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 online on the Peel Development Commission website.

All applicants are encouraged to discuss their project with the Peel 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 the RDC on 9535 4140 or email grants@peel.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.

Form Preview

| I have read and understood the privacy statement and I consent to and | authorise |
|---|-----------|
| such uses and disclosures. * | |

○ Yes I confirm

| , | | nta | Ct | Deta | HC |
|------------|---------|-----|----|------|-----|
| ∠ . | $ \cup$ | HLa | LL | DELA | 113 |

* indicates a required field

2.1 Organisation Details

| Name of Organisation (Legal Entity) * Organisation Name |
|---|
| |

Applicant organisation ABN *

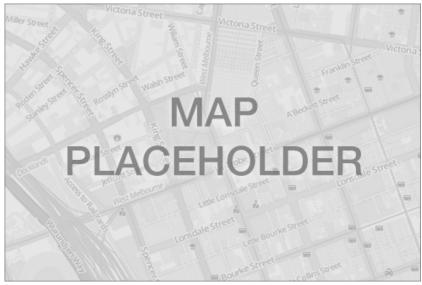
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

| Information from the Australian Bus | iness 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 | |
| AA I I ADAI | |

Must be an ABN.

| Trading Name | |
|---|--|
| | |
| Name that will be referred to for the d | elivery of the project (if different to Legal Entity Name above) |
| Primary Street Address * Address | |
| | |
| | |

Form Preview



| Postal Address (if applicable) Address | |
|--|-------------------------------------|
| | |
| | |
| Organisation Website | |
| 4 | |
| Must be a URL. | |
| Provide a brief description of the nature nformation that describes the activities | |
| | |
| | |
| | |
| | |
| Must be no more than 300 words. | ease provide names of all partners/ |
| Word count: Must be no more than 300 words. For a business/company/partnership, pladirectors/senior management of the bus | |
| Must be no more than 300 words. For a business/company/partnership, plairectors/senior management of the business/company/ | |
| Must be no more than 300 words. For a business/company/partnership, pladirectors/senior management of the business/company/ | POSITION in business/company/ |
| Must be no more than 300 words. For a business/company/partnership, pladirectors/senior management of the business/company/ | POSITION in business/company/ |
| Must be no more than 300 words. For a business/company/partnership, pladirectors/senior management of the business/company/ | POSITION in business/company/ |
| Must be no more than 300 words. For a business/company/partnership, pl | POSITION in business/company/ |

| Upload Attach a | Trust Deed * | | |
|------------------------|--|----------------------|---|
| Attach a | me: | | |
| Trustees I | MUST submit a copy | of their executed Tr | ust Deed to be eligible. |
| | | | |
| 2.2 Pro | ject Contact D | etails | |
| Contact | Person's Name | k | |
| Title | First Name | Last Name | |
| | | | |
| | | | |
| Contact | Person's Positio | n * | |
| | | | |
| Contact | Person's Phone | Number * | |
| | | | |
| | n Australian phone r | umber. | |
| include ar | ea code Eg (08) | | |
| Contact | Person's Mobile | Number | |
| | | | |
| Must be a | n Australian phone r | umber. | |
| Contact | Person's Email | Address * | |
| | | | |
| Must be a | n email address. | | |
| | | | |
| Is your | organisation bei | ng Auspiced? * | |
| | ganisation is unincor ed as a legal entity. | porated your applica | O No tion must be auspiced by another organisation that |
| 2.2.6 | | | |
| 2.3 Coi | mplete only if | your organisat | tion is being Auspiced |
| | nsure approval is on the section. | btained from the I | nominated auspice organisation prior to |
| Name of | f Auspicing Orga | nisation * | |
| | tion Name | 5411011 | |
| | | | |
| Organisat | ion name | | |
| Auspice | Organisation's I | Postal Address * | |
| Address | - | | |
| | | | |

