Business Grants Application Form
Form Preview

Eligibility

* indicates a required field

Project Title

*

Applicants: please note

Before completing this application form, you should have read the Small Business Grants Guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is important that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please email businessgrants@swan.wa.gov.au.

If you do contact us throughout the application process, please quote the application number below.

Application Number

This field is read only.

Confirmation of Eligibility

Before proceeding, please confirm the following:

- You are a small business operating within the City of Swan
- You have read and understood the Small Business Grants Guidelines
- You are classified as a 'small business' in accordance with the Australian Taxation Office and Australian Bureau of Statistics - you have between 0-19 employees and less than $10 million aggregated annual turnover
- You are able to demonstrate alignment between your project and the economic goals expected from this grant round
- Your business must contribute at least the same amount of money towards this project as the City is funding
- Your business can demonstrate financial viability to match funding amount requested
- Your business does not have any un-acquitted funds and/or debts with the City of Swan
- Your business has current insurance for the activities that are the subject of this grant
- The activities you are seeking funding for are not listed under 'Ineligible Activities' as per the Small Business Grants Guidelines.

You must confirm that all statements above are true and correct. *
☐ Yes

Matching Funding Details

Applicants are required to contribute **at least an equal amount of funding** towards their project.

For example:

- If you apply for a **$5,000 grant from the City of Swan**, your business must contribute **a minimum of $5,000** towards the project (total project value of at least $10,000).
- If you apply for a **$2,000 grant from the City of Swan**, your business must contribute **a minimum of $2,000** towards the project (total project value of at least $4,000).

Businesses are welcome to contribute more than the required matching amount.

Do you have matching funding for this grant?

❍ Yes ❍ No

Contact Details

* indicates a required field

Privacy Notice

We pledge to uphold your rights to privacy under the *Australian Privacy Principles* and the *Privacy and Responsible Information Sharing Act 2024.*We only store your information as it relates to this grant application. Pease be aware this form and its attachments will be shared with internal City of Swan assessors who are also beholden to the above Principles and Act. Do not share personal information if you do not consent to it being shared among internal City of Swan staff.

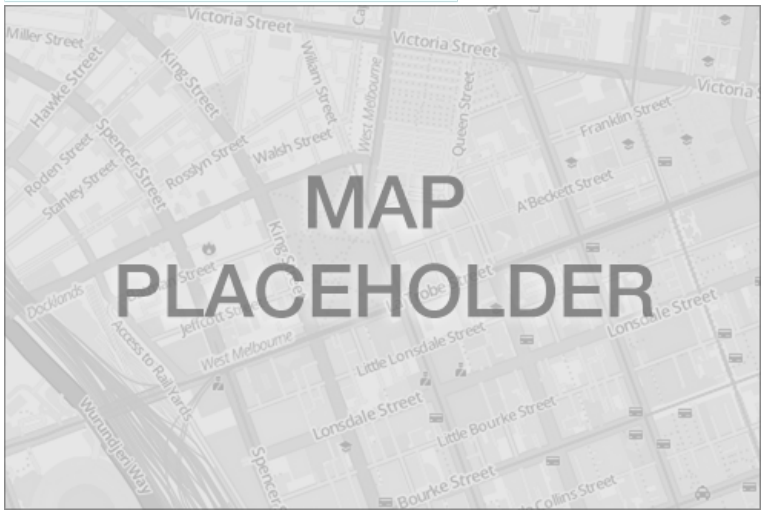
Applicant Details

Applicant *
First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Business name *

Business address
Address



Business postal address
Address

Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Business website

Must be a URL.

Business details

* indicates a required field

What type of business do you operate? *

- ○ Agriculture, Forestry and Fishing
- ○ Mining
- ○ Manufacturing
- ○ Electricity, Gas, Water and Waste Services
- ○ Construction
- ○ Wholesale Trade
- ○ Retail Trade

- ○ Accommodation and Food Services
- ○ Transport, Postal and Warehousing
- ○ Information, Media and Telecommunications
- ○ Financial and Insurance Services
- ○ Rental, Hiring and Real Estate Services
- ○ Professional, Scientific and Technical Services
- ○ Administrative and Support Services
- ○ Public Administration and Safety
- ○ Educational and Training
- ○ Health Care and Social Assistance
- ○ Arts and Recreation Services
- ○ Other:

What is your aggregated annual turnover? *

- ○ Less than $50,000
- ○ Between $50,000 and $200,000
- ○ Between $200,000 and $1 million
- ○ Between $1 million and $10 million
- ○ More than $10 million

How many staff do you employ? *

Applicant ABN *

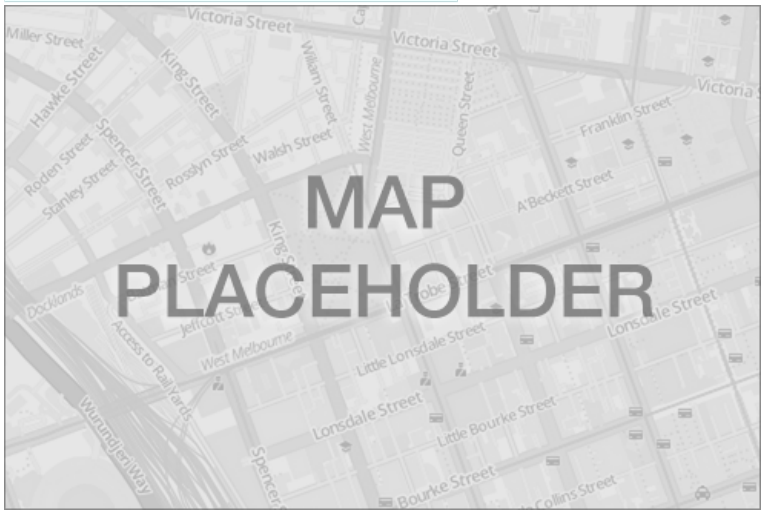
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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	
Tax Concessions	
Main Business Location	

Where will the grant funding be used?

Site Address *

Address



Local Government Authority

Project Details

* indicates a required field

Project Title *

Word count:
Must be no more than 25 words.
Provide a name for your project. Your title should be short but descriptive

Anticipated start date *

Anticipated end date *

Please provide a short summary of your project *

Word count:
Must be no more than 500 words.
Include a brief summary of how this project will benefit your business, what you will do (i.e. the activities you will perform), and what effects you expect to result from your activities (outcomes). Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

What is the need and how will you address it? *

Tell us why your project is needed, and why you believe the activities you propose will produce the outcomes you seek. Provide statistics/evidence (where available) of both the need and the link between the work you will do and the outcomes you seek. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

City of Swan's economic goals (as per the Strategic Community Plan)

Strategic Community Plan 2025-2035

E1.1 Support, grow and sustain local businesses with business support programs (**projects that grow and strengthen your business through initiatives that help you improve operations, skills, and long-term sustainability**);

E1.2 Assist and encourage thriving activity centres (**projects that contribute to vibrant and thriving local centres by delivering activities, services, or initiatives that attract people and increase local activity**);

E2.1 Advocate for infrastructure, business and investment opportunities to drive local job creation and sustainable economic growth (**projects that encourage investment, infrastructure improvements, or that help create local jobs and strengthen the economy**);

E3.1 Support the tourism sector through collaboration and advocacy (**projects that grow the local tourism sector by developing partnerships, collaborations, or initiatives that attract visitors to the area**);

E3.2 Create and promote engaging visitor experiences (**projects that create or promote engaging visitor experiences that encourage people to visit, stay longer, and spend more in the local area**).

Which economic goals does your project meet? *

Select all relevant economic goals from the dropdown list

How does your project meet the above selected economic goals?

Please provide a separate paragraph for each economic goal *

Project timelines

What are the major timeline activities involved in delivering your project?

Action / activity	Start Date	End Date	Notes

One per row. e.g. Planning; recruitment; evaluation. Add more rows if you want to list additional milestones.	Leave blank if date is unknown or not relevant. Must be a date.	Leave blank if date is unknown or not relevant. Must be a date.	Add notes if you need to provide more context.

Project Outcomes

Project Outcomes

Please tell us about the outcomes you expect your project to achieve. Outcomes are the positive changes that will occur as a result of your project. Examples include:

- **Building business capability** – improving skills, knowledge or confidence in areas such as digital technology, financial management, innovation, exporting or leadership.
- **Implementing positive changes** – adopting new technologies, improving business processes, entering new markets, introducing sustainable practices, collaborating with other businesses or employing new staff.
- **Delivering measurable results** – increasing revenue or productivity, creating jobs, attracting investment, strengthening business resilience, increasing visitation, reducing environmental impacts or contributing to a stronger local economy.

