

# AGRN1044 Aboriginal Business Participation in Recovery Grants Application

## Form Preview

### Eligibility self-assessment

\* indicates a required field

The Aboriginal and Local Business Participation in Recovery Program (the Program) supports Aboriginal people, small businesses and sole traders to play a vital role in the economic recovery of the Kimberley region following Ex-Tropical Cyclone Ellie and Associated Flooding.

The Program funds business support and advisory services, employment support services and includes the Aboriginal Business Participation in Recovery Grants (this application). It is available to new and existing Aboriginal-owned businesses.

Grants are available as:

- Services and training grants of up to \$25,000 to cover non-capital business establishment or growth costs, such as insurance costs, business accreditation and training.
- Equipment and assets grants of up to \$100,000 to assist with the purchase, leasing or dry hire costs of specialist assets or equipment.

Applications will be assessed in the order they are received. If additional information is required the Department will ask you to provide it within five (5) business days of the request.

**Assistance with business planning and grant applications is available through the Fitzroy Valley Aboriginal Business Program, delivered by Morrgul Pty. Ltd.**

We strongly recommend that you contact Morrgul for business support to assist in developing your grant application. 9193 5570 [info@morrgul.com.au](mailto:info@morrgul.com.au) <https://morrgul.com.au>

**Please have the following ready to upload in your application:**

1. 1. Your business ABN
2. Your business insurance certificate or quote
3. An official copy of your business bank statement which shows your bank details (BSB and account number) the balance is not required
4. Your business plan
5. Copies quotes or tax invoices for the training, services or equipment you are applying for
6. If you are seeking to purchase equipment and assets over \$2,000, you will also need to provide
  - Cost-benefit analysis
  - Equipment insurance certificate or quote
  - Contact details of the business bookkeeper, accountant or professional financial consultant
7. If the form is being completed by an External Consultant (Program Manager) an Authority to Act letter from the applicant business owner
8. If you are not located in Shire of Derby-West Kimberley (SDWK) you will be required to show evidence of delivering service to SDWK in the past 2 years, this may include invoices or contracts

### Grant Guidelines

# AGRN1044 Aboriginal Business Participation in Recovery Grants Application

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Before completing this application form, please ensure that you have read the Aboriginal Business Participation in Recovery Grants Guidelines to familiarise yourself with what is eligible under this funding. The [Grant Guidelines](#) are available at [here](#).

\*

☐ Yes, I have read and understood the Aboriginal Business Participation in Recovery Grants Guidelines

Are you eligible to apply?

**To be eligible, all these statements must be true \***

- ☐ You are an Aboriginal-owned small business or sole trading enterprise
- ☐ The business is located in the Shire of Derby-West Kimberley (SDWK) OR has been operating in SDWK for more than 2 years and is located in another eligible Local Government Area (LGA)
- ☐ The business has an active Australian Business Number (ABN)
- ☐ The business has an Australian business bank account
- ☐ The business has (or will have) appropriate business insurance
- ☐ The owners or beneficiaries of the business have (or will have) the relevant qualifications, licences and approvals required for proposed activities for the grant funding
- ☐ The purpose or activities of the business in line with the recovery needs outlined in the Kimberley Floods State Recovery and Resilience Plan 2023-2024
- ☐ The business has a business plan and the capability to deliver the activities

At least 8 choices must be selected.

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## Applicant details

\* indicates a required field

### Business details

**Applicant Business Name \***

Organisation Name

as per ABN

**Trading name of your business (if different from the business entity name)**

**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.

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Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Applicant Business Primary Address \***

Address


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

**Applicant Business Postal Address \***

Address


**Applicant Business Primary Phone Number \***

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Must be an Australian phone number.

**Applicant Business Primary Email \***

--

Must be an email address.

**Business Owner**

**Business Owner \***

Title	First Name	Last Name

**Business Owner Position \***

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**Business Owner Primary Phone Number \***

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Must be an Australian phone number.

### Business Owner Primary Email \*

Must be an email address.

