

EDDF - Business Development Stream Application Form

Form Preview

Eligibility

* indicates a required field

Applicants for the EDDF: Business Development Stream, please note the following;

Before completing this application form please ensure that you have read the Economic Development and Diversification Fund: Business Development Stream Guidelines and that you have contacted the Town's Economic Development unit to discuss your project.

The Town of Port Hedland Grants Policy and Guidelines are available on the Town's website. Incomplete applications will not be considered.

The next section below titled "**Confirmation of Eligibility**" of the application form is designed to help you, and us, understand if you are eligible for this grant.

If you have any questions in regards to the grant's eligibility criteria, please contact us on (08) 9158 9781 during business hours or email your questions through to grants@porthedland.wa.gov.au and quote your application number.

Confirmation of Eligibility

Applicant eligibility

The applicant to be considered eligible for funding, it should:

- have a business project or idea which may require funding
- have evidence of operation or plans to operate in the boundaries of the Town of Port Hedland
- have evidence that other funding avenues have been explored
- have evidence that the business/organisation does not have sufficient capital to proceed with the project without grant support
- be able to contribute up to 50% of the project's capital
- be able to declare any conflicts of interest
- be able to demonstrate compliance to relevant laws, trading requirements and standards
- not have received Economic Development and Diversification funding within the past two years

Project eligibility

The applicant to be considered eligible for funding, it should:

- require a feasibility study/business case in order to progress
- be located in the Town of Port Hedland's boundaries
- demonstrate a market need/gap
- demonstrate alignment with the Town of Port Hedland's strategic priorities, projects, and objectives
- represent value for money, demonstrated through the sourcing of multiple quotations

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I confirm that I have read the Economic Development and Diversification Fund: Business Development Stream Guidelines and meet the eligibility criteria. *

Yes No

You must confirm that all statements above are true and correct.

I confirm that I have discussed my application with the Town of Port Hedland Economic Development team *

Yes
 No

Applicants must contact the Town of Port Hedland Economic Development team before submitting an application

Contact Details

* indicates a required field

Privacy Notice

We pledge 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, go to the [Town of Port Hedland Privacy Statement](#).

Applicant Details

Business Name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Primary Address *

Address

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

Applicant Postal Address

Address

Applicant website

Must be a URL

Primary contact person *

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Title First Name Last Name

This is the person we will correspond with about this grant

Position held in organisation *

e.g. Owner, Manager, Board Member, Fundraising Coordinator

Primary phone number *

Must be an Australian phone number.

Primary contact person's email address *

This is the address we will use to correspond with you about this grant.

Do you have any conflict of interest to declare?

Are you an employee or elected member of the Town of Port Hedland, or an immediate family?

Organisation Details

* indicates a required field

Brief description of your Business: *

Word count:

Must be at least 20 characters.

This could include: services offered, when did it start, what does it do, how many members etc.

Does your organisation have an ABN? *

Yes

No

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 |
| ABN status |

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| |
|---|
| Entity type |
| Goods & Services Tax (GST) |
| DGR Endorsed |
| ATO Charity Type More information |
| ACNC Registration |
| Tax Concessions |
| Main business location |

Must be an ABN

If you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#). You will not be able to proceed with this application without this Statement of Supplier Form.

Please upload completed Statement of Supplier Form:

Attach a file:

Max 25mb

What is your organisation's legal structure? *

- A Sole Trader
- Partnership
- Company
- Trust
- An Unincorporated association (Club) - If you are an unincorporated club, you are only eligible to apply for this grant under an auspice arrangement.
- Incorporated association (Inc.)
- Cooperative
- Company limited by guarantee
- Indigenous corporation, association or cooperative
- Organisation established through specific legislation
- Unknown

If your organisation is unincorporated it must have an auspice organisation

Please provide evidence of your legal status

Attach a file:

Project Details

* indicates a required field

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Project title: *

Provide a name for your project/program/initiative. Your title should be short but descriptive

Please provide the address within the Town of Port Hedland boundary area where your project will be operating from: *

Only applications from registered local not-for-profit organisations, for profit organisations or businesses permanently operating in Port Hedland and will be of benefit the local community will be accepted and considered for this grant.

Please provide a short summary of your project below: *

Word count:

Must be no more than 150 words.

Please provide a detailed overview of your project *

Word count:

Must be no more than 1000 words.

Please demonstrate how other funding options have been explored? *

Must be at least 10 characters.

