

Shopfront Improvement Grant Application Form

Form Preview

Shopfront Improvement Grant Application

Contact Details

Applicant

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Business/Organisation Name

Business Address

Address

Postal Address

Applicant Primary Phone Number

Must be an Australian phone number.

Email

Must be an email address.

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	

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Tax Concessions

Main business location

Must be an ABN.

Do you have owner consent (if applicable)

- Yes
- No

Have you read and agree to the Shopfront Improvement Guidelines

- Yes
- No

Application Details

Applicants Must (Please tick all that apply)

- Operate a retail or hospitality business with a street-facing shopfront
- Be located within the West Wimmera Shire
- Hold a current ABN
- Be located within a shopping strip
- Be a small business, defined as employing fewer than 20 people
- Hold all required permits and licences
- Not be in breach of any laws
- Have at least 12 months remaining on their lease (if leasing)

Project Title

Must be no more than 250 characters.

Project description

Provide a short description (100 words recommended) of your project - what are you out to do?

Details of work to be undertaken

Please upload before/current photos here

Attach a file:

Please upload Financial reports for the previous 12 months

Attach a file:

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Please upload quotes for work including materials and labour

Attach a file:

Budget (Expenditure)

Quote Amount

Must be a dollar amount.

Council Contribution

This number/amount is calculated.

This number/amount is based on a 2 to 1 contribution

Applicant Contribution

This number/amount is calculated.

This number/amount is based on a 2 to 1 contribution

Expenditure Budget Totals

Total Expenditure Amount

\$

This number/amount is calculated.

Declaration

- I certify that to the best of my knowledge the statements made in this application are true.
- I am authorised by my business/organisation to complete this form and I agree that:
 -
 -
 - the statements made in this application are true
 - all necessary permits/approvals will be obtained prior to the beginning of the project
 - the project will be covered by appropriate insurance
 - all relevant health and safety standards will be met
 - council does not accept any liability or responsibility for the project.

If successful, I will:

- ensure that acquittal requirements are met within 8 weeks of the nominated project completion date
- ensure that funds are claimed within 12 months of notification, except where there is a co-funding requirement
- accept the terms of the grant in accordance with council requirement
- provide proof of successful co-funding (other grant sources) within six months of notification
- complete the project within twelve months of receiving council funding.

I agree to the above

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Yes

Authorised person's Name

Authorised person's position