### Are there any other owners of this business? \*

- ☐ Yes  
☐ No

### Are you, (the person completing the form) the Business Owner or Project Contact with Authority to Act \*

- ☐ I am the owner of the business  
☐ I am an employee of the business  
☐ I am an external consultant (Project Manager) and have authority to act on behalf of the owner

## Other Business Owners

### Provide details of any other business owners \*

## External Consultant (Project Manager)

### Upload evidence of Authority to Act and submit an application on behalf of Business Owner

This may be Letter of Intent on Letter Head from Business

\*

Attach a file:

This may be Letter on Intent on Letter Head from Business

### External Consultant (Project Manager) \*

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### External Consultant (Project Manager) Position \*

### External Consultant (Project Manager) Primary Address \*

Address

<input type="text"/>
<input type="text"/>

# AGRN1044 Aboriginal Business Participation in Recovery Grants Application

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**External Consultant (Project Manager) Primary Phone Number \***

Must be an Australian phone number.

**External Consultant (Project Manager) Primary Email \***

Must be an email address.

**External Consultant (Project Manager) 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	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

## Employee - Project Officer Details

**Employee - Project Officer \***

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Employee - Project Officer Position \***

**Employee - Project Officer Primary Phone Number \***

Must be an Australian phone number.

**Employee - Project Officer Primary Email \***

Must be an email address.

## Business Service Area

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### Which Shire is the business located in? \*

- ☐ Broome, Shire of
- ☐ Derby-West Kimberley, Shire of
- ☐ Halls Creek, Shire of
- ☐ Wyndham East Kimberley, Shire of

### Which Shire/s does the business operate in?: \*

- ☐ Broome, Shire of
- ☐ Derby-West Kimberley, Shire of
- ☐ Halls Creek, Shire of
- ☐ Wyndham East Kimberley, Shire of

If your business is located in the Shire of Broome, Halls Creek or Wyndham East Kimberley, you will need to demonstrate at least 2 years history of regularly providing goods and services to customers located in the SDWK.

### Give details and provide evidence showing at least 2 years history of regularly providing goods and services to customers located in the Shire of Derby-West Kimberley

Evidence may include

- Invoices or
- Contracts

\*

### Upload evidence \*

Attach a file:

## Business Information

### What date was the business established? \*

Must be a date.

### Select the type or nature of the business \*

- |   |  |   |
|---|--|---|
| <input type="radio"/> Accommodation & Food Services     | <input type="radio"/> Electricity, Gas, Water & Waste Services | <input type="radio"/> Public Administration & Safety        |
| <input type="radio"/> Administrative & Support Services | <input type="radio"/> Financial & Insurance Services           | <input type="radio"/> Retail Trade                          |
| <input type="radio"/> Agriculture, Forestry & Fishing   | <input type="radio"/> Health Care & Social Assistance          | <input type="radio"/> Rental, Hiring & Real Estate Services |
| <input type="radio"/> Arts & Recreation Services        | <input type="radio"/> Information Media & Telecommunications   | <input type="radio"/> Transport, Postal & Warehousing       |
| <input type="radio"/> Construction                      | <input type="radio"/> Manufacturing                            | <input type="radio"/> Wholesale Trade                       |

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- ☐ Education & Training      ☐ Professional, Scientific & Technical Services      ☐ Other Services

### Which directory is the business registered with? \*

- ☐ Aboriginal Business Directory Western Australia (ABDWA)  
☐ Supply Nation's Indigenous Business Direct  
☐ Office of the Registrar of Indigenous Corporations (ORIC)  
☐ None of the above

The business must be Aboriginal-owned and registered with one of these directories to be eligible for funding

### Number of employees \*

Must be a number.

Definition of a small business is less than 20 full-time employees

## Banking Details

In the event that your application is successful, please provide the banking details for where you wish funds to be transferred.

### Business Bank Account Name

This must be a business bank account in the Applicant business name. This must be the entity account name provided by the bank, not the nickname for the account provided by the client.

### Name of financial institution to receive funding

Include Bank Name and Branch

### BSB

### Account Number

### Upload a recent bank statement \*

Attach a file:

It must show the name of the applicant and account details provided above

## Other funding or assistance

**For the costs or activities being claimed on this grant, please confirm the business has not received and is not intending to receive funding from Government or another source: \***

- ☐ Yes - we have received or will receive other funding for the items being claimed  
☐ No - we have not and will not receive funding for the items being claimed

# AGRN1044 Aboriginal Business Participation in Recovery Grants Application

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### Provide details about the other funding

## Business Purpose and Activities

\* indicates a required field

### Describe the activities of the business and the target market \*

Word count:

Must be no more than 500 words.

