

Mobile Trading Support Grant Application Form 2019/20

Form Preview

Eligibility

* indicates a required field

Applicants, please note:

Before completing this application form, please ensure you have read the **Small Business Grant Guidelines** which are available [on our website](#) or from your Business Support Officer.

Incomplete applications will not be considered.

This section of the application form is designed to help you, and the City, understand if you are eligible for this program.

If you have any questions regarding these eligibility criteria, please contact **the City on 9461 3333 and ask to speak with a Business Support Officer.**

Confirmation of Eligibility

I confirm that ...I have read and understood the program guidelines;

- I am a representative of an Australian Legal Entity; or
- I am an individual with an Australian Business Number (ABN);
- I am submitting this application not less than six weeks from the project commencement date;
- my business (and the event I am participating in) is located within the City of Perth local government area;
- I have a minimum of two years remaining on my commercial lease;
- my business has 20 or fewer employees and a maximum turnover of \$2 million; and
- I have all appropriate insurances and licences.

In addition, I am not:

- representing the Commonwealth, State or any Government Agency;
- an employee of the City of Perth;
- an applicant with outstanding debts to the City of Perth;
- an applicant that has failed to provide satisfactory acquittal for previous funding;
- an applicant that has already applied for City of Perth funding for the same activity within the same financial year and been declined;
- an applicant that has already received City of Perth funding for the same activity within the same financial year;
- representing an unincorporated association, branch, franchise or subsidiary of a larger company;
- representing an online business or business operating from home or a virtual/serviced office;
- representing a business that has an adverse effect on public health, safety, the environment, or heritage;
- representing a business proposing one-off events, temporary or short-term projects;
- proposing to purchase basic operational equipment, consumables and/or standard office equipment; or

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- representing a business that has received a Business Improvement Grant in the current or previous financial year.

I confirm that all of the above statements are true and correct *

Yes

No

Please indicate if all statements above are true and correct.

Applicant Details

* indicates a required field

Privacy Notice

City of Perth pledges 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*. To view our privacy statement, [click here](#)

Contact Details

Contact person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Position *

E.g. owner, manager

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Business Details

Business name *

Organisation Name

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

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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.

Business Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Postal Address (if different from above)

Address

Applicant Primary Website

Must be a URL.

What is your core business activity? *

Please outline the core services or products you provide to your clientele (e.g. food and beverage, small bar, retail, business services)

How long has your business been operating within the City of Perth? *

What is the date of your lease expiry? *

Must be a date.
This is the date that your current lease is due to expire.

Project Details

* indicates a required field

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Please provide a summary of your proposed project *

Word count:
Must be no more than 500 words.

How will this project benefit your business? *

Word count:
Should include detail of intention to use equipment purchased on an ongoing basis.

Please provide details of engagement with event organisers to demonstrate participation in an upcoming event to be held in the City of Perth local government area. *

Relevant correspondence should be included with supporting documentation.

How will this project address the Event Support Grant assessment criteria? You must address at minimum two of the criteria. *

The assessment criteria can be found on page 10 of the Small Business Grants guidelines

Project timeline

Anticipated start date *

If you are not sure, please pick an approximate date

Anticipated end date *

If you are not sure, please pick an approximate date

Financial Details

** indicates a required field*

Funding Request

Total amount requested *

\$

Must be a dollar amount of no more than \$2,000.

Total project cost *

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\$

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

Please note you will need to upload a project budget with your supporting documents on the next page.

Supporting Documents

* indicates a required field

Please attach all supporting documents in order for your grant application to be assessed.

Confirmation of lease agreement for business premises *

Attach a file:

Detailed project plan of the proposed project *

Attach a file:

Project budget *

Attach a file:

Minimum of two quotations for the project works *

Attach a file:

Evidence of engagement with event organisers to demonstrate participation in upcoming event to be held in the City of Perth. *

Attach a file:

Any relevant licenses, insurances or permits related to the project

Attach a file:

Certification

* indicates a required field

Canvassing of Elected Members

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If prior to the determination of funding by the Council or Committee, an applicant (or any agent) canvasses any Elected Member of the City of Perth, or attempts to provide additional information, either directly or indirectly, on any matter relating to the sponsorship or grant to an Elected Member, the person/organisation may be disqualified and the sponsorship or grant excluded from being considered for approval.

In the event supplementary information is requested to be provided to Elected Members, please contact your Business Support Officer directly to disseminate this.

I agree *

Yes

No

Disability Access and Inclusion

Access and inclusion is about ensuring that all public services are available to all community members, including those who have a disability, so that they have the opportunity and choice to participate in all aspects of community life.

To the extent that it is practicable, the applicant is required to provide universal access to their business, as outlined in the City of Perth's *Disability Access and Inclusion Plan*. The applicant will need to be able to provide evidence of how their business complies with the *Disability Access and Inclusion Plan* for the sponsored project if requested.

You may be required to report on accessibility of your project on the conclusion of your project as part of the acquittal report.

A copy of the Disability Services Commission's *Guide to Disability Access and Inclusion Plans for Local Government Contractors* is available for download at:

<http://www.disability.wa.gov.au/business-and-government1/business-and-government/disability-access-and-inclusion-plans/>

I agree *

Yes

No

Certification

This section must be completed by the business owner (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree *

Yes

No

Name of business owner *

Title

First Name

Last Name

Must be the business owner

Contact phone number *

We may contact you to verify that this application is authorised by the applicant organisation

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Contact Email *

Must be an email address.

Date *

Must be a date

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 to the City of Perth Sponsorship team so that we can continually improve our application form and process.

How did you hear about this funding program? *

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Previous recipient | <input type="checkbox"/> City of Perth newsletter | <input type="checkbox"/> City of Perth event | <input type="checkbox"/> Industry forum or publication |
| <input type="checkbox"/> City of Perth website | <input type="checkbox"/> Referral/ word of mouth | <input type="checkbox"/> Advertising | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> City of Perth social media | | | |

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 your application? *

Estimate in minutes i.e 1 hour = 60 minutes

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