1. Regional Economic Development (RED) Grants Program

* indicates a required field

1.1 Application Information

Before completing this application form please ensure you have read the RED Grants Program Guidelines available here.

All applicants are encouraged to discuss their project with the Gascoyne Development Commission prior to submitting an application.

Incomplete applications and/or applications received after the closing date will not be considered.

If you have any questions, or experience issues completing this form please contact Courtney from the Gascoyne Development Commission on 0467 905 262 or courtney.whitehead@gdc.wa.gov.au

1.2 Eligibility Confirmation

Please refer to Section 4 of the Guidelines to confirm your eligibility before completing this application.

I confirm 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 with at least one of the objectives of the RED Grants Program

Please confirm that all statements above are true and correct. *

Yes I confirm

1.3 Privacy Statement

Information provided by applicants or collected by Regional Development Commissions (RDCs) or the Department of Primary Industries and Regional Development (DPIRD) in relation to an applicant or their application may be used in the administration of the RED Grants Program and in the assessment of this application.

Clarification of other funding sources for your project as stated in your application and project budget may be sought from the relevant funding bodies.

Any information provided (personal, financial or otherwise) will be used solely for the purpose of the RED Grants Program.

RDCs and 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).

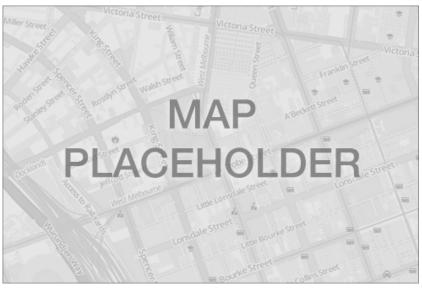
RDCs and DPIRD are also subject to the *Freedom of Information Act 1992* and documents in the possession of these agencies are subject to these provisions.

I have read and understood	the privacy statement and	I consent to and authorise
such uses and disclosures.	:	

○ Yes I confirm

	100				
,	nta	Ct	ם ו	taı	ıc
/ -	 1116	. .			רו

2. Contact Details	
* indicates a required field	
2.1 Organisation Details	
Name of Organisation (Legal Organisation Name	Entity) *
Applicant organisation ABN *	
The ABN provided will be used to check that you have entered the	look up the following information. Click Lookup above to ABN correctly.
Information from the Australian Busi	ness 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.	
Trading Name	
_	
Name that will be referred to for the	delivery of the project (if different to Legal Entity Name above)
Primary Street Address * Address	



B Bourte Stre	Collins street
Postal Address (if applicable) Address	
Organisation Website	
Must be a URL.	
Provide a brief description of the natu information that describes the activiti	
Word count: Must be no more than 300 words.	
For a business/company/partnership, directors/senior management of the b	
NAME of person in business/company/ partnership	POSITION in business/company/ partnership
Is your entity a Trust? * O Yes Trustees can only receive and administer grant	○ No funding if empowered to do so by the Trust Deed.

Upload Trust Deed * Attach a file:
Trustees MUST submit a copy of their executed Trust Deed to be eligible.
2.2 Project Contact Details
Contact Person's Name * Title First Name Last Name
Title First Name Last Name
Contact Person's Position *
Contact Person's Position *
Contact Person's Phone Number *
Must be an Australian phone number.
Include area code Eg (08)
Contact Person's Mobile Number
Must be an Australian phone number.
Contact Person's Email Address *
Must be an email address.
Is your organisation being Auspiced? *
Yes No If your organisation is unincorporated your application must be auspiced by another organisation that
is registered as a legal entity.
2.3 Complete only if your organisation is being Auspiced
Please ensure approval is obtained from the nominated auspice organisation prior to completing this section.
Name of Auspicing Organisation * Organisation Name
Organisación Nume
Organisation name
Auspice Organisation's Postal Address * Address
Addi ess