Timeframe: Immediate outcomes occur directly following an activity (e.g. within 1 month); medium-term outcomes are those that fall between the short and long-term outcomes (e.g. between 1 month and 2 years); and long-term outcomes are those we expect to see years later (e.g. 2, 5, 10 or 50 years after the activity).

Your outcomes	**Timeframe**	**Explanatory notes**
What changes do you expect will occur as a result of your project (e.g. improved customer access)? Please be brief. One per row.	When do you expect this outcome to emerge?	Add notes if you need to provide more context.

Project Metrics

Metrics

What metrics will your project generate?

Metrics are countable changes that a project generates. Examples relating to businesses might include:

- Data that is quantifiable or numeric (e.g. revenue in dollars, number of customers, number of employees)

- Data that is quantifiable or descriptive in nature (e.g. interviews, customer testimonials, social media posts)

Measurement	Collection method	Explanatory notes
One per row. Add more rows if you want to list additional metrics.	How will you collect and verify the data? E.g. survey, interviews/case studies, focus groups, administrative data (e.g. case management data), observation/estimation, government or public dataset (e.g. Census), other datasets.	Add notes if you need to provide more context.

Project Budget

* indicates a required field

Total Amount Requested (GST Exclusive) *

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

Total Project Cost (GST Exclusive) *

What is the total budgeted cost (dollars) of your project?

Project Budget (Income)

Please outline your project income in the budget table below, including details of other income or funding that you have applied for, whether it has been confirmed or not.

All amounts should be GST Exclusive.

Your budget MUST balance (TOTAL INCOME AMOUNT = TOTAL EXPENDITURE AMOUNT)

Income description	Income type	Is this funding confirmed?	Income amount (budgeted)	Notes
	Other:			
Provide a clear description for each budget item.	Please select the type of income		Enter the total amount expected to be received. Must be a dollar amount.	Add notes if you need to provide more context

Project Budget (Expenditure)

Please outline your project expenses in the expenditure table below. All amounts should be GST Exclusive.

All quotes will need to be provided in the file upload area in Section 5 below.

Expenditure description	Expenditure type	Expenditure amount (budgeted)	Notes
Provide clear descriptions for each budget item. Examples of expenses could include 'onsite power & water for 6 months', 'office supplies', 'part-time staffer x 40 hours'.		Enter the total amount to be expended on this budget item. Must be a dollar amount.	Add notes if you need to provide more context.

Budget Totals

Total Income Amount (GST Exclusive) *

This number/amount is calculated.

Total Expenditure Amount (GST Exclusive) *

This number/amount is calculated.

Income - Expenditure (GST Exclusive) *

This number/amount is calculated.

Please attach quotes for all items directly relating to this grant. *
Attach a file:

All items you are seeking funding for will need to be accounted for in this documentation.

Applicant Capacity

* indicates a required field

Now that we know about your project, we want to find out more about your ability to undertake the work you propose. Please provide some information about your business that will give us confidence that you can complete the work you've described in this application. *

Include in this section information about your strategies for providing the inputs (money, staff time/ expertise, equipment, facilities, pro bono or in-kind contributions, advocacy, etc.) and how you will complete this project within the proposed timelines. Provide information also about any past work that may demonstrate your capacity to undertake this work. Provide links to further explanatory material if available/relevant. Go to the SmartyGrants Answers Bank if you need some ideas about how to frame your response.

Certificates of Currency

Please submit current Certificates of Currency to confirm your business has the appropriate insurance to deliver this project.

Required Certificates include:

- Public Liability Insurance
- Workers Compensation Insurance (if applicable)

If the Certificates expire prior to your grant acquittal, the City will ask for an updated copy of certificates.

Upload Certificates *
Attach a file:

Certification and Feedback

* indicates a required field

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant business (may be different to the contact person listed earlier in this application form).

I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant business is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree * ☐ Yes

Name of authorised person *
Title | First Name | Last Name
Must be an owner or senior staff member

Position *
Position held in applicant business (e.g. owner, Director, Accounts Payable)

Phone number *
Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant organisation

Email *
Must be an email address.

Applicant Feedback

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.

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Form Preview

Please indicate how you found the online application process. *

○ Very easy ○ Easy ○ Neutral ○ Difficult ○ Very difficult

How many minutes in total did it take you to complete this application? *

Estimate in minutes i.e. 1 hour = 60

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider. *