

# Small Business Grants 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 reporting for any previous City of Perth funding;
- an applicant that has already applied for City of Perth funding for the same activity within the same financial year and been declined;
- 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;
- proposing a one-off event, temporary or short-term project;
- proposing to purchase basic operational equipment, consumables and/or standard office equipment;

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- an applicant that has already received a City of Perth Event Support Grant in the current financial year;
- an applicant that has already received a City of Perth Small Business Grant in the current or previous financial year; or
- an applicant that has received a Business Improvement Grant from the City of Perth within the past three financial years.

**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, CEO

**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

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ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
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:

Must be no more than 400 words.

**How will this project address the Small Business Grant assessment criteria? You must address at minimum two of the criteria. \***

The assessment criteria can be found on page 7 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 \***

\$

a dollar amount and no more than 5000

**Total project cost \***

\$

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.

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### 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:

**Minimum of two quotations for the project works \***

Attach a file:

**Detailed project plan of the proposed project \***

Attach a file:

**Project budget \***

Attach a file:

**Business and/or marketing plan**

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

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

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### 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

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

### Applicant Feedback

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

**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.**