Address Line 1, Suburb/Town, State/Province, and Postcode are required.
Auspice Organisation's Website
Must be a URL.
Must be a One.
Auspicing Organisation's Contact Person * Title First Name Last Name
Auspicing Organisation's Contact Person's Position *
Auspicing Organisation's Contact Person's Phone Number *
Must be an Australian phone number. Include area code. Eg (08)
Auspicing Organisation's Contact Person's Email Address *
Must be an email address.
Authority from Auspicing Organisation * Attach a file:
Please attach letter from the auspicing organisation confirming agreement to auspice. This must be signed by an authorised person (eg. CEO, Chairperson).
Auspice Organisation's 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 <u>More information</u>
ACNC Registration

Tax Concessions

Main business location			
Must be an ABN.			
Auspice Organisation	on's ACN (if applicable	e)	
Must be a supplied			
Must be a number.			
3. Project Inform	nation		
* indicates a required	field		
3.1 Project Detai	ls		
Project Title *			
rioject ritie			
Short project descr	intion *		
Short project descr	iption		
Word count:			
Must be no more than 1	50 words. ion of your project explaini	ng what you plan to do	
Attach a file:	lescription of the proj	ect	
For everale Duciness D	an Draiget Dlan Duginges		
	an, Project Plan, Business	Case etc.	
Estimated Project S	Start Date		
Must be a date.			
Estimate Project En	ıd Date		
Must be a date.			
Which Local Govern ☐ Carnarvon, Shire o ☐ Exmouth, Shire of	nment Area(s) will you f □ Shark Bay,		red in? * oper Gascoyne, Shire of
Which sector is mos	st applicable to your	project? *	
Agriculture	EconomicDevelopment	Housing	○ Tourism
CommunicationsCulture	Education/TrainingEnvironment	MiningRecreational	Transport Hillitias Power &
	-		Utilities, Power &Water
 Community 	Health	 Retail Trade 	 Other Services

4. RED Grants Objectives

* indicates a required field

outcomes.

Your project must meet one or more of the RED Grants objectives outlined in the Guidelines.

Describe what is expected to be achieved and the benefits and/or outcomes of the project against the objectives most relevant to your project.

Outcomes refer to the intended economic impact that is expected as a result of delivering the project with the grant funding – the expected outcomes provided should be realistic as you will be expected to report against these under a Grant Agreement and Final Report for the acquittal of the project if successful.

Please include What, When, Where and How your project will specifically meet the identified objectives. This can include your current situation, timeframes and targets showing how it will differ after project implementation.

If you would like to review the RED Grants Objectives and descriptions of metrics for each, please click <u>here.</u>

Please indicate which RED Objectives are most applicable to your project: * □ 1. Sustainable jobs □ 2. Expanding or diversifying industry □ 3. Developing skills or capabilities □ 4. Attracting new investment in the region □ 5. Increasing productivity Applicants are encouraged to select the objectives most applicable to the project. Please provide detailed descriptions in the corresponding fields below.
4.1 Sustainable jobs
How will the project create jobs as a result of the grant?
MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.
4.2. Expanding or diversifying industry
Which industry will benefit from the project and how will it increase the current value of that industry to the regional economy?
Word count

MAX: 600 words. Please complete Metrics table at the bottom of this section to quantify your

4.3. Developing skills or capabilities

What core skills or capabilities will be developed, and how will this address regional gaps and be applied to generate jobs and growth?				
Mand accept				
Word count: MAX: 600 Words. Please complete Metrics table at the bottom of this section	n to quantify your			

4.4. Attracting new investment in the region

How will the project unlock future investment in the organisation, industry or region? What is the source of this investment and likelihood it will be secured?

Word count:

outcomes

MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

4.5. Increasing productivity

What impact will the Grant have on the productivity or applicant's business or organisation?	performance of the
Word count:	

MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

Our metrics

A metric is a measurement designed to indicate whether or not progress towards an outcome is occurring, and quantify the extent to which it is occurring. Here we would like you tell us which of our quantitative metrics you may be able to report on.