This should align with your business plan

### Select which domain of the Kimberley Floods State Recovery and Resilience Plan the business will contribute to \*

- ☐ People and community recovery
- ☐ Infrastructure and built environment recovery
- ☐ Economic recovery
- ☐ Environment and heritage recovery
- ☐ Country and Culture

At least 1 choice must be selected.

Please see page 15 of the [Guidelines](#) for further information on the domains of the Kimberley Floods State Recovery and Resilience Plan.

Kimberley Floods State Recovery and Resilience Plan can be found [here](#)

### Provide details on how the business activities will address the recovery needs in the community and market gaps or demand. \*

### Describe how the grant for services, training or equipment will assist the business with either start-up or expansion. \*

Word count:

Must be no more than 500 words.

## Skills and Qualifications

\*

☐ I (and/or my employees) have the relevant qualifications or licences to carry out business activities.



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☐ I (and/or my employees) WILL have the relevant qualifications or licences to carry out business activities.

### Insurance

#### **We, the business/business owner \***

- ☐ have the appropriate business insurance to operate the business eg. public liability, professional indemnity (if applicable)
- ☐ will have the appropriate business insurance to operate the business (based on the outcome of grant funding)

#### **Please upload current business insurance Certificates of Currency or Quotes \***

Attach a file:

### Business Plan

#### **A Business Plan should include the following**

- 1.Management and organisation structure
  - legal structures
  - staff and responsibilities
- 2.Products or services
  - gives evidence of feasibility
  - identifies uniqueness
  - liabilities, risks or regulations
- 3.Industry profile
  - current size and growth potential
  - addresses geographical and seasonal considerations
  - identifies competition
  - advertising and pricing strategy
- 4.Risk management
- 5.Financial planning
  - projections
  - operating expenses

If you are requesting grant funding for the purchase of equipment, your business plan should also outline the below requirements;

- Appropriate planning and budgeting of asset servicing, maintenance and repairs/ replacement.
- Equipment or asset insurance.
- Plans for engaging a bookkeeper or accountant, or sufficient professional financial advice during the purchase of equipment and grant acquittal processes.

#### **Please upload a copy of your business plan \***

Attach a file:

# AGRN1044 Aboriginal Business Participation in Recovery Grants Application

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**Assistance with business planning is available through the Fitzroy Valley Aboriginal Business Program.**

**Contact Morrgul** 9193 5570 [info@morrgul.com.au](mailto:info@morrgul.com.au) <https://morrgul.com.au/>

\*

☐ I have the stamina, experience and support to operate the business.

## Grant Request

\* indicates a required field

### Description of request

**Please select which grant (or both) the business is applying for in this application**

\*

- ☐ Services and training grants of up to \$25,000 to cover non-capital business establishment or growth costs, such as insurance costs, business accreditation and training.
- ☐ Equipment and assets grants of up to \$100,000 to assist with the purchase, leasing or dry hire costs of specialist assets or equipment

At least 1 choice must be selected.

**Describe what items or services the business is applying for and why \***

### Grant Items

Please enter the services, training or equipment (Items) you are applying for in the table below.

These details are assessed to inform the grant agreement between your business and the State if your application is successful.

**Please click Maximise and add more lines for each item, use the + - buttons on the right hand side to add more lines if needed**

Item description	Item supplier	Cost of the item (including GST)	Cost of the item excluding GST	Preferred Invoice number or quote number	Upload tax invoice, quote and evidence of payment (if available)	Category of item	Exemption (if applies)	Please explain why you chose your Preferred Supplier
Example - First Aid Training		Must be a dollar amount.	This number/ amount is calculated.	Invoice or quote number	Please provide minimum 2 quotes	Service or Training/ Hire or Purchase	At least 1 choice must be selected.	

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or 4x Wheelbarrows					unless Exemption applies	of Equipment		
						<input type="radio"/> Service or Training <input type="radio"/> Hire <input type="radio"/> Purchase	<input type="checkbox"/> None of the below <input type="checkbox"/> less than \$2000 <input type="checkbox"/> supplier is local <input type="checkbox"/> only one supplier <input type="checkbox"/> market constraints	

Total Grant Request Amount

**Total Request (in. GST)**

This number/amount is calculated.

