

Small Scale Abattoir Feasibility Voucher Program

Form Preview

Small Scale Abattoir Feasibility Voucher program

* indicates a required field

Before completing this application form, you should read the Small Scale Abattoir Feasibility Voucher Program Guidelines to familiarise yourself with what is eligible under this Project. The program guidelines are available [here](#)

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.

If the information is not provided within the nominated timeframe your application may be declined. You may reapply when you have all relevant information at hand.

The purpose of this program is making funding available for eligible applicants to seek expert advice and planning from professional consultants to examine the feasibility of boutique or mobile abattoirs to support high value custom meat processing in Western Australia. Assistance will be provided by way of a voucher of **up to \$10,000**, which must be matched by funding by the applicant.

Privacy Statement

Information provided by applicants or collected by DPIRD in relation to an applicant or their proposal may be used in the administration of the Voucher Program and in the assessment of this application.

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

I have read and understood the Privacy Statement and I consent to and authorise such uses and disclosures *

Yes

Applicant Eligibility Criteria

To be eligible for the Voucher Program you must be able to answer **YES** to ALL questions below to submit an application. If you answer NO to any question or you are unsure about what the question means, please contact SSAFvouchers@dpiird.wa.gov.au before proceeding with your application.

Do you operate as an individual, sole trader, partnership, trust, cooperative or private company? *

Yes

No

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Are you based in, and be looking to investigate the feasibility of a project located in, regional and/or metropolitan Western Australia. *

- Yes No

Are you capable of entering into a legally binding agreement with the Western Australian Government? *

- Yes No

Do you agree that the total cost of professional services funded by DPIRD is up to \$10,000 (exclusive of GST)? *

- Yes No

Do you agree to meet the voucher's required cash contribution matched dollar-for-dollar up to a maximum of \$10,000 (exclusive of GST)? Noting that anything above \$10,000 is at the applicant's cost. In-kind contributions do not count towards the applicant co-contribution. *

- Yes No

Do you agree that any additional costs that are deemed to be ineligible are to be met by the Recipient? *

- Yes No

Will you provide an eligible quote for the scope of work to be undertaken, which must meet requirements as stated in the guidelines? *

- Yes No

Do you agree to participate in the program evaluation (e.g. survey and/or interview) to assist DPIRD in understanding the impact of the program? *

- Yes No

Have you attended or intend to attend a facilitated session with DPIRD? *

- Yes No

Please email SSAFvouchers@dpird.wa.gov.au to register your interest in attending a facilitated session."

Have you answered **YES** to ALL questions above? If not, please contact SSAFvouchers@dpird.wa.gov.au before proceeding.

Applicant Details

* indicates a required field

Applicant Information

Name of Contact Person *

First Name

Last Name

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Organisation Name (if applicable)

Organisation Name

Trading name (if different from above)

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Address *

Address

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

Postal Address (if different from above) *

Address

Website

Is your entity a Trust? *

Yes No

Trustees can only receive and administer grant funding if empowered to do so by the Trust Deed.

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Please upload a copy of your Trust Deed

Attach a file:

Position of Contact person *

Phone Number *

Must be an Australian phone number.

Email *

Voucher Activities

* indicates a required field

Your project activities must address an aspect of feasibility for the establishment and operation of a new boutique or mobile abattoir in WA.

This could include (but is not limited to):

- Market analysis of supply and demand factors (e.g. continuity of supply).
- Potential costs around infrastructure and ongoing maintenance.
- Analysis of the operational model and/or regulatory requirements.
- Potential locations and investigation of site suitability.
- Potential business structures.

What attracted you to this program? Please explain your current interests and activities *

Describe the specific issue or need you want to address (200 words recommended)

Please describe what you want to do and how it relates to the intent of the voucher program. *

Provide a short description of your project - what are you out to do? Describe the specific issue or need you want to address.

What are the planned activities and timeframe estimates?

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Briefly list (bullet points) the specific activities that will take place and where they will take place (200 words recommended). Note project activities must be completed within 6 months of voucher being issued.

Indicative Start Date

Must be a date.

Please note: your activities cannot start prior to a voucher being awarded.

Indicative End Date

Must be a date.

Please note: all activities must complete within six months of voucher being awarded.

Service Provider

Professional Service Providers nominated by the applicant to complete consultancy works, may be publicly funded entities, not-for-profit enterprises or privately owned businesses.

Applicants and service providers must be entirely separate entities. For example, they may not be owned by the same parent company, share governance, have common directors or be direct/indirect familial relations.

The applicant must provide evidence that the Professional Service Provider has experience or expertise in the delivery of one or more categories. This program is funded by the Western Australian Government and the preference is for applicants to use locally based Professional Service Providers where possible.

NOTE TO PROFESSIONAL SERVICE PROVIDERS AND APPLICANTS

Quotations, at a minimum, should include methodology, key elements and tasks relevant to the feasibility study, time allocation of specified personnel, travel allowances (if applicable) and a payments schedule.

Quotes should include itemised proposed expenditure that identifies:

- Expenditure heading relating to the proposed scope of work headings.
- Must include a line item for each service or cost incurred by the provider.
- Include units that are being quoted, number of units and cost per unit.

Ineligible items, as per the guidelines, will be deducted from the quotation when assessed.

ONLY ONE QUOTE to be uploaded per application. A single voucher may be redeemed via one payment by DPIRD to one service provider.

Please provide a **written quotation** from your proposed Professional Service Provider.

Service Provider nominated *

Organisation Name

e.g. Name of the Service Provider company/business

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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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Service Provider Contact Name *

Service Provider Phone Number *

Must be an Australian phone number.

Service Provider Email *

Must be an email address.

Website of Service Provider or URL of other relevant information (optional)

Must be a URL.

Please provide a brief outline of their expertise and or previous experiences in the type of works being requested.

Include any professional accreditations and memberships, qualifications and/or testimonials

The applicant and service provider are entirely separate entities. For example, they may not be owned by the same parent company, share governance, have common directors or be direct/indirect familial relations. *

Yes, confirmed they're independent No

Quotation and Evidence of Service Provider experience/expertise *

Attach a file:

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Declaration

* indicates a required field

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 declare *

- I am authorised to complete this form.
- I have read and accept the requirements of the Guidelines; and understand I may be requested to provide further clarification or documents to verify the information supplied in this form.
- the information contained in this application (including any attachments) is to the best of my knowledge, true, accurate and complete, and I will inform the Voucher Program immediately if any of the circumstances described in my application changes.

Name of Authorised Person *

Position/Title

Business Entity Name

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

Date *

Once the form is submitted via SmartyGrants, this form will be deemed to have been signed by the above.