Metric	Baseline	Target	Timeframe		Explanatory notes
metrics (if any) will you track?	starting point? Identify a figure	target for the	When will the target be reached?		Add notes if you need to provide more context.
required to				interviews/	

report on your progress. Add more rows if you want to list additional metrics.	the current situation. Must be a number.	estimated total for your project. Must be a number.	case studies, focus groups, administrative data (e.g. case management data), observation/ estimation, government or public dataset (e.g. Census), other datasets.	

4.6 Gascoyne Development Commission Regional Priorities

Over and above the Objectives of the RED grants, The Gascoyne Development Commission Board has endorsed the following regional priorities/themes as part of its strategic plan. Projects that demonstrate alignment with the region's priorities will attract a higher weighting in the assessment process.

Please indicate which of the following Gascoyne regional priorities/themes are MOST applicable to your project.

Gascoyne Development Commission Regional Priorities *
☐ Growing primary production
☐ Aboriginal empowerment and prosperity
□ Tourism
☐ Workforce development and accommodation
□ Regional liveability
☐ Climate resilience and low carbon transition
How does the project support the Gascoyne Regional Priorities? *
Word count:
MAX: 600 words
How does the project meet industry demand or an identified need in the Gascoyne region?
Word count:
Must be no more than 250 words

5. Project Budget, Cash Co-contribution and Leveraged Funding

How does the project benefit the broader community/industry?

* indicates a required field

Financial Audit

For projects requesting more than \$50,000 RED funding, audit costs must be included in the budget table.

5.1 Project Cash

Please detail project items to be funded through CASH contributions. Applicants should refer to Section 4 of the Guidelines to confirm items or activities that are ineligible for RED funding before completing this section.

Please attach quotes for all budget line items to justify funding requests. If funding has been secured from other sources please attach written evidence.

Note: Please enter whole dollars only.

Please add additional lines if required.

Project Expenditu Items	uFeunds	t Applicant contributi d(Cash) (ex GST)	ɗu nding	Name of other funding source/s	Other Funding Source Entity Type	Confirmed Funding?	
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.		Where is the money being sourced from?		
	\$	\$	\$				
	\$	\$	\$				
	\$	\$	\$				

5.2 Total Project Budget

This section is **AUTO CALCULATED** from the above table and amounts will be transposed to Section 3.1.

Total of RED Grant Funds	Total of Own Organisation (ex	Total of Other Source/s (ex GST) CTOTAL (A+B+C)		
requested (ex GST) A GST) B		¢	¢	
\$	\$	Þ	Ψ	
т	Ψ	This number/amount is	This number/amount is	
This number/amount is calculated.	This number/amount is calculated.	calculated.	calculated.	

5.3 Applicant Contribution Funding Details

How will the applicant's contribution be funded? *

		ther the project will be self-funded t, bank loan or other form of debt
Can the project proceed if requested funding (RED GIO) Yes		
If yes, explain how the promay affect project.	ject could proceed with r	reduced funding and how this
Options to consider: increasing the project into stages.	ne applicant co-contribution; mo	odifying the project; or breaking the
Quotes and Other Fund	ling	
Attach quotes and evidence o	f secured funding from othe	r sources.
Attach a file:	-	
Attach a file:		
5.4 In-kind Contribution	າ (non-cash)	
Please detail any in-kind c	ontributions and how the	eir value has been calculated.
Use the table below to itemise pr	oject items funded through in-k	kind contributions.
Project item	Name of in-kind source	Estimated value
		Must be a dollar amount.
		\$
		\$
5.5 Other RED Funding		

○ No

Are you applying for RED Grant funding from more than one Regional

If yes, please advise which Commission/s and the application number if known.