Tax Concessions

| Address Li | ne 1, Suburb/Town, | State/Province, and | Postcode are required. | |
|--------------------------|--|-----------------------------|--------------------------------|--------------------------|
| Auspice | Organisation's V | Vebsite | | |
| Marablana | LIDI | | | |
| Must be a | UKL. | | | |
| Auspicin Title | g Organisation's First Name | Contact Person Last Name | 1 * | |
| | | | | |
| Auspicin | g Organisation's | Contact Person | 1's Position * | |
| Auspicin | g Organisation's | Contact Person | n's Phone Number * | |
| | n Australian phone n ea code. Eg (08) | umber. | | |
| Auspicin | g Organisation's | Contact Person | n's Email Address * | |
| Must be an | n email address. | | | |
| Mast be at | remail address. | | | |
| Authority Attach a f | y from Auspicing | g Organisation * | • | |
| / tetaerr a r | inc. | | | |
| | ach letter from the a an authorised perso | | on confirming agreement rson). | to auspice. This must be |
| Auspice | Organisation's A | ABN * | | |
| - | J | | | |
| | provided will be us at you have entere | • | following information. ly. | Click Lookup above to |
| Informatio | on from the Australia | n Business Registe | r | |
| ABN | | | | |
| Entity nan | ne | | | |
| ABN statu | S | | | |
| Entity type | | | | |
| | Services Tax (GST) | | | |
| DGR Endo | rsed | | | |
| ATO Chari | ty Type | More inform | <u>ation</u> | |
| ACNC Reg | istration | | | |

| Main business location | | |
|--|--------------------------------|--|
| Must be an ABN. | | 1 |
| Auspice Organisation's ACN (if appl | icable) | |
| Must be a number. | | |
| 3. Project Information | | |
| * indicates a required field | | |
| 3.1 Project Details | | |
| Project Title * | | |
| | | |
| Short project description * | | |
| | | |
| Word count: Must be no more than 150 words. Provide a short description of your project ex | xplaining what you plan to do. | |
| Upload a detailed description of the Attach a file: | e project | |
| For example Business Plan, Project Plan, Bus | siness Case etc. | |
| Estimated Project Start Date | | |
| | | |
| Must be a date. | | |
| Estimate Project End Date | | |
| Must be a date. | | |
| | | red in? * aroona, Shire of |
| Which sector is most applicable to y Agriculture Economic | your project? * O Housing | ○ Tourism |
| CommunicationsCultureDevelopmentEducation/TraEnvironment | ining O Mining O Recreational | TransportUtilities, Power & |

| ○ Community ○ Health ○ Retail Trade ○ Other Services |
|--|
| 4. RED Grants Objectives |
| * indicates a required field |
| 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? |
| |

| Wo | rd | - | ın | + - |
|-----|-----|-----|----|-----|
| VVO | r a | COL | un | L: |

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

4.3. Developing skills or capabilities

| What core skills or capabilities will be developed, and how t | will this address |
|---|-------------------|
| regional gaps and be applied to generate jobs and growth? | |
| | |
| | |
| | |

Word count:

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

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:

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 performance of the applicant's business or organisation?

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 Collection Explanatory method notes

Form Preview

| Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics. | What is the starting point? Identify a figure that reflects the current situation. Must be a number. | , | the target be reached? | Add notes if you need to provide more context. |
|---|--|---|---------------------------|--|
| | | | | |
| | | | | |
| | | | | |

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

* 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.

| Expenditu r eunds | | tApplicant Other contributi d unding d(Cash) (exSource/s | | Name of other funding | Other Funding Source | Confirmed Funding? | |
|--------------------------|--------------------------------|---|--------------------------------|-----------------------------|--------------------------------|--------------------|--|
| | (Ex GST) | GST) | (Ex GST) | source/s | Entity Type | | |
| | Must be a dollar amount. | Must be a dollar amount. | Must be a dollar amount. | | Where is the money being | | |

Form Preview

| | | 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 | ¢ | ¢ | |
| \$ | \$ | 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? * |
| |
| NOTE: This does not include State funding. Please describe whether the project will be self-funded from cash reserves, external investment either as equity or debt, bank loan or other form of debt financing. |
| Can the project proceed if the applicant is not successful in obtaining the full requested funding amount (RED Grant and Other Funding - if applicable)? * O Yes No |
| If yes, explain how the project could proceed with reduced funding and how this may affect project. |
| |
| Options to consider: increasing the applicant co-contribution; modifying the project; or breaking the project into stages. |
| Quotes and Other Funding |
| Attach quotes and evidence of secured funding from other sources. |
| Attach a file: |
| |

5.5 Other RED Funding

Form Preview

| Are you applying for RED Grant funding from more than one Regional Development Commission for this project? * | | | | | | | |
|---|--|-----------------------|--|--------------------|--------------------------------------|--|--|
| Yes If yes, please ad | O Yes O No If yes, please advise which Commission/s and the application number if known. | | | | | | |
| | | | | | | | |
| | | | | | | | |
| RDC Region | | | Application n | umber (if kn | own) | | |
| | | | | | | | |
| 5.6 Other F | unding Prog | rams | | | | | |
| | | | en approved fo | or funding fo | r this project | | |
| from any oth O Yes | er State Gove | rnment progra | am? * ○ No | | | | |
| If yes, please pr | ovide details inclu | iding the amount | requested and th | e funding statu | S. | | |
| | | | | | | | |
| Please add add | ditional 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. | | | | |
| | | | \$ | | | | |
| | -1 | • | | • | | | |
| Outline the r | eason why Sta | nte Governme | nt funding is s | ought for th | e project? * | | |
| | - | | | _ | | | |
| Why is Governm | nent funding requi | ired? Has a loan o | or equity funding b | peen investigat | ed for the project? | | |
| , | 3 - 4 | | | 3. | | | |
| 6. Partners | ships and C | ollaboratio | 1 | | | | |
| * indicates a re | • | | | | | | |
| 6.1 Stakeho | older Engage | ement | | | | | |
| Provide the r | names and det | ails of local s | takeholders an | nd their leve | l of support for | | |
| the project. | | | | | | | |
| | | | | | | | |
| Word count: | | | | | | | |
| MAX: 600 words | ng and decision m | | lved local governr oject. Letters of so | | community and provided to support | | |

Letters of Support (Optional)

Form Preview

| Attach a file: |
|---|
| |
| 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? * O Yes O No Local content for the purposes of this RED grant application refers to the sourcing of goods and services in the Peel 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

Is the project ready to start if grant funding is approved? *

○ Yes ○ No

If No, please contact the Peel Development Commission on (08) 9535 4140 before proceeding with this application.

Has a feasibility study or business plan including a cash flow analysis been prepared for the project? *

| O Yes If yes, please upload the document | O No nt in the next que: | | Not Applicable | | | |
|--|--|-----------------|----------------------------------|--|--|--|
| Please upload a copy of the Attach a file: | e feasibility st | udy or busines | ss plan. | | | |
| 7.1 Approvals | | | | | | |
| Have the necessary planni | ng and/or build | ding approvals | for the project been | | | |
| <pre>obtained? *</pre> | ○ No | | Not Applicable | | | |
| Planning/Building/License no. | Status | | Planning Documents (Optional) | | | |
| | | | | | | |
| | | | | | | |
| 7.2 Timeline and Milest | ones | | | | | |
| Please complete the project mundertaken as part of your protimeline (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 project is managed responsibly? * | | | | | | |
| | | | | | | |
| Who will manage the project and | Who will manage the project and what qualifications, skills and experience do they have? | | | | | |

Form Preview

| | ntenance costs for the proje | ect be met beyond the |
|--|--|--|
| funding period? * | | |
| | | |
| For example, if the project creates organisation plan to sustain these | two new jobs, or commissions new jobs / cover maintenance costs? | w equipment, how does the |
| 7.4 Risk Assessment for | your Project | |
| influence) and include issues the achievement of the stated | th the Project (that the applicant of the Project property of the Project property outcomes being achieved will minimise the effects of each | ogressing or that may hinder ed. Consider and explain the |
| Probability: | | |
| Low - Unlikely to occur during | the project period and with littl | e impact on the project |
| Medium - Possibility of occurr | ence and with some impact on | the project |
| High - Very likely to occur dur | ing the project period and pote | ntially impacting heavily |
| Please complete the Risk Asses Management Plan to your appl | ssment table below, or attach a ication. | copy of your Risk |
| Risk Description | Risk Probability | Mitigation Strategy |
| | (Low, Medium or High) | |
| | | |
| | | |
| | | |
| Risk Management Plan (Opt Attach a file: | | |
| Upload a copy of your Risk Manag | ement Plan | |
| 8. Market Viability and | d Commercialisation | |
| * indicates a required field | | |
| 8.1 Market Conditions | | |
| Please provide a summary | | |
| your project | assessment of the market c | onditions in relation to |

| Describe any major competitors to your project or project activity in the region |
|---|
| Eg. product or service, proximity, technologies, barriers to market, price. |
| 8.2 Financial Information |
| To enable the Peel Development Commission 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 |
| Please provide further details or comments relating to your answer above * |

Form Preview

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. |
| ☐ 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 independen |
| 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 *

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| Title | First Name | Last Name | | |
|-----------|------------------------|-----------------------|---------------------------|---------------------------|
| | | | | |
| The perso | n who has the legal | authority to sign the | Grant Agreement if this a | application is successful |
| Position | /Title * | | | |
| | | | | |
| | | | | |
| Name o | f Organisation (L | egal Entity) * | | |
| | | | | |
| Name of o | organisation as listed | in official documen | tation such as ABR, ACNC | or ATO. |
| Email * | | | | |
| | | | | |
| Must be a | n email address. | | | |
| Dated * | | | | |
| 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!