Business Assistance Grant Program 2026/27 Application Form

This form is to be completed by businesses seeking financial assistance through the Shire of Boddington's Business Assistance Grant Program. Applicants are encouraged to review the Program Guidelines and confirm their eligibility before submitting an application.

Applications are accepted throughout the year and can be submitted by email, or hand delivered.

The outcome of the application will be advised within one week of the Council Meeting.

Application Checklist

Read the Business Assistance Grant Program Guidelines (available from the Shire of Boddington website, or in-person from the Shire Administration).	☐
Complete the Confirmation of Eligibility below before moving on to ensure your application is eligible for this funding program.	☐
Contact the Community and Economic Development team to discuss the proposed application.	☐

Application Acceptance Criteria

Be the property owner or have evidence of the property owner's consent to make the application	☐ Yes ☐ No
Be a small or medium sized business	☐ Yes ☐ No
Have no outstanding debt with the Shire	☐ Yes ☐ No
Acknowledge that further information may be required to accept or assess an application	☐ Yes ☐ No
Acknowledge that not all applications may be funded	☐ Yes ☐ No
Acknowledge that applications are not guaranteed to receive the full amount of funding requested	☐ Yes ☐ No
Acknowledge that the application is assessed against the Assessment Criteria	☐ Yes ☐ No
Demonstrate compliance with the relevant Planning Scheme	☐ Yes ☐ No
Be a business with an Australian Business Registration	☐ Yes ☐ No
Hold Public Liability insurance of $10 million and provide evidence with the Application	☐ Yes ☐ No
Own or hold the appropriate permission to use any intellectual property associated with the proposed project or program	☐ Yes ☐ No
The proposed project or program is located within the Shire	☐ Yes ☐ No
Meet any additional eligibility criteria	☐ Yes ☐ No
If you answered 'No' to any of these questions, please contact the Community and Economic Development team.	

The following ineligibility criteria apply to all Applications administered under this funding program:

- The applicant has submitted a satisfactory Acquittal Form for previous funding provided by the Shire of Boddington.
- The location is based outside the Shire, unless there is an intention to establish or substantially operate within the Shire.
- The applicant is not linked in any way to a political party, political organisation, political agenda or lobbying activity.

The Shire of Boddington collects personal information to process requests, applications and related enquiries. Information may be shared with relevant parties where required or as authorised by law. If the information is not provided, the request or application may not be processed. Further information is available in the Shire's Privacy Statement.

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Applicant Details

Registered Business Name:		ABN/ACN:	
Trading Name: (if applicable)		ABN:	
Postal Address:			
Phone Number:		Email Address:	
Registered for GST:	☐ Yes ☐ No	Public Liability Insurance Certificate Attached:	☐ Yes ☐ No
Opening Hours:			

Authorised Contact

Name:		Position:	
Phone Number:		Email Address:	

Background

Please provide background information on your business including information such as how long the business has operated in the Shire of Boddington, staff numbers and plans for growth / expansion.

Project Details

Project Name:	
Provide a summary of the project, including how the need for the project had been identified	
Describe how the project will benefit the chosen priority area	
Anticipated commencement date	
Anticipated completion date	
Anticipated number of people involved in the project	
Name of venue or address where your project will be delivered	

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Who are the expected primary beneficiaries of this project/program?	
What are the expected outcomes of your project/program?	
Are there any partnerships for this project?	
Has your organisation delivered this project or something similar before?	
Describe the impact to the project if the funding amount requested is unsuccessful, or is less than the full amount requested	
How will you acknowledge the Shire of Boddington's contribution to the project?	

Budget Details

Use the table below to evidence all sources of income for this project, proposed and confirmed, cash and in-kind, and how it will be expended. The value of contributions made toward the project by partnering organisations noted previously should be specified in this section.

The budget should align to the proposed project activities and outcomes specified in this application.

Please note Shire of Boddington's contribution is limited to 50% of the total project, and no more than $5,000 per financial year.

Do not include GST in the costings below.

Budget Item	**This Grant**	**Other Cash of Grants**	**In-kind Support**	**Source of Other Cash or In-kind**
e.g. Live Music	*$1200*	*$800*	*$200*	*Department of X*
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
	$	$	$	
Total	$	$	$	
Funding Amount Requested:		$		
If the full amount of this request is not granted, will your project still go ahead?				☐ Yes ☐ No

Have you applied for grant funding from other sources for this project? If yes, please provide details below.		☐ Yes ☐ No
Funding Body or Program	**Amount**	**Status of Application**
	$	☐ Confirmed ☐ Pending
	$	☐ Confirmed ☐ Pending

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Has your organisation received any type of funding from the Shire of Boddington in the last 2 years? If yes, please provide details below.			☐ Yes ☐ No
Year	**Amount**	**Purpose**	**Fully Acquitted**
	$		☐ Yes ☐ No
	$		☐ Yes ☐ No

Declaration

☐	I declare the organisation has read and understands the Business Assistance Grant Program Guidelines.
☐	I declare I am the authorised person to submit this application on behalf of my organisation and are authorised to sign legal documents on behalf of the organisation.
☐	I declare the information provided in this application and attachments is to the best of my knowledge true, correct.
☐	I understand false or misleading statements listed in this Business Assistance Grant Program Application can result in the application being rejected or the withholding of any funds that may be approved as result of this application.
☐	I declare the organisation applying for the grant funding will complete and submit a Business Assistance Grant Program Acquittal Form within 90 days following the project's completion.
☐	I declare the organisation submitting this form understands this is an application only.

Full Name:		Position:	
Signature:		Date:	

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