

Local Commercial Support Application Form

Form Preview

Current Contact Details

* indicates a required field

Please help us keep our database up to date. Please enter the current best contact details for yourself and/or the organisation that you represent.

You may be asked some of these questions again within the funding application, but by keeping our database up to date, we can ensure you will be the first to know about any new funding that might become available.

Applicant *

☐ Individual ☐ Organisation

Organisation Name

Title

First Name

Last Name

Address *

Address

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

Postal Address

Address

Your Primary Phone Number *

Must be an Australian phone number.

If using a landline please add (08) at the front.

Other Phone Number

Must be an Australian phone number.

If using a landline please add (08) at the front.

Applicant Email *

Must be an email address.

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Applicant Position *

What position do you hold within the organisation?

Business Email *

Must be an email address.

Business Website

Must be a URL.

Eligibility

* indicates a required field

Grants are available for a retail Business or a home-based business.

Grant applications will be considered for expenses such as

Retail Businesses:

1. Making the business premises more inviting and secure.
2. Permanent improvements to the outside of the property.
3. Improving public areas, like adding outdoor spaces or nicer landscaping.
4. Creating a website with features like online sales or bookings.
5. Installing security features like lighting or alarms.

Home Based Businesses:

1. Creating a website or smartphone app with features like online sales or bookings.
2. Professional development, business or social media training.

Eligibility Criteria for Businesses to Get a Grant:

1. The grant amount is up to \$1,000
2. The business owner must own or have a lease for at least 12 months from the time of grant approval.
3. The business must have all required permits and licenses to operate.
4. The proposed works must also have the required approvals.
5. A written quote for the work is needed.
6. The grant won't cover wages, stock purchases, or marketing.
7. The business owner must be the owner-operator.
8. The project should be finished within three months, unless approved otherwise.
9. Goods or services should be bought from businesses in the City of Kwinana where possible.
10. The applicant should not be a member of the Council or an employee of the City.

Grant Funding will be Distributed based on merit. Preference will be given to projects that focus on the external appearance of the premises and the area's overall look.

Application Number

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This field is read only.

The identification number or code for this submission.

Confirmation of Eligibility

Please confirm that you meet the above eligibility criteria *

☐ Yes

☐ No

Applicant Details

*** indicates a required field**

Personal Information

Applicant first name *

Applicant last name *

Email *

Must be an email address.

Business Details

Business name / trading name *

Is the business based in the City of Kwinana? *

☐ Yes - I am based in the City of Kwinana

☐ No - I am from the surrounding region (Cockburn, Rockingham or Serpentine-Jarrahdale)

☐ Other:

Is the business a home based business or retail business? *

☐ Home Based Business

☐ Retail Business

Business website

Must be a URL.

Home Based Business

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Please upload a copy of your current drivers licence or other form of identification indicating your current address. *

Attach a file:

Retail Business

Are you currently leasing the business premises or do you own the premises? *

- ☐ Leasing our premises ☐ I own the premises

Please upload proof of landowner or agents consent for proposed improvements to occur.

Attach a file:

This could be an email consenting to the proposed works or a copy of your lease showing that the proposed improvements are ok to be undertaken without express consent.

Is your business registered with an Australian Business Number (ABN)? *

- ☐ Yes ☐ No

What is your business's Australian Business Number (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.

Is your business registered for Goods and Services Tax (GST)? *

- ☐ Yes ☐ No

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About the Local Commercial Support Grant Project

* indicates a required field

Short description of proposed works *

Word count:

Must be no more than 400 words.

Provide a short description of your project.

How will this benefit your business and local economy? *

Word count:

Must be no more than 400 words.

Total grant amount requested *

\$

Must be a dollar amount and between 1 and 1000.

What is the total financial support you are requesting in this application?

Do you have a written quote for the works? *

☐ Yes ☐ No

Providing a written quote with your application will strengthen your chances of being successful.

Please upload a copy of the quote here. *

Attach a file:

A minimum of 1 file must be attached.

Declaration

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to the [City of Kwinana - Privacy Policy](#).

Any information disclosed in this form will only be used by the Local Commercial Support Grant Funding Panel for the purposes of assessing funding proposals under the City of Kwinana Local Commercial Support Grant Policy and will be maintained in accordance with the Privacy Act 1988.

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Declaration of Applicant

I declare that the statements made within this application are true and correct.

I declare that I am authorised on behalf of the organisation to sign this declaration and the information supplied is, to the best of my knowledge, accurate and complete. The City of Kwinana will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. I understand that any decision made by the City of Kwinana is final and is not subject to an appeals process.

I agree *

☐ Yes

Applicant Name *

Title First Name Last Name

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Consent

The City of Kwinana may from time to time wish to contact you for media opportunities for the promotion and growth of the program.

Consent *

- ☐ I give my consent to be contacted regarding media and promotion
☐ I do not give my consent to be contacted regarding media and promotion

Applicant Feedback

As you are nearing the end of the application process. Before you review your application and click the SUBMIT button, please take a few moments to provide some feedback so that we can continually improve our application form and process.

How did you hear about this funding program? *

- ☐ Previous recipient
☐ Direct contact from the City (email, phone call etc)
☐ City of Kwinana Website
☐ City of Kwinana social media (Facebook, Twitter etc.)
☐ City of Kwinana e-newsletter
☐ Spirit of Kwinana publication
☐ Referral / word of mouth
☐ Other:

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Please indicate how you found the online application process? *

- ☐ Very Easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very Difficult

How many minutes did it take you to complete the application?

--

Must be a number.

Estimate in minutes. i.e. 1 hour = 60 minutes

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Please provide the City of Kwinana with any suggestions about any improvements and / or additions to the application form or process that you think that we should consider.

I wish to receive news and business information from the City of Kwinana? *

☐ Yes ☐ No

If you have any questions regarding this Grant or this application, please call the City's Economic Development Officer on 9439 0241 and quote the below application number.

Application Number

This field is read only.

The identification number or code for this submission.

Eligibility - Confirmation

*** indicates a required field**

Unfortunately you are not eligible to apply for this funding

You have indicated that you do not meet the following eligibility requirements:

Please re-confirm if you meet the above criteria *

☐ Yes - I meet the eligibility criteria
☐ No - I do not meet the eligibility criteria

You are not eligible to apply for this City of Kwinana funding

Thank you for taking the time to investigate funding from the City of Kwinana.

Unfortunately you do not meet the required criteria to apply.

If you have any further feedback or questions please contact the City on 9439 0241 or at ed@kwinana.wa.gov.au and quote the below application number.

Application Number

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You are eligible to apply for this City of Kwinana funding

Congratulations! You are eligible to apply for this funding from the City of Kwinana.

Please go back and update your answers to reflect your eligibility.