Development Commission for this project? *

RDC Region			Application n	umber (if kr	nown)
5.6 Other F	unding Prog	rams			
		lied for, or bed rnment progra	en approved fo	or funding fo	or this project
○ Yes			○ No		
If yes, please pro	ovide details inclu	uding the amount	requested and th	e funding statu	IS.
Please add add	litional lines if r	equired.			
Date of Application	Approved / Pending	Purpose of Funding	Amount	Name of Program	Contact Person
Must be a date.			Must be a dollar amount.		
		<u> </u>	\$		
6. Partners * indicates a re	ships and C	ollaboratio		peen investigat	ed for the project?
U.I Stakent	nuer Engage	CITICIT			
Provide the n the project. *		tails of local st	takeholders ar	nd their leve	l of support for
	ng and decision m		lved local governr oject. Letters of si		community and provided to support
Letters of Su Attach a file:	pport (Option	al)			

Have you considered developing partnerships or collaborations for the project? If

so, please provide details.

6.2 Local Content
Please detail below how your project meets the following Local Content objectives:
 Building the capability of local suppliers, and providing opportunities for regional businesses to supply items/services for the project; Increasing regional employment and regional business participation through subcontractors, suppliers, apprenticeships and traineeships; Supporting emerging or new industries in the region, and promotion and awareness of local industry and businesses; and Benefiting the local regional economy through any other identifiable means.
Do you intend to use local contractors and/or service providers for your project? *
○ Yes ○ No Local content for the purposes of this RED grant application refers to the sourcing of goods and services in the Gascoyne region.
Local content % *
Must be a number. Please estimate the percentage of local content that will be applied to your entire project.
Local content details *
Please detail goods and/or services to be sourced locally and explain how the project meets the local content objectives listed above. If you do not intend to use local content please explain why.
7. Project Planning and Governance
* indicates a required field
In the market we do to start if more founding in a comment of the start is a comment of the start in the start is a comment of the start in the star
Is the project ready to start if grant funding is approved? * O Yes O No If No, please contact the GDC on 0467 905 262 before proceeding with this application.
Has a feasibility study or business plan including a cash flow analysis been
prepared for the project? * O Yes O No O Not Applicable If yes, please upload the document in the next question.
Please upload a copy of the feasibility study or business plan. Attach a file:

7.1 Approvals			
Have the necessary plannii obtained? *	ng and/or build	ding approvals	for the project been
O Yes If yes, please fill in table below.	○ No		Not Applicable
ii yes, piease iii iii table below.			
Planning/Building/License	Status		Planning Documents
no.	Julius		(Optional)
7.2 Timeline and Milest	ones		
Please complete the project m undertaken as part of your pro timeline (eg. Gantt Chart).			
Milestone		Date for comp	oletion
Add additional rows as necessary		Must be a date.	
Project Timeline (Optional) Attach a file:			
7.3 Project Governance			
How will your organisation	ensure the pr	oject is manag	ged responsibly? *
Who will manage the project and	what qualification	s, skills and expe	rience do they have?
How will operating and ma	intenance cost	ts for the proje	ect be met beyond the
For example, if the project creates organisation plan to sustain these			w equipment, how does the

7.4 Risk Assessment for your Project

Identify the risks associated with the Project (that the applicant can reasonably control or influence) and include issues that may prevent the Project progressing or that may hinder the achievement of the stated Project outcomes being achieved. Consider and explain the risk mitigation strategies that will minimise the effects of each stated risk.

Probability:

Low - Unlikely to occur during the project period and with little impact on the project

Medium - Possibility of occurrence and with some impact on the project

High - Very likely to occur during the project period and potentially impacting heavily

Please complete the Risk Assessment table below, or attach a copy of your Risk Management Plan to your application.

Risk Description	Risk Probability	Mitigation Strategy
	(Low, Medium or High)	

Risk Management Plan (Optional) Attach a file:
Upload a copy of your Risk Management Plan

8. Market Viability and Commercialisation

* indicates a required field

8.1 Market Conditions

Please provide a summary assessment of the market condit your project	ions in relation to
Eg. market gaps, market size, estimation of new or increased sales.	
Describe any major competitors to your project or project ac	ctivity in the region
Eg. product or service, proximity, technologies, barriers to market, price.	