Optional - Please provide evidence of funding options explored

Attach a file:

Project Timelines

Please provide a plan on the delivery of your project including dates and timelines *

Optional - Please provide evidence of the project plan and/or timeline.

Attach a file:

Demonstrated Need

Please demonstrate the need for this project *

Optional - Please provide evidence showing demonstrated need

Attach a file:

Strategic Alignment

Please demonstrate how the project aligns with the the Town's strategic priorities, projects and objectives *

Optional - Please provide evidence of the strategic alignment

Attach a file:

Community Support

Please demonstrate community support for this project *

Examples can include evidence gathered from community surveys, letters of support, or examples of community discussions demonstrating a need for this project.

Optional - Please provide evidence showing community support

Attach a file:

Project Risk Assessment

Please describe your capacity to deliver the project? *

Please describe any current or future risks to the sustainability of this application? *

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Previous support

Have you previously received funding for the same project? *

Yes No I don't know

Detail of previous support

Please describe the previous support you received from the Town of Port Hedland including the name of the activity, the year and the amount received. *

Please include what year and how much did you receive from the Town of Port Hedland in the past.

Do you have any further documentation to upload in relation to your grant application? Please feel free to attach any digital document here.

Attach a file:

Budget

* indicates a required field

Co-contribution

Applicants are required to contribute at least 50% of the project's capital requirements. This can include contributions by third parties, such as other grant funding received.

The Town will not recognise:

- any retrospective payments made towards the project as a contribution towards the required amount of capital
- 'in-kind' contributions.

The Town will favourably consider applications that demonstrate a capital contribution of more than 50%.

Total Amount Requested: *

\$

What is the total financial support you are requesting in this application?

Total Project Cost: *

\$

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

Budget Breakdown - Income Table

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

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Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns, Examples of income could include 'council community grant', 'trivia fundraising night', 'company X sponsorship'.

Your budget **MUST** balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT).

Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

Please include any further information such as reason for grant application/progress notes in the "Any Notes" section.

| Income description | Income type | Confirmed funding? | Income amount (\$) | Any notes? |
|--------------------|-------------|--------------------|--------------------|------------|
| | | | \$ | |
| | | | \$ | |

Expenditure Table

Please list what expenditure (Products, Invoices, services) that are required for your project, especially what the funds will be used to cover.

Please include as much detail as possible in the notes as possible and ensure you back up your expenditures list below by including DIGITAL PROOF in the upload section below (Section 6). Digital proof can be a quote, invoice or screenshot of the product/service.

Please **do not add commas** to figures - e.g. type \$1000 not \$1,000 - this will ensure your figures for each table total correctly.

If you have multiple expenses of small amounts, please list them each individually and click the "ADD MORE" button in the right corner to add in more table lines.

| Expenditure item | Expenditure amount (\$) | Expenditure description |
|------------------|-------------------------|-------------------------|
| | \$ | |
| | \$ | |
| | \$ | |

Budget Totals

Total Income Amount
 \$
 This number/amount is calculated.

Total Expenditure Amount
 \$
 This number/amount is calculated.

Income - Expenditure

 This number/amount is calculated.

Expenditure quotation

For expenditure items \$0 - \$499 - no

For expenditure items \$500 - \$4,999, **one piece of written evidence** is required.

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For expenditure items \$5,000+, **two pieces of written evidence** is required.

Written evidence includes:

- screenshot of a text or email
- an estimate
- advertised price or written formal quote

Please attach quotes for expenditure that require written evidence.

Attach a file:

Please note only 5 total attachments can be uploaded for this application.

Optional - income/expenditure sheet

If preferred, upload your project's estimated Income/Expenditure sheet in a PDF file format below:

Attach a file:

Bank Details

* indicates a required field

Optional - Bank Details for Payment

Provide banking details and evidence of your account for funds to be deposited into, should your application be successful.

Bank & Branch Name

Bank Account

Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Evidence of banking details

Attach a file:

First page of account statement without showing the the account balance

Acknowledgement of funding

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Should your application be successful, please outline how you will acknowledge the Town's financial support? *

Applicants are to acknowledge the Town, through means such as advertising, promotion and any media publicity associated with any project, event or initiative.

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 authorised person *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Must be an Australian 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

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.

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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 this application? *

Estimate in minutes i.e. 1 hour = 60

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

Word count:

Please feel free to contact the Town of Port Hedland community engagement team on 08 9158 9781 or email grants@porthedland.wa.gov.au if you have any further ideas or questions.