

Collie Futures Small Grant Application Form - Rolling Fund

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Eligibility <https://www.swdc.wa.gov.au/grants-funding/collie-futures-fund>

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Collie Futures Small Grants Program Guidelines (CFSGP)**:

<https://www.swdc.wa.gov.au/grants-funding/collie-futures-fund>

The CFSGP will be open to applications via a rolling-intake for the lifespan of the program subject to the availability of funding.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you answer the below questions first to ensure you do not spend time completing the application for submission that may be unsuccessful. Incomplete applications will not be considered.

If you have any questions regarding the eligibility criteria, please contact **Kelly Paul on (08) 9734 2322 or email collie@swdc.wa.gov.au**

Confirmation of Eligibility

I confirm that the applicant

- Has read and understood the program guidelines.
- Is eligible to apply under the guidelines.
- Is able to demonstrate the financial viability of the organisation.
- Is able to demonstrate alignment between the proposed project and the objectives of the Collie Futures Small Grants Program.
- Is able to demonstrate the project will have direct impact within a 50km journey to work of the Collie townsite/CBD in Western Australia..

Please select one of the below to confirm eligibility: *

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

Consent and Confirmation

Privacy Statement

Information provided by applicants or collected by the Department of Primary Industries and Regional Development (DPIRD) in relation to applicants or their applications may be used by DPIRD in the administration of the Collie Futures Small Grants Program and in the assessment of the application.

Any information provided (personal, financial or otherwise) will be solely used for the purpose of the Collie Futures Small Grants Program. Information will be released to the Collie Futures Economic Advisory Committee as third parties in their role as applicant

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assessors. Information will not be released to any other third parties without the prior written approval of the applicant.

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).

I have read and understand the privacy statement and I consent to and authorise all such uses and disclosures *

☐ I confirm

Further Information

You may be contacted by DPIRD or the South West Development Commission (the Commission) for further information regarding your application.

Contact Details

* indicates a required field

Applicant Organisation Details

Applicant organisation name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Applicant Address *

Address

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

Applicant Postal Address (if different)

Address

Organisation Website (if applicable)

Must be a URL

Primary contact person *

Title

First Name

Last Name

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This is the person we will correspond with about this application

Position held in organisation *

e.g. Owner, Director, CEO, Manager, Board Member

Primary phone or mobile number *

Primary contact person's email address *

This is the address we will use to correspond with you about this application

Organisation Details

* indicates a required field

Australian Business Number *

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Additional Organisational Information

If you have any **additional supporting information or documentation** which demonstrates the capability of your organisation you may upload documents at the end of this section.

You may consider providing us with:

- Annual Report
- Strategic Plan

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- Governance structure
- Other publications/information eg: editorials, social media posts/pages etc.

Joint Applications

Joint applications (partnerships) are acceptable, provided the lead applicant (as the main driver for the project) is eligible to apply. There must be a formal arrangement in place between all parties.

The assessment panel may request to view evidence of this arrangement.

Supporting Information Upload

Attach a file:

Auspice Information

* indicates a required field

Is your organisation auspiced by another organisation for the purposes of this grant? *

☐ Yes

☐ No

Unincorporated organisations applying for a grant must be auspiced by an incorporated organisation. If you DO NOT have an ABN or an Auspice organisation you should NOT be applying for this grant.

Auspice Organisation Details

Name of auspicing organisation *

Organisation Name

Auspice Postal Address *

Address

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

Auspicing organisation's website

Must be a URL if exists

Primary contact person at auspicing organisation *

Title

First Name

Last Name

We may contact this person to verify that this auspicing arrangement is valid and current.

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Primary contact position held in organisation

e.g. Owner, Director, CEO, Manager, Board Member

Contact person's phone number *

Contact person's email address *

Must be an email address

Please attach a letter from the auspicing organisation confirming this arrangement is valid and current *

Attach a file:

Letter must be signed by an appropriately authorised person (e.g. Manager, CEO, Board Chair) and must include, name, position, signature and date.

Australian Business Number of auspicing organisation *

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN

Project Details

* indicates a required field

Project Address *

Address

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Address line 1, suburb, state, postcode, country response required

Project Title: *

Provide a name for your project. Your title should be short but descriptive

BRIEFLY summarise your project and how it aligns with the focus of the Collie Futures Small Grants Program *

Word count:

Must be no more than 100 words.

Be as descriptive as practical given the value of funding requested. Refer back to the program guidelines and criteria for the Collie Futures Small Grants Program.

Project Objective

Project Objective *

- ☐ Increase jobs
- ☐ Increase productivity
- ☐ Expand or diversify new business streams
- ☐ Develop skills or capabilities
- ☐ Foster co-investment opportunities and partnerships

You should tick those objectives (tick all that apply) that best relate to your project and describe them below.