8.2 Financial Information

To enable the GDC to undertake a financial viability assessment of the organisation please upload the following financial information:

- 1.Financial statements verified by a Certified Practising Accountant, Chartered Accountant or Registered Auditor for the last two (2) years;
- 2.Current year-to-date financial information (income and expenditure statement and/or balance sheet).

Upload Financial Information Attach a file:
If you have NOT provided the requested financial information above, please outline why
For example, business operating for less than 2 years / never had financial statements verified by CPA Chartered Accountant or registered Auditor.
8.3 Liabilities
Please note, you may be required to provide documentation upon request relating to the following information.
Please indicate if any of the following apply: * The applicant or any of its senior office bearers have been involved in any litigation or prosecution in the past three (3) years The applicant or any of its senior office bearers (directors, partners, presidents, executive directors, project managers) have been involved with any business failure, including liquidation, voluntary administration or receivership There is a significant financial matter which may impact on the ability of the applicant to deliver the project (past, present or future) There are future commitments or contingent liabilities that might materially affect the applicant in the delivery of this project or performance of the activity The applicant has, at any time, been found in default of its creditors Confirm none of the above apply
9. Application Checklist
* indicates a required field
By submitting this Application, I acknowledge: * I have read the Guidelines and I acknowledge the eligibility criteria for funding.

☐ I have contacted the Regional Development Commission to discuss the project, prior to
submitting this application. ☐ Information provided in this application is to the best of my knowledge, accurate and
complete. ☐ This Application is authorised by my organisation and includes the CEO/Chair signature. ☐ Audit costs (if applicable) are included in the budget and the nominated auditor is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practicing Accountants or the National Institute of Accountants and is independent from the Grantee.
☐ The Regional Development Commission may request additional information from
applicants. The Regional Development Commission is authorised to contact any persons or organisations in the assessment of the application and understand that information may be provided to other agencies, as appropriate. Please ensure you have answered all the questions and provided relevant details where requested. Supporting documents are supplementary to your application.
This application includes all required attachments:
 □ Copy of Incorporation Certificate (if applicable) □ Copy of organisation's annual financial statements for the last two (2) financial years □ Quotes for all budget line items to justify funding request □ Written evidence of funding contributions from other sources
Upload addition information and supporting documents here:
Attach a file:
Applicants may upload additional attachments to their Application. (Maximum 25mb, recommended size no bigger than 5mb).
9.1 DECLARATION
This section must be completed by an appropriately authorised person on behalf of the applicant organisation (may be different to the contact person listed earlier in this application form).
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.
I do hereby declare that all the information supplied in this application form for RED Grants funding is, to the best of my knowledge, accurate and complete; that I have read and accept the requirements of the Guidelines, and that the Regional Development Commission to which this application has been submitted to will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application.
Name of Authorised Person * Title First Name Last Name
The person who has the legal authority to sign the Grant Agreement if this application is successful
The first the first transfer and transfer and the first transfer and appropriate to additional and the first transfer and the first transfer and tra

Position/Title *

Name of Organisation (Legal Ent	ity) *
Name of organisation as listed in official	documentation such as ABR, ACNC
Email *	
Must be an email address.	
Dated *	
Must be a date.	

9.2 Submit your application

Please move to the next page and click **Submit** to complete your application.

You will receive an email to confirm your submission has been received. If you do not receive an email please check your junk email folder. Please keep a record of your submission number.

To view your submission at any time, please go to https://dpird.smartygrants.com.au/applicant/login, enter your email address and password then click Log In.

Once you are logged in click on the My Submissions link near the top of the page.

NOTE: You may download a PDF of your applications prior to submission.

Thank you for your application!