cover the expenses, and identify their source.

Please note Shire of Boddington's contribution is limited to 50% of the total project, and no more than \$500 for business improvements initiatives, or \$1,500 for shop front enhancement initiatives.

| Expenditure | |
|----------------------------------|--------|
| Expenditure Items | Amount |
| | |
| | |
| | |
| | |
| | |
| Total Project Expenditure | |
| Grant Amount Requested | |

Has your organisation received any type of funding from the Shire of Boddington in the last 2 years? If yes, please provide details below.

| Year | Amount | Purpose | Fully Acquitted |
|------|--------|---------|--|
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Declaration

- I declare the organisation has read and understands the Business Assistance Grant Guidelines.
- I declare I am the authorised person to submit this application on behalf of my organisation and are authorised to sign legal documents on behalf of the organisation.
- I declare the information provided in this application and attachments is to the best of my knowledge true, correct.
- I understand false or misleading statements listed in this Business Assistance Grant Application can result in the application being rejected or the withholding of any funds that may be approved as result of this application.
- I declare the organisation applying for the grant funding will complete and submit a Business Assistance Grant Acquittal Form within 30 days following the project's completion.
- I declare the organisation submitting this form understands this is an application only.

| | | | |
|-----------|--|----------|--|
| Name | | Position | |
| Signature | | Date | |