Introduction

What you need to know before completing the Registration of Interest Form

Please be sure to have read the <u>Program Guidelines</u> before completing the Registration of Interest form.

Eligibility

To be eligible for the grant writing service you must:

- be a businesses with a registered ABN and operate within, or plan to establish in the Northern Grampians Shire within the next 12 months.
- be an incorporated not-for-profit business groups or organisations located in and providing the support, service, or program within the Northern Grampians Shire Council.
- not lodge more than two applications for the grant writing service per applicant per financial year.
- have no outstanding debt or compliance issues with Council.

Assessment Criteria

Applications for the grant writing service will be assessed according to the following criteria:

- 1.Degree to which the proposal aligns with the:
 - aims of this Business Growth Program
 - objectives of this Business Growth Program
 - key economic opportunities identified in the Business Growth Program.
- 2.Likelihood of the external funding application being successful (ie. The degree to which the proposal aligns with external funding program)
- 3. How specific and achievable project deliverables are
- 4.Adequacy of the proposed project costing and schedule for delivery

Applicant Information

* indicates a required field

Organisation details

Organisation name *				
Organisation Name				

Australian Business Number (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 nan	ne	
ABN statu	S	
Entity type	e	
Goods & S	Services Tax (GST)	
DGR Endo	rsed	
ATO Chari	ty Type	More information
ACNC Reg	istration	
Tax Conce	essions	
Main busi	ness location	
Must be ar	ABN.	
Organisa Address	ntion's Street Ad	dress *
Organisa Address	ntion's Postal Ad	dress *
Organisa Title	ntion Main Conta First Name	ct * Last Name
Role with	hin Organisation	*
Email *		
Elliali		
Must be ar	email address.	
Phone N	umber *	

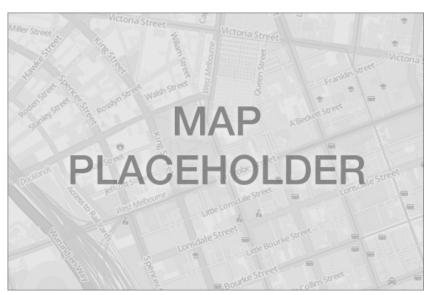
Have you spoken to a member of Council's Economic Development department?

Must be an Australian phone number.

Have you or another person from your organisation or group spoken to a member of Council's Economic Development department about your interest in accessing the Grant Writing Service? *

○ Yes	○ No			
Name of Northern Grampians Shire Council officer that you had discussions with				
Grant Writing Service				
Grant Writing Assistance				
Please list what part of the grant process yo	ou would like assistance	e with		
I need help with ☐ Reviewing draft grant applications ☐ Developing and finalising grant application ☐ Practical grant writing tips and advice ☐ Gathering supporting information ☐ Other: You can tick more than one box	ions			
Is there a particular grant writer or ser ☐ Yes ☐ No ☐ Unsure	vice that you would	like to engage		
Please provide details				
Include name, business, phone and email.				
Project Details				
* indicates a required field				
Project details				
Project Title				
Must be no more than 15 words.				
Project Description *				
Word count: Must be no more than 100 words.				

Project Phase *
What stage is the project at
Which of the aim's of the Business Growth Program does the project align to? * ☐ Innovation ☐ Industry best practice ☐ Exports and jobs ☐ Economic and environmental sustainability
Which of the following key economic growth opportunities does the project align to? * Agriculture & Manufacturing Renewable energy Tourism, cultural and heritage Other:
Anticipated Project Start Date *
Must be a date.
Anticipated Project Completion Date *
Must be a date.
Main Project Locaton
Project Location Address Look Up
Project address * Address



Suburb/Town, State/Province, and Postcode are required.

Identifying the Grant

Fund Provider *	
Which organisation or body is providing the funding that you are interested	in applying for
Fund Name *	
Name of the fund you are interested in applying for	

Project budget	
Total Amount Requested *	
\$	
Must be a dollar amount. What is the total amount of grant funds you a	re requesting for the project
Total Project Cost *	
\$	
Must be a dollar amount. What is the total budgeted cost (dollars) of yo	our project?
Please enter an estimate of how muc project *	ch funding you have already secured for the
Must be a number.	

Supporting Documentation

If you have any documents, files or photos to support your expression of interest please upload them here

Attach a file:

You can upload more than one file if required.

Acknowledgement and submission

* indicates a required field

Privacy collection statement

Personal information requested on this form will only be used by council to carry out its functions and activities and will not be disclosed without your consent except where authorised by law. If you do not provide all or part of the personal information required we may not be able to process your request in an effective and efficient manner. You have the right to seek access and correction of your personal information.

I acknowledge that *

O I have read and understood the Privacy Collection Statement and consent to my personal information being used for the purposes specified.

Submission statement acknowledgement

This request can only be made by the named applicant. If you are submitting this form on behalf of another person or entity you must be duly authorised to do so. By submitting this form you are confirming that you are:

- authorised to do so
- that you have read and understood the relevant Program Guidelines and requirements
- declare that the information is correct to the best of your knowledge.

I acknowledge that *

O I have read, understood and confirm I am complying to the above Submission Statement.

Form Review & Summary

You can download a pdf version of your completed application form prior to submitting it for assessment.

Note that this form does not represent an application to the Grant Writing Fund. A Northern Grampians Shire Council representative will be in touch with you shortly regarding your registration of interest to discuss next steps.

Submission Number

This field is read only.

The identification number or code for this submission.