

Business Innovation

Grants

Program
Application



rockingham.wa.gov.au

Business Innovation











Grants Application Form

The City of Rockingham recognises that innovation and technology are essential for small businesses to stay competitive, adapt to change, and thrive in dynamic markets. Supporting local small businesses through the development of this Business Innovation Grants Program is in accordance with the City's Economic Development Strategy 2020 – 2025.

Applications will be accepted on an ongoing basis until the funding pool is exhausted. Please read the City of Rockingham Community Grants Program Policy and Business Innovation Grants Guidelines carefully and speak to the City's Senior Economic Development Officer prior to completing an application.

Eligibility Checklist

The applicant:		Yes	No
	is a business or project located in the City of Rockingham		
	holds a valid ABN and minimum tenure of 12 months at the time of applying		
	owns or has a lease of premise(s) within Rockingham		
	meets the definition of a small business (i.e. less than 20 employees, less than \$10 million turnover)		
	has current public liability insurance, workers compensation insurance, and other relevant insurances and/or business licenses		
	has supplied quotes for all purchases in accordance with the application guidelines		
	will remain in the City of Rockingham for a minimum of 24 months after acquittal		
	has consulted with a City staff member about the project prior to submitting the grants application		

Grants will **NOT** be considered if:



the business/applicant is operating outside of the City of Rockingham



the applicant is a not-for-profit (NFP) or incorporated association



the applicant is a school, government department or agency



the applicant is a trust fund, franchisee or subsidiary of larger companies



the applicant does not supply all supporting documentation, or the application is incomplete



the applicant is seeking funds for a project outside of those described in the eligibility streams



the applicant has already submitted a grants application within the current financial period and/or has failed to acquit any previous grants



the applicant is requesting funding for retrospective payments



budget items listed include travel expenses, employee salaries/wages, consumables, or any other costs considered to be general operating costs for the business.

The Business Innovation Grants application requires 30 working days to process.

All applications received will be considered by the Chief Executive Officer and a grants acquittal is required. For further information, please contact the City's Economic Development Team on **9528 0333** or email **economicdevelopment@rockingham.wa.gov.au**

Part 1 – Main Contact Details

Name:		Position:	
Mobile:		Phone:	
Email:			

Part 2 – Organisation Details

Registered Business Name		
Trading Name		
Registered Business Address		
Business Premise Address		
Business or Industry Type <i>(i.e. construction, hospitality, retail, tourism, etc.)</i>		
ABN Number		
Description of business <i>(Types of products/services offered)</i>		
Number of current employees <i>(Full time equivalent)</i>		
Website		
GST Registration:	Yes	No
Date of Establishment		

Part 2 – Organisation Details (continued)

Business Premise	Own Lease End date of lease:
Business Structure	Company Partnership Sole trader Other (please specify)
Public Liability Insurance	Yes No (the application will be deemed ineligible)
Current Financial Statement	Yes No (the application may be deemed ineligible)

Part 3 – Program, Project or Product Details

Program/Project/Product Name	
Expected Commencement Date	
Expected Completion Date	
Grants Stream (Pick one)	Technology and Digital Enhancement Business Innovation and Growth

Program/Project/Product Summary

In 200 words or less, please provide a summary of your proposed program, project or product, and how it aligns with the specified funding stream.

If successful, this will be used for media and marketing purposes.

Part 3 – Program, Project or Product Details (continued)

Estimated Total Cost (ex GST)	AU\$:
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Clearly identify what the grants funds will be used for in the program, project or product.

Productivity

Explain how the proposed program, project or product complements or improves your current business activity.

Capacity

Outline any track record of similar program(s), project(s) or product(s) that your organisation has previously undertaken.

Innovative

Describe how the program, project or product to be funded demonstrates uniqueness and/or a strong point of difference in your business market.

Part 4 – Budget Details

Please list the whole project cost, including all income and expenses (not just what is to be funded) – GST Exclusive. If the below table is insufficient, please upload the budget as a separate attachment.

Ensure the following details are included:

Amount requested by the City (as per Business Innovation Grants Guidelines, the maximum funding amount from the City will be matched funding of up to 50% of the total project cost).

Organisation contribution.

List of suppliers who will be engaged for the project, and reference to any local providers (note: utilising local providers will be favourable for the application).

Itemised quotes have been provided in line with the Business Innovation Grants Guidelines.

Income	Amount	Status
Requested funding from City of Rockingham		
Organisation contribution		
Other (please list all)		
Total income		

Expenses	Amount	Supplier
Total expenses		

Items to be funded by the City's Business Innovation Grants Program

Please specify the items to be funded by the City's Business Innovation Grants Program.

Do not include GST (where appropriate, 10% will be added to successful grants).

Quotes must be supplied for all items that require funding as per Business Innovation Grants Guidelines.

Item to be funded	Amount	Is the quote attached

Note: List additional items in separate attachment.

Part 5 – Funding from the City of Rockingham

Has your organisation previously received funding from the City of Rockingham?

(Please note the last three (3) years).

Title of funding program and name of program/project/product the funding was used for	Date of funding received (DD/MM/YY)	Amount of funding received AU\$	Acquittal Status* Completed/Not Required or In Process
1.			
2.			
3.			
4.			
5.			

Note*:

Completed: You have provided the detailed report to the Grants Officer and have received an email from the Grants Officer confirming completion.

In Process: Grant requires an acquittal but is not due yet.

Not required: Grant not required to be acquitted.

Part 6 – Conflict of Interest

Please declare any Conflict of Interest that may arise in the event the Grant is awarded.

Yes (explanation of the nature) None

Declaration of Applicant Section:

I hereby acknowledge and accept the terms and all the details provided are true and correct.

Signed on behalf of
the organisation

Date

Name	
Position Title	
Organisation name	

Part 7 – Application Submission Checklist

Have you:

	Completed all the applicable steps.
	Kept a copy of your signed application and attachments for your records.
	Completed Part 6 with signature for authorised office bearer.
	Completed and attached EFT Application Form.

Have you included the following documents with your application:
(Please submit only copies of original documents)

	A copy of your Incorporation Certificate.
	Copy of your Financial Statement.
	A copy of Public Liability Certificate.
	Proof of business location in Rockingham municipality (e.g. proof of business premise ownership or commercial lease agreement for a minimum length of 12 months).
	Organisational Chart (with indication of total number of FTE employees).
	Supplied written quotes.
	Copy of any other supporting documents/information (e.g. training program, product manual).

Please submit your application (including attachments) via email, post or in person:

In Person:	By Mail:	Via Email:
Customer Service City of Rockingham Administration Building Civic Boulevard Rockingham WA 6168	Community Capacity Building City of Rockingham PO Box 2142 Rockingham DC WA 6967	customer@rockingham.wa.gov.au Subject: Community Grants Program, Business Innovation Grants

Office use only:

Officer Recommendation
 Approve/Decline funding in the amount of \$ _____ for costs associated with the activity.
 Officer Signature: _____ Date: / /
 Officer Name: _____

Manager of
 Approve/Decline funding in the amount of \$ _____ for costs associated with the activity.
 Manager Signature: _____ Date: / /

Director of Community Development
 Approve/Decline funding in the amount of \$ _____ for costs associated with the activity.
 Director Signature: _____ Date: / /



Street Address:

City of Rockingham Administration Offices,
Civic Boulevard, Rockingham WA 6168

Postal Address:

PO Box 2142,
Rockingham DC WA 6967

Email:

customer@rockingham.wa.gov.au

Phone:

08 9528 0333