#### Introduction

\* indicates a required field

### Program Aim

The Small Business Growth Grant has been designed to foster the growth and success of small businesses by supporting them to invest in three categories:

- 1.**Market Expansion** Taking existing products and services into new geographic markets, new psychographic segments, or accessible to totally new customers.
- 2.**Product/Service Diversification** Broadening the scope of products and services the business provides in order to tap into new sources of revenue and market share, purchasing equipment or investing in capital works to facilitate business growth.
- 3. **Digital Transformation** Integrating digital technology into a business to improve customer experience and operational process, build business agility and productivity and evolve the business model.

### Please read the <u>Small Business Growth Grant Guidelines</u> carefully before applying.

Please note:

- 1.Applicants must complete all sections of this application form and attach relevant documentation to this application to be eligible to be funded.
- 2.All grants are subject to availability of funds, eligibility and assessment requirements.
- 3.A submission of an online application for the City of Port Adelaide Enfield's grants programs is an acknowledgement that applicants will abide by the conditions of any grant approval.
- 4.Only one application will be considered for funding, per applicant, per financial year.

Prior to submitting your application, we recommend you discuss your proposed application with a member of our Economic Development team on 8405 6600 or at <a href="mailto:business@cityofpae.sa.gov.au">business@cityofpae.sa.gov.au</a>

#### **Assessment**

Applications will be assessed as they are received and applicants will be notified of the outcome of their application within 4 weeks of submission date.

Applications will be assessed by City of PAE staff against the criteria outlined in the <u>Small</u> Business Growth Grant Guidelines.

The decision of awarding grants will be made by City of PAE staff with appropriate delegations.

### **Eligibility Checklist**

Before submitting your application, please check that you meet the eligibility criteria – all boxes must be ticked for your business to be eligible for this grant program.

The Busi	iness: *
	ated within the City of PAE
	egal entity with an active ABN and appropriate public liability insurance (\$20
million)	ower than 20 full time equivalent (ETE) employees or is a sale preprietor or part of s
	ewer than 20 full-time equivalent (FTE) employees or is a sole proprietor or part of a partnership at the time of application
	een operational for more than 12 months
	a branch, franchise, subsidiary of a large company, fundraising or political
	tion, not for profit organisation, government entity
	applying for retrospective payments or budget deficit payments
	applying to cover ongoing costs associated with the running of the business (eg.
	operational costs, rates, utility bills, rent, cleaning, maintenance, etc.)
□ does i	not have any outstanding debts to the City of PAE
	not have any outstanding acquittals for any previous funding received from the
City of PA	
□ is not	owned by an Elected Member or employee of the City of PAE
<b>Applica</b>	ant Details
with the tr	
* indicate	es a required field
Busines	ss Details
Busines	55 Details
Applican	nt Business Name *
Organisat	tion Name
Council's o	grant funds will only be paid into a Bank Account in this name
	y
Contact	Person *
Title	First Name Last Name
Position	within business *
FUSICIOII	within business
(ie. owner,	, manager)
<b>.</b>	
Contact	Phone Number *
Must be ar	n Australian phone number.
	number is not a mobile please put "08" at the beginning to help with validation.
Contact	Email Address *
Must be an	n email address.

Primary (physical) Address of Business \*

Address		
Postal Address * Address		
Business Website		
This is only if you have one		
Applicant ABN *		
The ABN provided will be used to check that you have entered the	look up the following information. ABN correctly.	Click Lookup above to
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		
Must be an ABN.		J
Discourse de la companya de la compa		
Attach a file:	current Public Liability Insuran	ice certificate *
The insurance must be in date and for	or a minimum of \$20 million.	
How long has the business be ∴ Less than 12 months	een operational? *	
Between 1 and 3 years		
<ul><li>Between 3 and 5 years</li></ul>		
<ul><li>Between 5 and 10 years</li><li>Over 10 years</li></ul>		

How many FTE employees does the business currently employ? \*

Must be a number.
Investment Details
* indicates a required field
Investment Summary
What is your business investing in? *
Must be no more than 15 words.  This needs to be the product/service/equipment you are investing in and the business name (ie. New commercial espresso machine at "name of the business")
Please provide a short summary of your proposed investment (product/service/equipment) *
Word count: Provide a short description (100 words recommended) of your investment and motivation behind it.
Investment start date *
The investment must start at least 4 weeks after this grant application is submitted.
Investment end date *
The investment must be completed within a 6-month period.
What is the total cost of your investment? *
Please note that this needs to match the amount in the quote requested below.
Please upload any quotes in relation to your proposed investment * Attach a file:
Multiple files can be uploaded
What is the grant amount sought from the City of PAE? *
You can apply for a maximum of 50% of the total investment cost, between \$1,000 and \$5,000 in a single application.
What is the financial contribution from your business? *
This needs to be at least 50% of the total investment cost.

### **Investment Rationale**

investment category - please select the investment category that is most closely
aligned to your proposed investment *  ☐ Market Expansion - taking existing products and services into new geographic markets,
new psychographic segments, or accessible to totally new customers.
<ul> <li>Product/Service Diversification - broadening the scope of products and services the</li> </ul>
business provides in order to tap into new sources of revenue and market share, purchasing
equipment or investing in capital works to facilitate business growth.
☐ Digital Transformation - integrating digital technology into a business to improve
customer experience and operational process, build business agility and productivity and
evolve the business model.
You can choose more than one option, if applicable.
Tou can choose more than one option, it applicable.
Return on investment - please address in detail how your proposed investment is
expected to achieve the outcomes linked to the specific investment category (or
categories) selected above *
Word count:
Must be no more than 200 words.
Effective implementation - please outline how the grant and the 50% matched
funding provided by your business will be expended within planned timeframes *
Word count:
Must be no more than 200 words.
Long-term viability of the investment - please outline how the proposed
investment will continue to provide benefit in an ongoing capacity after the initial
expenditure of funding *
Word count:
Must be no more than 200 words.
If available, please upload any other documents in relation to your proposed
investment
Attach a file:
Multiple files can be uploaded. Technical documentation is likely to be provided by product seller/
installer or service provider of choice.
Approvals
Approvais
Data was a sure and investment was sold a selected as a se
Does your proposed investment require relevant permission from property owner
(or landlord) and/or Development Approval (DA) to proceed? *
□ No
☐ Yes - Property Owner permission

☐ Yes - Development Approval If you are unsure about Development Approval requirements, please contact us on 8405 6600 and ask to speak to a Duty Planner.	
Please upload relevant permission from property owner or landlord to proceed with proposed investment * Attach a file:	
Multiple files can be uploaded	
Please upload relevant Development Approval submission and/or approval documentation * Attach a file:	
Multiple files can be uploaded	
Bank Details	
Council's payment method is only by Electronic Funds Transfer (EFT). <b>Council will not provide cheques.</b> Grant funds will be automatically deposited into the following nominated account and must be in the name of the person/organisation completing the Terms and Conditions section of this application form.	
Bank or Credit Union Name *	
Account Name	
BSB Number Account Number	

### **Terms & Conditions**

\* indicates a required field

A submission of an online application for the City of Port Adelaide Enfield's grants programs is an acknowledgement that applicants will abide by the conditions of any grant approval.

- I, being the applicant completing this application form, certify and agree with the following terms and conditions:
  - 1.That failure to comply with these conditions may preclude our organisation from accessing further grant funds in the future.

- 2.To abide by the conditions under which the City of Port Adelaide Enfield may approve funding of this request.
- 3.Products/services/equipment supported through the grant program must be purchased/ sourced from legitimate businesses/providers and installed by appropriately licensed and accredited installers, and installed and maintained in accordance with any industry standards and relevant guidelines, and in a manner that does not pose risks to the health or welfare of any person.
- 4.Council will accept no liability in any respect for any claim or damage, of any form which may result from the proposed investment (product/service/equipment). The applicant will have full responsibility for all acts and failures to act by any party in relation to design, documentation, contract(s) or the work on site.
- 5.To submit an acquittal to Council, within two months of the purchase/implementation of products/service/equipment.
- 6.I certify that the statements and information provided (including attachments) in this application are true and correct in every particular.
- 7.I confirm that I have read and understood the conditions for funding as outlined within and accept and agree to abide by the conditions.
- 8.I also agree to acknowledge Council's funding of the project in any publicity or promotion.
- 9.I further agree that monies received from the City of Port Adelaide Enfield will be expended within six months from approval and in accordance with Council's approval letter. Any monies not expended will be returned to the City of Port Adelaide Enfield.
- 10.agree that should my application for funding be approved, Council may provide any information contained herein to the public in any form and/or use this information to promote their grant and sponsorship programs.
- 1Any changes to the agreed expenditure of Council's grant funds must be negotiated in writing with Council's Economic Development team.
- 12.agree to abide by any Terms and Conditions herein and as outlined in the <u>Small</u> Business Growth Grant Guidelines.

#### I agree to abide by the above Terms and Conditions \*

○ Yes, I agree

In compliance with the *Information Privacy Act 2009* (the Act) personal information on this form may be stored in the City of Port Adelaide Enfield's records database and may also be used for statistical research, information provision and evaluation of services. Your personal information may be provided to the financial institution which handles City of Port Adelaide Enfield's financial transactions and may be disclosed to other agencies and third parties for purposes related to this application and/or monitoring compliance with the Act. Except in these circumstances, personal information will only be disclosed to third parties with your consent unless otherwise required or authorised by law.