DE-02 BUSINESS DEVELOPMENT SUPPORT GRANTS SCHEME 2022/23 APPLICATION FORM



Please read the DE-02 Business Development Support Grant Scheme Policy & Guideline documents before completing this application. It is recommended that you contact the City Growth Team on 9186 8555 to discuss your initiative prior to its submission. Guidelines can be downloaded from the Council's website at https://karratha.wa.gov.au/small-and-medium-business-support.

SECTION 1 - APPLICANT DETAILS		
Business Name:		
Type of Organisation e.g. NFP, Charity, Commercial:		
Title of Initiative/Project:		
Contact Person for Project:		
Position Held:		
Postal Address:		
Office Hours Telephone:	Mobile:	
Email Address:	Website Address:	
Australian Business Number:		
Total Project Budget:		
Amount requested (Up to 50% of total project bud	get not excessing \$30,000): \$	
Economic Development Officer (if discussed prior t	to lodgement):	
SECTION 2 - ABOUT YOUR ORGANISATION		
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3.2 Please provide a clear plan for delivery of your project including key dates/timelines. If you have a project timeline, calendar or GANTT Chart to attach please do so.
3.3 Please demonstrate the need and demand for the activity/project
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3.4 How does this align to the City of Karratha's strategies (please be specific)?
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3.5 What is the potential economic impact of this activity / project and how will the success be measured? (Provide any economic impact data to support your case)

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SECTION 4 – ACKNOWLED	GEMENT OF FUNDING		
	the City. Please also out		to acknowledge the suppor orate with the City for join
SECTION 5 – BUDGET DETA	AILS		
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SECTION 6 – OTHER INFORMATION		
We welcome further information or attachments that may assist us in the processing of your application.		
SECTION 7 – DECLARATION		
I hereby certify that I am the authorised person of: Business Name:		
And that:		
 I have read and understood the Policy & Guidelines; The business has all the required insurances, permits and licences to operate; 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.		
Applicant Name:Signature:		
Date:// 20		

SECTION 8 – FINAL CHECKLIST

Before submitting the application please ensure that the following has been completed. Please note that this checklist is included that you provide all the required information for assessment of your application. Incomplete applications will not be accepted.

- Provided your ABN and if you are registered for GST
- Clearly defined the purpose of the grant
- Shown other fundraising sources
- Quotes included for all expenditure items
- Provided other documents that support the application
- Application has been signed by an authorized signatory

Applications can be submitted to:

City Growth Team City of Karratha PO Box 219 KARRATHA WA 6714

OR

Hand delivered to City Growth Team City of Karratha Administration Office Welcome Road Karratha WA 6714

OR

Via email enquiries@karratha.wa.gov.au