Please answer all questions in the application form and remain within the word count limit.

Note: submissions will not be considered where the word count is exceeded.

Email your completed application, along with relevant attachments to: [onbusiness@onkaparinga.sa.gov.au](mailto:onbusiness@onkaparinga.sa.gov.au)

**Applications close: 5.00pm, Friday 15 March 2019.**

**APPLICANT DETAILS:**

|  |  |
| --- | --- |
| Name of contact person |  |
| Position in business |  |
| Contact email |  |
| Contact mobile |  |

**BUSINESS DETAILS:**

|  |  |
| --- | --- |
| Name of business |  |
| Address of business |  |
| Website/Facebook (include links) |  |
| ABN/ACN Number |  |
| Is your business already in operation? | Yes / No  If yes, when did you start operating? |
| Are you registered for GST? | Yes / No |
| Have you applied for a grant from the City of Onkaparinga in the past? | Yes / No  If yes, please provide details: |
| Has your business received a grant from the City of Onkaparinga before? | Yes / No  If yes, please provide details: |

**Q. 1: Please describe the nature of your business:**

*(Note: if your application is successful, this description will be used for promotional purposes).*

**Limit 100 words**

|  |
| --- |
|  |

**Q. 2: Please demonstrate that the majority of your business is or will operate within the region:**

**Limit 100 words**

|  |
| --- |
|  |

**PROJECT / INITIATIVE DETAILS:**

|  |  |
| --- | --- |
| What has been the total investment in your start-up business to date? | $ |
| What is the total grant amount you are seeking from council? (Max $3,000) | $ |

**Q. 3: Please provide a description of the project/initiative that you are seeking grant funding for and specify the proposed purpose of funds if awarded:**

**Limit 100 words**

|  |
| --- |
|  |

**Q. 4: How would these funds impact your business?**

**Limit 100 words**

|  |
| --- |
|  |

**Q. 5: How will the success of your project/initiative be measured?**

**Limit 100 words**

|  |
| --- |
|  |

**Q. 6: What measures do you have to ensure business viability and sustainability?**

**Limit 100 words**

|  |
| --- |
|  |

**Q. 7: Will you source local products and/or engage local services to develop/deliver this project/initiative? If known, who?**

**Limit 50 words**

|  |
| --- |
|  |

**Q. 8: What impact do you believe this project will have on the economic growth of the region?**

*(e.g. increase in turnover, increase in capacity, employment opportunities, etc).*

**Limit 100 words**

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| --- |
|  |

**Q. 9: Does your business/project require any council, state or federal government approvals? If yes, what are they and have the approvals been obtained?**

*Note: If your business/project requires any form of approval and you are a successful grant recipient, grant funding will not be awarded until we have received confirmation of the approval.*

**Limit 50 words**

|  |
| --- |
|  |

**ADDITIONAL INFORMATION:**

**Q. 10: How did you hear about the ON Business Partner Program?**

**Limit 50 words**

|  |
| --- |
|  |

**Q. 11: Do you have any further information that is relevant to your application?**

**Limit 50 words**

|  |
| --- |
|  |

**DECLARATION:**

By submitting this application, you agree:

I have read and understand the ON Business Partner Program Grant Guidelines.

I have contacted a member of the Business Growth & Innovation team to discuss my project/initiative.

I authorise council to use my business name and project details for promotional purposes.

I accept responsibility for the implementation of this project/initiative in line with council awarded funds and the details outlined within this application form.

I have attached the following to my application:

Business plan (or excerpt)

Budget

Work, Health & Safety Policy

Certificate of Currency for Public Liability Insurance.

I have answered all questions in the application.