

Form Submission

Form:

Local Industry Fund for Transition (Expression Of Interest)

Form Type:

Grant Application

Introduction

Eligibility Criteria

The Applicant must satisfy ALL of the following eligibility criteria to proceed with an application

- | | |
|--|---|
| 1. Possess an Australian Company Number (ACN) | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 2. Possess an Australian Business Number (ABN) | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 3. Have the ability to meet the co-contribution requirement (\$3 for every \$1 granted) | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 4. Be able to provide financial reports for the last three financial years to enable the Department of Economic Development, Jobs, Transport and resources (DEDJTR) to conduct a risk assessment | <input type="checkbox"/> Yes
<input type="checkbox"/> No |
| 5. Confirm that the proposed project is yet to commence and will not commence until a grant agreement has been fully executed. | <input type="checkbox"/> Yes
<input type="checkbox"/> No |

Applicant details

Company Name	
Registered Business/Trading Name	
ABN	
ACN	
Is the company acting as a trustee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Trust	
ABN of Trust	
Street Address	
Street Address	
Suburb/Town	
State: (For Australian States, please enter VIC, NSW, ACT, QLD, SA, WA, NT, TAS)	
Postcode	

Country	
Postal address same as street address	<input type="checkbox"/> Yes <input type="checkbox"/> No
Postal address	
Postal Address	
Suburb/Town	
State: (For Australian States, please enter VIC, NSW, ACT, QLD, SA, WA, NT, TAS)	
Postcode	
Country	
Contact details	
Title:	
Surname	
First Name	
Business phone (Please prefix e.g. + 61 3)	
Mobile: (Please prefix e.g. + 61)	
Fax: (Please prefix e.g. + 61 3)	
Email	
Website	

Other Company Information

Type of Organisation:	<input type="checkbox"/> Commercial <input type="checkbox"/> Education <input type="checkbox"/> Government <input type="checkbox"/> Industry Development <input type="checkbox"/> Research <input type="checkbox"/> Other
Other (Type of Organisation)	
Industry Type:	
Other (Type of Industry)	
Ownership:	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Private <input type="checkbox"/> Public <input type="checkbox"/> Government

Are you currently, or have you in the past two years, been involved in any litigation against the state of Victoria? Yes
 No

Please provide the details

LIFT SUB-FUNDS

Choose which sub-fund of LIFT you are applying for, according to the geographical location of the proposed project:

- LIFT - Melbourne's North (Local Government Areas of Darebin, Hume, Moreland and Whittlesea)
- LIFT - Melbourne's West (Local Government Areas of Wyndham, Melton, Hobsons Bay, Maribyrnong, Brimbank and Moonee Valley)
- LIFT - Melbourne's South East (Local Government Areas of Greater Dandenong, Kingston, Casey, Frankston, Knox, Monash, Whitehorse, Maroondah, Cardinia and Yarra Ranges)
- LIFT - Geelong (Local Government Areas of Colac-Otway, Golden Plains, Queenscliffe, Greater Geelong and Surf Coast)

Company Details

Principal Activities:

Not more than 100 words, describe your current business operations, products, services and markets.:

Gross Sales - Last Financial year
(Please do not enter \$ or comma,
Enter only Numbers)

Export Sales - Last Financial Year
(Please do not enter \$ or comma,
Enter only Numbers)

Current Number of Employees

Project Details

Title:

Summary of project:

Provide a summary overview of the project, including:

- Key activities reflecting how the project funds will be spent (eg, purchase of new equipment, a new product/process/service, etc)
- Expected outcomes (eg, increased employment, expanded business capability and/or capacity, new product/service, etc)

(Not more than 300 words)

Estimated total project value:(AU\$)

Total project value including the grant request (excluding GST)

Note: Only projects with more than \$200,000 in eligible expenditure will be considered for support.

Estimated grant request (AU\$):

Estimated grant amount requested from LIFT (excluding GST)

Employment outcomes and economic benefits:

Anticipated employment and economic benefits directly attributable to the project

New full-time equivalent employees (FTEs)

Transitioned Jobs (number of existing employees to be transitioned into

higher value, higher skilled roles)

Project Period Jobs

Retained Jobs

(Other jobs retained in their current form by the business as a result of this initiative)

Details/description of the jobs created and the related timelines

Identify the potential for the project to create jobs for local workers facing retrenchment due to closure of automotive manufacturing operations. In the case of LIFT-Geelong, also consider jobs for workers retrenched from Alcoa's operations in the Geelong Region.
(Not more than 100 words)

Describe the extent to which you expect to source project employees from the local region.

Project funding can only be used to employ the following categories of people: permanent resident of Australia, citizen of Australia or New Zealand, or spouse of an Australian permanent resident or citizen (e.g. visa subclass 300,309).

(Not more than 100 words)

Describe the contribution of the project towards building the region's economy.

(Not more than 100 words)

Outline the skills and capabilities available to the business to successfully undertake the project.

(Not more than 100 words)

Outline the reasons why Government support is needed, including other funding sources that have been explored.

(Not more than 100 words)

Duration of the Project (maximum 18 months from execution of the Grant Agreement to completion):

Estimated start date

Estimated completion date

Project location :

Location where the project will be carried out.

(Please enter the Suburb and the [LGA \(council area\)](#))

Feedback

How did you learn about this Program?

Government representative consulted

Name:

Email:

Telephone:

Other Comments:

Acknowledgement and Lodgement

In submitting this application I confirm that I have read and understood the relevant [Program Guidelines](#) and requirements.

Applicant Declaration

Authorised Representative

I declare that I am authorised for and on behalf of the Applicant/Business nominated in this application to provide this declaration and to submit this application, and the information provided in this application (including attachments) is true and correct to the best of my knowledge.

Agree

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Name:

Position/Role: