

Small Business Growth Grant - Application Form

Form Preview

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 co-investing in strategic projects that align to three categories:

1. **Market Expansion** - Bringing existing products or services into new geographic markets, or making them accessible to entirely new audiences.
2. **Product/Service Diversification** - Broadening the scope of products and services the business provides to expand or diversify its offerings and unlock additional revenue streams.
3. **Digital Transformation** - Integrating digital technology into a business to enhance customer experience, streamline operations, and improve business agility and productivity.

Please read the [Small Business Growth Grant Information Sheet](#) 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 business@cityofpae.sa.gov.au

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 [Small Business Growth Grant Information Sheet](#).

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

Eligibility Checklist

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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 Business: *

- ☐ operates from a physical location within the City of PAE, and/or has the principal place of business registered within the City of PAE
- ☐ is a legal entity with an active ABN and appropriate public liability insurance (\$20 million)
- ☐ has fewer than 20 full-time equivalent (FTE) employees or is a sole proprietor or part of a business partnership at the time of application
- ☐ has been operational for more than 12 months
- ☐ is not a branch, franchise, subsidiary of a large company, fundraising or political organisation, not for profit organisation, government entity
- ☐ is not applying for retrospective payments or budget deficit payments
- ☐ is not applying to cover ongoing costs associated with the running of the business (eg. salaries, operational costs, rates, utility bills, rent, cleaning, maintenance, etc.)
- ☐ is not applying for professional development courses or other forms of individual professional upskilling programs
- ☐ does not have any outstanding debts to the City of PAE
- ☐ does not have any outstanding acquittals for any previous funding received from the City of PAE
- ☐ is not owned by an Elected Member or employee of the City of PAE

Applicant Details

* indicates a required field

Business Details

Applicant Business Name *

Organisation Name

Council's grant funds will only be paid into a Bank Account in this name

Contact Person *

Title First Name Last Name

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Position within business *

(ie. owner, manager)

Contact Phone Number *

Must be an Australian phone number.

Where the number is not a mobile please put "08" at the beginning to help with validation.

Contact Email Address *

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Must be an 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 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.

Please upload a copy of your current Public Liability Insurance certificate *

Attach a file:

The insurance must be in date and for a minimum of \$20 million.

How long has the business been operational? *

- ☐ Less than 12 months
- ☐ Between 1 and 3 years
- ☐ Between 3 and 5 years
- ☐ Between 5 and 10 years
- ☐ Over 10 years

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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 *

Word count:

Provide a short description (100 words recommended) of your investment and explain how it will drive impactful and measurable growth for your business.

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. Please ensure that the quotes include itemised costs, the supplier's name and their ABN.

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? *

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\$

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 - bringing existing products or services into new geographic markets, or making them accessible to entirely new audiences.
 - ☐ Product/Service Diversification - broadening the scope of products and services the business provides to expand or diversify its offerings and unlock additional revenue streams.
 - ☐ Digital Transformation - integrating digital technology into a business to enhance customer experience, streamline operations, and improve business agility and productivity.
- You can choose more than one option, if applicable.

Return on investment - please address in detail how your proposed investment is expected to drive impactful and measurable growth and deliver against the desired outcomes (ie. the investment category 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

Does your proposed investment require relevant permission from property owner (or landlord) and/or Development Approval (DA) to proceed? *

- ☐ No

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- ☐ 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). **Council will not provide cheques.** 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 details *

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.

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- 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.
- 11.Any 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 [Small Business Growth Grant Information Sheet](#).

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.