



DE-02 BUSINESS SUPPORT GRANTS SCHEME 2017 APPLICATION FORM

PLEASE read the Business Support Grant Scheme Guidelines *before* completing this application.

It is recommended that you contact the Economic Development Advisor on 9186 8526 or
Email: economic@karratha.wa.gov.au

Guidelines can be downloaded from the Council's website at www.karratha.wa.gov.au
Postal: PO Box 219, KARRATHA WA 6714

SECTION 1: APPLICANT DETAILS

Business Name:	
Type of Org e.g. NFP, For Profit:	
Title of initiative/project:	
Contact person for project:	
Position held:	
Postal address:	
Office hours telephone:	Mobile:
Email address:	
Australian Business Number:	
Total Project Budget:	\$
Amount requested (Up to 50% of total project budget not exceeding \$30,000):	\$

SECTION 2: ABOUT YOUR ORGANISATION

Please describe here the business support operations of your business i.e. what services you provide to support business in the region - advisory services, advocacy, training, workshops etc

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APPLICATION FORM

SECTION 3: PROJECT/ACTIVITY DETAILS

3.1 Please describe the business support activity/project that you are planning to undertake.

3.2 How will the monies requested assist your planned activity/project, i.e. that is what will the requested grant monies be spent on, if approved?

3.3 When are you proposing to undertake this activity/project?

Start Date: _____ End Date: _____

Please provide a timeline/schedule of the activity/project.

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3.4 Please demonstrate the need for the activity/project (Provide any economic impact data to support your case)

SECTION 4: ACKNOWLEDGEMENT OF FUNDING

If your application was successful, please outline all methods you would use to acknowledge the support you have received from the City.



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SECTION 5: BUDGET DETAILS

List all the expenditure and income details relating specifically to your activity/project that you are seeking assistance for. **Please attach your budget, if this space does not allow.**

EXPENDITURE	
ITEMS	TOTAL COSTS
TOTAL COSTS	

TOTAL
INCOME

INCOME	
ITEMS	TOTAL COSTS
TOTAL COSTS	

\$ _____

TOTAL EXPENDITURE \$ _____

TOTAL AMOUNT REQUESTED FROM COUNCIL (Maximum \$30,000 and not more than 50% of total project budget): \$ _____

SECTION 6: OTHER INFORMATION

We welcome any further information that may further assist us in the processing of your application. Please attach any relevant quotes, etc.

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SECTION 7: DECLARATION

I hereby certify that I am the authorised person of:

Business Name: _____

And that:

- The business has all the required insurances, permits and licences
- We would be able to proceed with the project if we were not successful in the funding application

The information contained herein, is to the best of my knowledge, true and correct.

Name

Signature

Date

SECTION 8: FINAL CHECKLIST

Before submitting the application please ensure that the following has been completed. Please note that this Checklist is included to ensure that you provide all the required information for assessment of your application.

Please tick off each step once complete:

Provided your ABN and if you are registered for GST

Clearly defined the purpose of the grant

Shown other fundraising sources

Included quotes for any requested expenditure items

Provided other documents that support the application

Had the application signed off by the authorised person of the business

Submitted the application by 4pm on the closing date.

Applications can be submitted to:



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Business Support Grant Scheme Coordinator
City of Karratha
PO Box 219
KARRATHA WA 6714

OR

Hand delivered to
Business Support Grant Scheme Coordinator
City of Karratha Administration Office
Welcome Road
Karratha

OR

Via email
economic@karratha.wa.gov.au

Please submit your completed application by 4pm Friday 9 June 2017. Late applications will not be accepted.

<i>Office use only</i>	
<i>ACKNOWLEDGED (date)</i>	_____
<i>ACQUITTAL DUE DATE</i>	_____
<i>MONIES SENT</i>	