

SMALL BUSINESS DEVELOPMENT GRANT PROGRAM APPLICATION FORM

PROPOSAL PROJECT TITLE

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EXECUTIVE SUMMARY OF THE PROPOSED PROJECT

Provide a brief description of the project that may be used in promotional material

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APPLICANT DETAILS

Business Name:		
Street Address:		
Suburb:	Postcode:	
Postal Address:		
Suburb:	State:	Postcode:
Contact Person:	Position:	
Phone:	Alternate Phone:	
Email:		
Website:		
ABN:		
Is your business registered for GST:	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your building owned or leased:	Leased <input type="checkbox"/>	Owned <input type="checkbox"/>
Are you a homebased business	Yes <input type="checkbox"/>	No <input type="checkbox"/>
How long has your business been operating?	Years:	Months:

DETAILED PROJECT DESCRIPTION:

Provide a detailed description of the Project outlining how the project demonstrates innovation, creativity and sustainable practices.

Outline how your application will contribute to increased employment in the future.

How do you see your project providing additional value-add to the vibrancy of the city?

Describe the ongoing benefits this project will have on the city.

How have you been able to demonstrate a collaborative approach that fosters partnerships that benefit the city?

How do you envisage this project might lead to export opportunities?

Project Funds Required:	Amount Identified:	\$
Breakdown of Expenditure:	Item 1:	\$
	Item 2:	\$
	Item 3:	\$
	Item 4:	\$
	Item 5:	\$
	Item 6:	\$
	Total:	
Contribution by Business:	Cash:	In-Kind:
Total of overall Project:	Total \$	

LOCATION	
Where will the Project be conducted?	
Will any other local government areas benefit from the Project?	

PROPOSED PROJECT START AND COMPLETION DATES			
Length of Project:	Date/Start:	Date/Finish:	
How will you promote your project?	Social Media <input type="checkbox"/> Letterbox <input type="checkbox"/>	Email <input type="checkbox"/> Local Paper <input type="checkbox"/> Other <input type="checkbox"/>	
Estimated Customer Participation:	Local Customers:	Neighbouring Centres:	Tourists
How will Council's contribution be acknowledged?			
Frequency of Initiative:	One Off <input type="checkbox"/> Seasonal <input type="checkbox"/> Ongoing <input type="checkbox"/> Other <input type="checkbox"/> (specify)		

SUPPORTING DOCUMENTATION	
Please ensure all relevant documentation is provided to support the application.	
<input type="checkbox"/> Current Business Plan	With application
<input type="checkbox"/> Evidence of Collaboration with between businesses and/or business groups	With application
<input type="checkbox"/> Current Financial Statement	With application
<input type="checkbox"/> Letter of support from an agency that has a sound understanding of your proposal	With application
<input type="checkbox"/> Example of proposed initiative eg. brochure, loyalty programs, social media campaign, strip merchandising etc.	Preferable
<input type="checkbox"/> Other	Optional

AGREEMENT	
I declare that all details provided are accurate and this proposal will not impact negatively on the City of Holdfast Bay. I understand that this Application does not constitute automatic implementation of the proposal.	
Name:	Position:
Signature:	Date
Privacy Notification	
<p>The City of Holdfast Bay is collecting the personal information requested on this form for the purpose of determining the provision of grant funding for the Small Business Development Grant Project within the City of Holdfast Bay. The personal information will be used solely by the City of Holdfast Bay for this primary purpose and the directly related secondary purpose of sending you any further information relating to this process. The applicant understands that the personal information provided is for these purposes and that they may apply to council for access and/or amendment of the information.</p>	