Please outline below the benefits and/or outcomes of the project. Outcomes refer to the intended **impact** that is expected as a result of delivering the project with the grant funding. The outcome measure should relate to the **objectives of the program**, which can be found above. Please only address below the objectives ticked above and add more rows where necessary.

Outcome / Impact	Timeframe	How will this outcome be measured? ie: number	Link back to Project Objective (ticked above)	Project Objective Target
ie: jobs created. Growth in commercial contracts	eg; after 2 years; after 6 months	ie: number contracts in place. \$ revenue during and after project delivery.	ie: Increase Jobs. Develop Skills or Capabilities	ie: 2 direct & 7 indirect jobs. 400 visitors. Strategy targets X & Y achieved

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Detail the way in which this project aims to achieve a positive economic outcome for the Collie region

Approvals, Permits and Licences

Please provide any details about relevant approvals, permits or licences required for this project

Provide information about approvals, permits or licences which have been applied for or obtained, e.g. marron licence, planning approval, road closure permit.

Commencement and Completion Dates

Anticipated start date *

If unknown, provide your best guess

Anticipated end date *

If unknown, provide your best guess

Are you able to commence the project within six (6) months of the funding announcement?

☐ Yes

☐ No

Expenditure

If successful, what will your grant funding be spent on? *

- ☐ Development of new business streams (eg: diversification or expansion of existing business).
- ☐ New technologies (prototype design, construction and testing).
- ☐ Research development (market research and/or feasibility).
- ☐ Training course and/or skills development.
- ☐ Business Case Development.
- ☐ Events.

Please provide detail to support your response above *

Word count:

Must be no more than 150 words.

Consider including organisational planning, research, feasibility, demonstrated need which support the use of funding against the above ticked expenditure.

Please upload any additional information or documentation to support your claims

Attach a file:

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eg: project plan / proposal

Regional Planning

Describe the local and/or regional consultation, decision making and planning that has gone into the project

Link in with Local Government planning (if applicable), community consultation and stakeholder engagement and collaboration.

Describe how the project aligns with state, regional or local strategies or priorities

Policies, strategies and/or objectives (if applicable).

Local Content

Explain how your project meets the Local Content objectives of:

- Building the capability of local suppliers, and delivering opportunities for regional businesses to supply items/services for the project;
- Increase regional employment and regional business participation through subcontractors, suppliers, apprenticeships and traineeships;
- Support for emerging or new industries in the region, and promotion and awareness of local industry/businesses; and
- Benefit the regional economy through any other identifiable means.

Do you intend to use local contractors and/or service providers for your project? *

- ☐ Yes
☐ No

For further information on local content please visit: <http://www.drd.wa.gov.au/regions/Pages/LOCAL-CONTENT-INITIATIVE.aspx>

Please provide detail to support your response (above) and objectives of the Local Content program

If yes, please estimate the % of the requested grant funding to be expended on local content (local businesses, suppliers, knowledge and skills). If no, please provide an explanation as to why.

Budget

* indicates a required field

Total CFSGP Amount Requested *

\$

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Must be a dollar amount and no more than 100000.

Total Project Cost

\$

What is the total budgeted cost (dollars) of your project?

Budget (GST exclusive)

Please outline your total project budget (cash) in the **budget table** below, including details of other funding that you have applied for and whether it has been confirmed or not. All amounts should be **GST exclusive**. Add more rows if necessary.

Provide clear descriptions for each budget item in the **Project Item** column. Examples of 'funds requested from another funding source' could include 'X grant', 'company X sponsorship' 'fundraising'. Examples of 'project item' could include 'onsite power & water for 6 months', 'consultant for feasibility work', '3x Certificate IV'.

Use the 'Notes' column for any additional information you think we should be aware of relating to the income description.

Please note, if successful you will be required to provide quality estimates regarding each project item outlined for funding under the CFSGP. This will be done as part of the financial agreement negotiations.

Please **do not add commas** to figures – e.g. type \$1000 not \$1,000 – this will ensure the figures for each table total correctly.

Project item	Funds requested from CFSGP (A)	Funds requested from other funding source/s? (B)	Name of 'Other' Funding source	Confirmed Funding?	Total \$ (GST Exc)	Notes
	\$				\$	
	\$				\$	
	\$				\$	
	\$				\$	
Consulting fee; Shed;	a dollar amount	Must be a dollar amount.	name: Business Name, X Department, Local Government etc		a dollar amount	

Totals

Total Funds requested from CFSGP (A)

\$

This number/amount is calculated.

Total Funds requested from other funding source/s (B)

\$

This number/amount is calculated.

Total A + B

\$

This number/amount is calculated.

In-Kind Contribution

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An in-kind contribution is the contribution of donated goods and services and can include provision of staff, space, equipment or labour.

