Business Development Grant (Accessible Business Improvements)

* indicates a required field

Purpose

The purpose of Business Development Grants is to: enable business growth and improvements.

Before completing this application, applicants are required to read the <u>Grant Program Guidelines</u>

Funding

• Funding is available for eligible businesses up to \$5,000 per application

Closing Date

• Applications will not be accepted after 11.59pm on 7 September 2024.

Eligibility

- This grant is only available to registered businesses within the Mornington Peninsula municipality with the equivalent of 10 full time employees or less.
- For further eligibility information, please refer to Grant Program Guidelines

Prior Shire Funding

All previous financial year grant funding must be acquitted prior to applying for another grant.

Ha	s the applicant previously received Shire funding? *
0	Yes
0	No
0	Unsure
i.e	grant, sponsorship, subsidy

на	is the Acquittal report for previous funding been submitted? *
0	Yes
0	No
0	Acquittal report has not reached the due date
0	Unsure
If y	ou are unsure, please contact the Grants team

You have indicated prior grant funding has not been acquitted.

Please refer to the Program Guidelines:

The applicant must have acquitted and/or have an approved acquittal extension to ensure compliance with all funding previously awarded.

Please do not proceed with this application until you have acquitted previous funding.

If you are unsure, please email **Grants Administration**

Details of Business

* indicates a required field

Applicant Business Name *
Organisation Name

Applicant Business Address *
Address

Address

Address Line 1, Suburb/Town, and Postcode are required.
Primary business address must operate in the Mornington Peninsula Shire Local Government area

Description of your business activity *

Provide a short description of what service or goods your business provides

Number of employees (FTE - Full Time Equivalent) *

Eligibility - 10 FTE or less employees (home based businesses will be considered)

Applicant Business 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

Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed

oe <u>More information</u>
ion
s
ocation
ocation

Must be an ABN.

Applicant Business Bank Account *

Account Name

BSB Number Account Number

Account Name should be in the name of the registered business/sole trader - not the bank name

Contact

Business Owner *

First Name Last Name

This is the primary contact for correspondence

Daytime Phone Number *

Must be an Australian phone number.

Contact Email Address *

Must be an email address.

All emailed correspondence will be sent to this address

Uploads

Upload - 12 month P&L and Balance Sheet * Attach a file:	Upload - Insurance Certificate of Currency * Attach a file:	Upload - ASIC Business Registration evidence * Attach a file:
A maximum of 3 files may be attached. Max File Size: 25MB	Public Liability Insurance (\$20 million) or, Public Indemnity Insurance or Business Insurance documentation	Max File Size: 25MB. Available from ASIC

Activity Details

* indicates a required field

Assessment Criteria

The following criteria will be assessed a scale of 1-5:

- 1 = not meeting the criterion
- 5 = meeting each criterion at a high level

Applicants project must meet a minimum score of 55%

CRITERION: Business Accessibility Improvements for People with Disabilities

Council and Wellbeing Plan Theme 2: A robust, innovative and diverse economy

□ Physical access□ Accessible informa□ Attitudes and awar	tion	s does the project target? e business checklists	*
Why are accessibilit disabilities benefit?		ed, and how will customer	s/staff with
Works must adhere to Au	ustralian Standards		
What are the expec	ted outcomes for your b	ousiness? *	
Please provide draw improvements * Attach a file:	vings and/or photos of p	proposed disability access	upgrades/
	tlined in this application		d or permits
○ Yes	○ No	Pending	
Evidence of permiss Attach a file:	ion/approval		
Consent required for mir	or capital works		

CRITERION: Capacity of the Applicant/Contractor and Feasibility of the Project

Please provide evidence that your business has the capacity to complete the activity and the nominated contractor has the relevant skills and experience to quote and deliver the works. *

Proposed Budget

* indicates a required field

Budget - Project Income (Co-contribution)

Please show all sources of cash income (excluding this grant) in the table below that contributes to the proposed project. Include the name of other funding sources that you have applied for, whether it has been confirmed or not.

- **Do not** include the amount sought from the Shire (see separate question above)
- **Do not** use commas or \$ signs in figures. You may add additional rows if needed.

Total income and expenditure should be the same. All amounts should be GST exclusive.

Co-contribution Source	Co-contribution Amount \$	Co-contribution Status
	Must be a dollar amount.	
	\$	
	\$	

Budget - Project Expenditure

Please describe the main items of expenditure for the proposed project so that it is clearly understood what the income will be used for.

- Nominate a funding source for each item.
- Refer to the guidelines to see what is ineligible to be funded.
 - purchases of equipment including but not limited to laptops, PCs, printers, personal devices, smart or mobile phones
- **Do not** use commas or \$ signs in figures. You may add additional rows if needed.

Expenditure Items Description	Expenditure Amount	Expenditure funding source
	Must be a dollar amount.	
	\$	
	\$	

Total Project Income

Grant Funding Requested *	Co-contribution	Total Income Amount
\$	\$	\$
Must be a dollar amount. Maximum is \$5000.	This number/amount is calculated.	This number/amount is calculated.

This number/amount is calculated.

This figure is the total of grant funding request and co-contribution.

Total Project Expenditure and Quotes

Total Expenditure Amount \$	Please attach quotes from supplier/contractor that describes the work to be undertaken * Attach a file:	
This number/amount is calculated.		
	Quote must state ABN. Good or services procured from local suppliers will be viewed favourably.	

Outcome and Metrics

Outcomes

Please tell us about the outcomes you expect to result from your project. Generally, outcomes can be framed as an increase or decrease in one or more of the options we have below:

Alignment with our outcomes	How does your intended outcome link to our outcomes?
Which of our outcomes will your project contribute to? If multiple apply pick the most relevant. No more than 1 choice may be selected.	Please explain how your intended outcome helps contribute to ours.

Our metrics

A metric is a measurement designed to indicate whether or not progress towards an outcome is anticipated to happen and/or has occurred at the end of your project. An 'Activity Metric' tells us how much of something you're doing or producing. See below some metrics you may use for your project.

Metric	Target	Progress	Collection method
Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics. No more than 1 choice may be selected.	Identify a target for the metric you have chosen - an estimated total for your project. Must be a number.	What is your current result for this metric? Must be a number.	How will you collect and verify the data? E.g. survey, interviews/case studies, focus groups, administrative data (e.g. case management data), observation/estimation, government or public dataset (e.g. Census), other datasets.

Declaration and Acceptance

* indicates a required field

I declare that the information and attacof my knowledge, accurate and comple O I agree and declare the above to be true	
I understand that if this application is successful, I am required to sign a Funding Agreement prior to funds being released * O Yes	
If this application is successful, is your promotion of our Grant Program? * ○ Yes	business willing to feature in Council's No
If this application is successful, I agree to be considered for a case study that may be published through Shire digital and print channels' ○ Yes ○ No	
Local Government Reporting	
A list of grants made by the Council in the p applicants who, or bodies which, have recei- be published in Council's Annual Report.	orevious 12 months, including the names of wed a grant and the amount of each grant may

Privacy

The collection and handling of personal information is conducted in accordance with The Shire's Privacy Policy which is displayed on Council's website and available at Council's customer service centres. Please refer to the Privacy Policy for further information about your rights and Council's obligations.

https://www.mornpen.vic.gov.au/System-pages/Privacy-Statement