**Total Request (ex. GST)**

This number/amount is calculated.

### Equipment Purchase Cost / Benefit Analysis

For an item greater than \$2,000 ex GST that you have selected to purchase rather than hire, you need to complete a cost-benefit analysis below for each item.

Add more lines for each item

Item (equipment)	If you were to hire the equipment, what would be the benefits?	What are the potential drawbacks or concerns of purchasing the equipment?	Explain why you are choosing to purchase instead of hire

### Equipment and Assets Grants - Purchase Required Evidence

To ensure proper care and maintenance of purchases greater than \$2000, the following is required:

- Appropriate planning and budgeting of asset servicing, maintenance and repairs/ replacement.

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- the equipment or asset is insured
- a bookkeeper or accountant is engaged, or sufficient professional financial advice is received

**Your business plan should outline all of the above requirements.**

### **Does your current business insurance cover the purchase of equipment? \***

- ☐ Yes - Current business insurance DOES sufficiently cover equipment purchased - previously uploaded on page 3
- ☐ No - Current business insurance DOES NOT sufficiently cover the equipment to be purchased and I have gathered quotes to insure the purchased equipment
- The Certificate of Insurance must be provided to DPIRD before pickup or delivery

### **Upload insurance quotes to cover purchased equipment \***

Attach a file:

## Professional Financial Advice

### **Please select and give contact details \***

- ☐ The business engages an accountant or bookkeeper
- ☐ The business has received professional financial advice

### **Financial Contact \***

- ☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### **Financial Contact 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	
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ACNC Registration  
Tax Concessions  
Main business location

Must be an ABN.

### Financial Contact Primary Address \*

Address

  

### Financial Contact Postal Address \*

Address

  

### Financial Contact Primary Phone Number \*

Must be an Australian phone number.

### Financial Contact Primary Email \*

Must be an email address.

### Financial Contact Primary Website \*

Must be a URL.

## Declarations

\* indicates a required field

### Privacy statement

Information provided by applicants or collected by DPIRD in relation to an applicant or their proposal may be used in the assessment of this application and in the administration and evaluation of the Aboriginal and Local Business Participation in Recovery Program.

DPIRD will store personal information collected in this application, supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the Privacy Act 1988 (Cth).

DPIRD is subject to the Freedom of Information Act 1992 (WA), which provides a general right of access to records held by the State Government agencies and local governments

\*

☐ Yes, I have read and understood this privacy statement and I consent to and authorise these uses and disclosures

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### Media release

**DPIRD and DFES would like the opportunity to promote and share the success of businesses in Fitzroy Crossing and this grants program. Do you give permission for images, stories and social media posts of your business to be used in DPIRD or DFES production and promotional material?**

You may not make a claim for payment or damages for material broadcast

Hint: this will not impact your eligibility for a grant

\*

- ☐ Yes, I give permission  
☐ No, I do not give permission

This will not impact your eligibility for a grant

### Declaration

**Any person who knowingly and with intent to defraud the WA Government submits an application for assistance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act which is an offence under the Criminal Code (WA).**

#### **I (person submitting the application form) \***

First Name

Last Name

#### **Position \***

#### **Organisation \***

Organisation Name

**am submitting this application on behalf of the**

#### **Applicant Business \***

Name of Applicant Business as listed in official documentation such as ABR, ACNC or ATO

#### **and I \***

- ☐ declare the information given in this application, attachments and any details subsequently provided is, to the best of my knowledge, true and correct
- ☐ confirm I have read and understood the Guidelines and information contained within this application
- ☐ confirm the business listed as the Applicant meets the eligibility criteria detailed in this application and Guidelines
- ☐ authorise the Department of Primary Industries and Regional Development to seek any additional relevant information that may be required to assess and process this application

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- ☐ hereby request and authorise any parties to supply such information as requested by the Department of Primary Industries and Regional Development
- ☐ acknowledge that I may be contacted by an independent third party engaged to evaluate program effectiveness
- ☐ confirm I am authorised to make this declaration as either an owner, partner or beneficiary of the business listed as the 'Applicant' or on their behalf

At least 6 choices must be selected.

**Date will be recorded as the Date and Time the form is submitted.**