Name of IN-KIND source	Confirmed?	Detail any project items to be covered by IN-KIND contributions below	Value (\$) of IN-KIND contribution
	<input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed		\$
	<input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed		\$
	<input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed		\$
	<input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed		\$
	<input type="checkbox"/> Confirmed <input type="checkbox"/> Unconfirmed		\$
		Non-financial inputs could include staff/ volunteers time/ expertise, equipment, facilities, advocacy, and other types of support.	Must be a dollar amount.

Total IN-KIND (\$) contribution

\$

This number/amount is calculated.

Organisational Background Information

Organisation background and summary information *

eg: time in operation, services provided by the organisation, number of employees, location, governance structure etc.

Organisational Financial Information

To enable the Commission to undertake a financial viability assessment of the organisation please upload the following financial information, for the project organisation:

- 1.Audited financial statements for the last two (2) years.
 - 2.Current year-to-date financial information, for example, income and expenditure statement and/or balance sheet. Along with relevant notes and assumptions.
 - 3.Financial projections for the next 24 months.
- If the project organisation is recently formed or the financial information is not available for any other reason, please attach similar information for the auspice or parent company.

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- Where relevant financial information is not available, include information that demonstrates that you can meet the organisation's share of project costs. This could include working capital or cash equivalents etc.
- Provide evidence to support the organisation's demonstrated project management experience.

Financial Information Upload *

Attach a file:

Are the Applicant's financial statements fully compliant with the Australian Accounting Standards? *

☐ Yes ☐ No

Market Viability and Commercialisation

* indicates a required field

This section is to **ONLY** be completed by **Businesses** applying for funding. If not applicable please leave this section blank.

If applicable, please provide a statement that explains the market viability of your project or project activities.

Give thought to the demand for your product or service offering; market size, estimate of sales, and any turnover expected. Where appropriate, outline the source of information.

Are there any direct competitors to your project or project activity within a 50km journey to work to/from Collie CBD/townsite? *

☐ Yes
☐ No

This can be considered in regard to their location, technologies, barriers to market, price etc.

If you answered yes to the above question outline any unfair advantage that may be generated and will place you in direct competition with an existing business or industry. *

Please describe the nature of the competing business/industry.

Has consideration been given to working collaboratively with a competitor? Please explain below.

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Critical Assumptions

In regards to managing risk, please outline below the critical assumptions for the project or project activities, in particular think about:

- Project assumptions
- Financial assumptions
- Stakeholder assumptions
- Management assumptions
- Operational Assumptions.

Describe below the critical assumptions

Upload option for critical assumptions

Attach a file:

Risk Assessment

If applying for funding over \$50,000 please upload a risk assessment for the project. The assessment should consider:

- Does the risk assessment cover the full lifecycle of the project and all components (not just the CFSGP funded component)?
- Have the key dependencies critical to delivering the project been outlined?
- Have robust mitigation strategies been applied to key risks?

Upload risk assessment here

Attach a file:

Financial Viability

* indicates a required field

Has the applicant or any senior office bearers been involved in any litigation or prosecution in the past three (3) years? *

☐ Yes - provide details and/or explanation of why the litigation or prosecution should not be considered relevant to this Application in the section below.

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☐ No - if the Applicant has not been involved in any litigation or prosecution in the past three years.

You may be required to provide further information upon request

If yes, please provide detail.

Has the Applicant or any of its senior office bearers (directors, partners, presidents, executive directors, project managers) been involved with any business failure (liquidation, voluntary administration or receivership)? *

☐ Yes

☐ No

You may be required to provide further information upon request

Has there been any significant financial matter which may impact on the ability of the Applicant to deliver the project? *

☐ Yes

☐ No

You may be required to provide further information upon request.

Are there any future commitments or contingent liabilities that might materially affect the Applicant in the delivery of the project or performance of the activity? *

☐ Yes

☐ No

You may be required to provide further information upon request

Has the applicant ever been found in default of its creditors? *

☐ Yes

☐ No

You may be required to provide further information upon request

Is the Applicant willing, and does it have the financial capacity, to cover all planned project activity expenditure? *

☐ Yes

☐ No

Is the Applicant's business solvent? *

☐ Yes

☐ No

Capability and capacity of Organisation's key personnel *

eg: CV's of key personnel, experience

Upload option for Organisational capability/capacity

Attach a file:

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Certification

* indicates a required field

Certification

This section must be completed by an appropriately authorised person (eg: Owner, Director, CEO, CFO, Director or equivalent) on behalf of the applicant organisation (may be different to the contact person listed earlier in this application).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant is successful, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

Certification Contact Name *

Must be the full name of the person authorised to certify the application.

Position *

Must be the position title of the person authorised to certify the application.

Phone Number *

Must be an Australian phone number

Email *

Must be an email address

I agree *

☐ Yes

☐ No