

Belmont Business Innovation Grants

Application Form

This application form must be completed with reference to the Belmont Business Innovation Grant (BBIG) Information for Applicants. If you don't have this document you can download it from www.belmont.wa.gov.au/business, request a copy by emailing business@belmont.wa.gov.au or contacting the Property & Economic Team on 9477 7132.

Applications will be assessed against the BBIG goals, eligibility criteria and assessment criteria.

Name of business:	
Name of project:	
Total cost of project:	\$
Amount of funds requested in this application:	\$

Into which category does your project fit?

- | | |
|---|--|
| <input type="checkbox"/> Business growth | <input type="checkbox"/> Start up |
| <input type="checkbox"/> Supporting export growth | <input type="checkbox"/> Urban renewal |
| <input type="checkbox"/> Other | |

If you have any questions about completing the application form or the application process please contact the Property & Economic Development Team on 9477 7132 or email business@belmont.wa.gov.au.

Please note: A successful grant application does not negate requirements for a Development Application or any Licences or Approvals if they are necessary for your project.



Section 1: Applicant Details

Registered business name:			
Trading name:			
Contact person:			
Position in business:			
Email:			
Work phone number:		Mobile:	
ABN:		ACN if applicable:	
Registered for GST:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of establishment:			
Website address:			
Registered business address:		Postcode:	
Postal address:		Postcode:	
Business premises address:		Postcode:	
Do you own your business premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you lease your business premises?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

End date of lease or date business will be starting up in Belmont:	
Description of business – what products/services etc. does your business offer?	
Tick which best describes your business structure:	<input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole trader <input type="checkbox"/> Other If other please specify:
Number of current employees (20 or less Full Time Equivalent):	Full time equivalent: Comments:
Have you spoken to one of the City's Property & Economic Development Team about your proposal?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Section 2: Funding History

Have you ever received funding from the City of Belmont?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:
Have you or your business ever had any grant funding cancelled?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

Section 3: Project Details

Name of project:	
Proposed start date:	
Proposed end date:	
What is your innovative idea? (Provide a detailed description of your project)	
Explain how this idea is innovative and demonstrates a strong point of difference in your business market:	
How will this project complement or improve your current business activity?	
What is your project plan? If you have a separate document, please attach (include marketing plans)	
Have you carried out a market analysis or a strengths, weakness, opportunities and threats (SWOT) analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy as an attachment.

<p>Is any planning approval/licence needed for your project?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide details and date of application or intention to apply:</p>
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Section 4: Project Outcomes

Please list at least two anticipated outcomes of your project (you may add additional outcomes) e.g. Expand market share, increase sales.

<p>Expected outcome 1:</p>	
<p>Expected outcome 2:</p>	
<p>Additional outcomes:</p>	

Section 5: Proposed Budget

Please outline your **project's total cost** in the table below or by attaching a similar document of your own. If you attach your own budget document, all the required information must be included.

Description of Item/Service	\$ Amount excl GST	GST if applicable	Funded by (insert name)
Example: software package	850.00	85.00	City of Belmont/ Your business
Total	\$	\$	

Summary	\$ Amount ex GST
A Request from City of Belmont	
B Your Contribution	
C Other – please specify	
Total	

Please note: Proof of payment will be required for the acquittal of grant funds.

Section 6: Attachments

Before you submit your application please ensure that you have attached the following documents:

- Quotes
- Copy of lease for premises (if relevant)
- Most recent financial year statement
- Copy of relevant insurance certificates
- Other – please list:

Section 7: Declaration

- I am authorised to sign legal documents for the applicant.
- All details contained in this application are true and correct.
- The applicant has never been involved in any business failure, bankruptcy or illegal activities.
- I agree to the Belmont Business Innovation Grant General Terms and Conditions.
- I acknowledge that the City of Belmont's decisions are final and are not subject to appeal.

Name:			
Position title:			
Signature:		Date:	