Are you eligible?

* indicates a required field

The Town of Victoria Park is here to help you complete your grant application.

Before you start the application browse through the form and speak with the Place Leader of Economic Development by calling 9311 8111 or emailing business@vicpark.wa.gov.au

Incomplete applications and/or applications received after the closing date may not be accepted.

Eligible Applicants -	Indicate which cate	egory best suits you	or your organisation
as the Applicant *			

To proceed, please confirm you meet the Eligibility Criteria below. If you do not meet one of the criteria, please speak with the Town's Economic Development team.

- Your initiative will take place primarily within the Town of Victoria Park local government area.
- Your initiative is not a standard operational expense.
- You do not have an outstanding financial debt with the Town.
- You have adequately acquitted all previous grants with the Town.
- You own or hold the appropriate permission to use any intellectual property associated with the initiative.
- You are applying for an amount of \$10,000 or less.
- You have (or are able) to purchase public liability insurance to the value of \$10 million should the initiative require it.

Please select: *

- Yes, I meet the criteria above.
- O No, I do not meet the criteria above, but have support from the Place Leader to submit an application.

If you do not meet the criteria or do not have the support from the Place Leader DO NOT submit this form.

Comments (optional)	
Are you an employee of the Town, an Elected Moor Elected Member or a 'closely associated personal Government Act)? *	
Yes/no. If yes, please provide details	

Economic Development Grants 2024/25

Form Preview

Upload your public liability insurance (if applicable). Attach a file:
Conflict of Interest
The applicant must declare and provide details of any potential or perceived conflicts of interest. Are there any circumstances, arrangements or understandings which constitute, or may reasonably be perceived to constitute, an actual or potential conflict of interest with either the applicant's obligations to adhere to the Funding Agreement or which unduly impact the application? If an Elected Member works for or resides on an applicant's Board of Management or similar governing body, this must be declared as a conflict of interest and addressed below.
Please select: * O Yes O No
If yes, please provide sufficient details as to how the actual or perceived conflict of interest arises
Upload your Certificate of Incorporation. * Attach a file:
Upload letter confirming auspicing by Incorporated Association. * Attach a file:
Upload Certificate of Incorporation of auspicing Incorporated Association. Attach a file:
Who are you?

Who are you?

* indicates a required field

Use or disclosure of personal information

Any personal information we collect through victoriapark.wa.gov.au may be used or disclosed for the primary purpose for which it was collected, for example to allow us to

answer your enquiry or process your transaction. Personal information will be dealt with in accordance with the applicable legislation in Western Australia and consistent with any legal obligation. To view our privacy statement go to victoriapark.wa.gov.au

Council reporting

The information provided in your application will be provided to Council for approval and made public via a Council agenda. Personal details will not be released publicly.

Applicant Details

Organisation Name Oldividual Organisation Name	* Organisation
First Name	Last Name
Postal Address * Address	
Contact Phone Num	ber *
Contact Email *	

Applicant ABN (unless ATO Statement of Supplier form applicable)

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

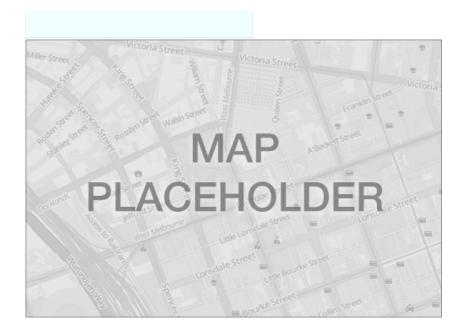
Information from the Australian Bus	iness Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information

ACNC Registration				
Tax Concessions				
 Main business loca	ation			
Must be an ABN.				J
Are you registe	red for GST?			
ATO Statement	hv A Supplier			
		s cunnly a "	Statement by A Supplic	er" form from the
			d here <u>Statement by a</u>	
ABN.			•	
Attach a file:				
Attach a me.				
Upload completed /	ATO Statement hy	Δ Supplier fo	nrm	
opioda completea /	A Statement by	7 Supplier 1		
Applicant Bank	Account			
Account Name				
BSB Number	Account Numbe	er		
Must be a valid Aus	atralian bank acca	unt format		
Must be a valid Aus	strallari Darik accot	unt format.		
Auspice Cont	act Details			
·				
		corporated	Association, please pr	ovide your auspice
organisation cont	act details.			
Auspice Organi	sation *			
Organisation Nan	ne			
Avenies Doctol	A al al			
Auspice Postal . Address	Address *			
Address Line 1 Suk	hurh/Town State/P	Province Pos	tcode, and Country are re	aguired
Address Lille 1, Sur	Jui b/ Town, State/F	TOVITICE, FUS	icode, and country are re	equired.
Auspice Primar	y Contact Pers	on		
Auspice Phone	Number *			
Must be an Australi	ian phone number			

Auspice Mobile	Phone Number		
Must be an Australi	an phone number.		
Auspice Email *			
Must be an email a	ddress.		
Auspice ABN (u	nless ATO Statement of	Supplier Form applic	able)
	d will be used to look up the ave entered the ABN correct		Click Lookup above to
Information from the	he Australian Business Registe	r]
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services	Гах (GST)		
DGR Endorsed			
ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business loca	tion		
Must be an ABN. Is your auspice	organisation registered	for GST?	
ATO Statement	by A Supplier		
	ce organisation does not had om the Australian Taxation (ing an ABN.		
Attach a file:			
Auspice Bank A Account Name	ccount		
DCD Novemb	A annual Number		
BSB Number	Account Number		

Must be a valid Australian bank account format.

Previous Grants or Funding
List any previous Grants or Funding you've applied for over the last three years with the Town (grant year / project name / successful or unsuccessful / amount received).
What are you planning?
* indicates a required field
Demonstrate that the project occurs within the Town of Victoria Park and benefits local businesses (10% weighting)
Answer the below questions to demonstrate that the proposed project will benefit multiple businesses or the local economy in Town of Victoria Park.
Initiative Title *
Brief Description of Initiative *
Word count: Must be no more than 100 words. Provide a short description of your initiative - what are you out to do?
Anticipated Start Date *
Must be a date.
Anticipated End Date *
Must be a date.
Initiative Location / Address
Provide the address and/or describe the location where the initiative will happen. If applicable
Pinpoint Location (if applicable) Address
Addiess



How will you plan and deliver the project?

* indicates a required field

Demonstrate the feasibility of the Project, activity or program (30% weighting)

Answer the below questions and fill out the budget table at the end of this application to demonstrate the feasibility of the proposed project.

High scores will be awarded to applications that have identified critical risks, budget, external approvals and delivery needs and have realistically accounted for these in their timeframes and budget.

What are the key steps (and associated timeframes) required to make this initiative happen? *

Please provide an overview of the steps and rough time each will take (ie 2 weeks, 1 month etc)

Please list any risks and how they will be managed. *

If you aren't sure, please contact your local Place Leader or the Economic Development team to discuss.

How are you promoting or marketing the initiative? (if applicable). How will you acknowledge the Town's contribution? *

Write "n/a" if not relevant.		
Do you need any permissions from third parties, including any statutory approvals? *		
List any needed eg. tenants, building owner, landlord, development approval, road closure, park booking etc. and when these will be secured. Write "n/a" if not relevant.		
Tell us about your experience managing initiatives like this. *		
Word count: Must be no more than 100 words.		
How will the project benefit local businesses or the local economy?		
* indicates a required field		
Demonstrate how your project will benefit local businesses or the local economy(60% weighting)		
Answer the below questions to demonstrate how the proposed project will benefit local businesses or the local economy.		
High scores will be awarded to applications that demonstrate the project will deliver exceptional outcomes in relation to one or two listed benefits, or very good outcomes for 3 or more listed benefits.		
Which of the following benefits will your initiative deliver? * □ Substantial improvements to the amenity of the public realm that will attract visitors to		
the area. ☐ Substantial activation of underutilised or vacant spaces that will attract visitors or		
investment to the area. ☐ Provide a unique and visible retail or service offering that will attract visitors to the Town		
of Victoria Park. — Foster networking and collaboration between local businesses.		
☐ Provide unique, regionally significant promotion, development or investment for the Town of Victoria Park's local economy.		
☐ Foster innovation industries or innovative business practices in the Town of Victoria		
Park's local economy. Your initiative must support at least one of the target benefits. Choose as many as apply.		

Please provide further information on how your project supports the benefit/s selected above. * Word count: Must be no more than 400 words. We recommend a paragraph of 3 to 6 sentences to ensure sufficient detail is provided. How are you funding the project? * indicates a required field Total Grant Funds Requested (including GST) * \$ Must be a dollar amount. Initiative Budget Include income from any other sources of funding or sponsorship. Please ensure the "Income-Expenditure" below, equals the "Total Grant Funds Requested" above. Please make sure this is as accurate as possible- if you are awarded a grant, your acquittal will be checked against this budget.
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Income Items \$ (including GST) Expenditure Items \$ (including GST)
Funding from other Itemised costs of the
sources or ticket sales initiative you're seeking etc. grant funding for.
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Quotes

You must supply quotes to support how you plan to spend the grant funding.

For expenditure less than \$5,000, the following is acceptable:

- 1x written quotation, which can include a live online shopping portal; OR
- 2x verbal quotations.

For expenditure greater than \$5,000, the following is acceptable:

• 3x written quotations, which can include a live online shopping portal.

The quotes must include the following information:

- Name, location and ABN or supplier;
- Itemised details of what is being supplied; AND
- Price including GST details.

Expenditure Item 1	Expenditure Item 2	Expenditure Item 3

In-Kind Contributions

The volunteer hours you or other organisations put into your initiative are important. Please estimate this and any other In-Kind Contributions below. Note - to calculate volunteer hours use \$40 per hour equivalent as recommended by ABS.

Item	Estimated Value (if applicable, including GST)
	Must be a dollar amount.
	\$
	\$
	\$

If you have anything else you would like to tell us about the budget, please do so here or upload files.

Word count:
Upload more information here Attach a file: