

Thank you for your interest in the Shire of Kellerberrin's Business Assistance Grant.

To apply, please complete the following Application Form and submit to the Shire of Kellerberrin Administration:

Email	Post	In-person
shire@kellerberrin.wa.gov.au	Shire of Kellerberrin PO Box 145 KELLERBERRIN WA 6410	Shire of Kellerberrin 110 Massingham Street KELLERBERRIN WA 6410

Applications are accepted throughout the year.

Application Checklist

Before completing this Application Form:

- Read the Business Grant Program Guidelines (available from the Shire of Kellerberrin website, or in-person from the Shire Administration).
- Complete the Confirmation of Eligibility below before moving on to ensure your application is eligible for this funding program.
- Contact the Community Development Officer, Manager of Governance and/or Chief Executive Officer to discuss the proposed application.

Confirmation of Eligibility

Applicants agree to meet the following general conditions before an application will be accepted and assessed:

Be the property owner or have evidence of the property owner's consent to make the application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Be a small or medium sized business.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have no outstanding debt with the Shire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acknowledge that further information may be required to accept or assess an application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acknowledge that not all applications may be funded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acknowledge that applications are not guaranteed to receive the full amount of funding requested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Acknowledge that the application is assessed against the Assessment Criteria.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Demonstrate compliance with the relevant Planning Scheme.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Be a business with an Australian Business Registration.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hold Public Liability insurance of \$10 million and provide evidence with the Application.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Own or hold the appropriate permission to use any intellectual property associated with the proposed project or program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The proposed project or program is located within the Shire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Meet any additional eligibility criteria.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

The following ineligibility criteria apply to all Applications administered under this funding program:

The applicant has submitted a satisfactory Acquittal Form for previous funding provided by the Shire of Kellerberrin.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The location is based outside the Shire, unless there is an intention to establish or substantially operate within the Shire.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
The applicant is not linked in any way to a political party, political organisation, political agenda or lobbying activity.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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
Public Liability Insurance	
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 Kellerberrin, staff numbers and plans for growth / expansion.

Project Details

Please indicate which priority area your application is aligning with:

- ☐ Shopfront Improvement
- ☐ Crime Prevention
- ☐ Placemaking

Project name

Provide a summary of the project, including how the need for the project had been identified.

Describe how the project will benefit the chosen priority area.

Anticipated commencement date.

Anticipated completion date.

Anticipated number of people involved in the project.

Name of venue or address where your project will be delivered.

Who are the expected primary beneficiaries of this project/program?

What are the expected outcomes of the Placemaking Project?

Are there any partnerships for this project?

Has your organisation delivered this project or something similar before?

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 Kellerberrin's contribution to the project?

Budget Details

It is important to detail the proposed expenditure of the requested grant and indicate any other income that is expected in support of the project, either cash or in-kind. The value any contributions made to the project by partner organisations noted above should be specified in this section.

Use the table below to evidence all sources of income for this project, proposed and confirmed, cash and in-kind, and how it will be expended.

The budget should align to the proposed project activities and outcomes specified in this application.

Please note Shire of Kellerberrin's contribution is limited to 50% of the total project, and no more than \$5,000.

Do not include GST in the costings below.

Budget Item (i.e what the funding will be spent on)	This Grant (\$ excluding GST)	Other Cash or Grants (\$ excluding GST)	In-kind Support Please estimate the dollar value of the in-kind support (\$)	Source of Other Cash or In-kind Support (Please state if confirmed or unconfirmed)
For example: Live Music	\$1,200	\$800	\$200	XYZ Applicant confirmed
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
TOTAL	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Funding Amount Requested

If the full amount of this request is not granted, will your project still go ahead?

☐ Yes ☐ No

Has your organisation received any type of funding from the Shire of Kellerberrin 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 90 days following the project's completion.
- ☐ I declare the organisation submitting this form understands this is an application only.

Name		Position	
Signature		Date	