**REGIONAL ECONOMIC DEVELOPMENT (RED) GRANTS**

**Application Form**

**Applications must be received by**

**5pm, Friday 2 November 2018**

**Please read the ‘Guidelines’ and contact the relevant Regional Development Commission (RDC) prior to completing the Application Form**

Supported by the State Government’s Royalties for Regions Program

1. **Privacy Statement**

Information provided by applicants or collected by the Regional Development Commissions or the Department of Primary Industries and Regional Development (DPIRD) in relation to applicant or their application may be used in the administration of the RED Grants Program and in the assessment of the application.

Any information provided (personal, financial or otherwise) will be solely used for the purpose of the RED Grants Program. Information will not be released to third parties without prior written permission of the applicant.

Regional Development Commissions (RDC’s) and DPIRD will store personal information collected in this application, supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the *Privacy Act 1988* (cth).

RDC’s and DPIRD are also subject to the Freedom of Information Act 1992 and documents in the possession of these agencies are subject to these provisions.

I have read and understand the privacy statement and I consent to and authorise such uses and disclosures:

**Yes, I confirm**:

1. **Organisation Details**

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| **Name of Organisation:** (*as listed in official documentation such as with the ABR, ACNC or ATO).*  ***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | | |
|  | | | | |
| ABN: | | |
| Organisation registered for GST: | **YES  NO** | |
| Organisation Incorporated: | **YES  NO**  *If Yes, provide copy of certificate of Incorporation* | |
| Street Address (and postal address  if applicable): |  | |
|  |  | |
| Name of Authorising Officer: |  | |
| Position Title: (*CEO, Chairperson or equivalent):* |  | |
| Name of Contact Person: |  | |
| Position Title: |  | |
| Contact Telephone: |  | |
| Contact Mobile: |  | |
| Contact Email: |  | |
| Web address (if applicable): | |  | | |

1. **Project Details**

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| --- | --- | --- |
| **Name of Project:** |  | |
| Location/Town: | |  |
| Estimated project start date : | |  |
| Estimated project completion date: | |  |
| Total Project Budget (cash) | | $ |
| Funding requested from RED Grants (excluding GST) | | $ |
| Total funding from other Sources (Cash): | | $ |
| Description of any in-kind contribution/s: | |  |
|  | |  |
| Which Local Government area(s) will your project be delivered in? | |  |

1. **Project Description**

**4.1 Briefly describe your project:**

*Provide sufficient evidence to support the amount of funding requested and the outputs to be delivered:*

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**4.2 What do you aim to achieve with the funds provided, what is the expected result and who will benefit?**

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**4.3 Does the project align with the Objectives of the RED Grants program?:**

*Please indicate which objectives are most applicable to your project and describe how they align:*

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| 1. Sustainable jobs growth: |
| 2. Increasing productivity: |
| 3. Expanding or diversifying industry: |
| 4. Developing skills or capabilities: |
| 5. Attracting new investment in the region. |

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**4.4 Which regional priorities does you project address?**

*(regional priorities for each region are outlined on the RDC websites)*

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**4.5 Describe the benefits and/or outcomes of the project:**

*Outcomes refer to the intended impact that is expected as a result of delivering the Project with the RED Grant funding (the outcome measures should relate to the objectives of the Program):*

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| --- | --- | --- | --- | --- | --- |
| **Target Outcomes** | | | | | |
|  | **Outcome** | **By When** | **How will this be measured?** | **Link to objective (as per 4.3)** | **Target** |
|  | *e.g. Jobs created* | *e.g. after 2 years* | *e.g. No. Contracts in place* | *e.g. 1* | *e.g. 3 jobs* |
| 1 |  |  |  |  |  |
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**4.6 Outline the identified need or unmet demand in the region for the project and why State Government funding support is required:**

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1. **Category, Sector**

Which sector is most applicable to your project?*Please tick one box only*.

Agriculture  Health

Communications  Housing

Culture  Mining

Community  Recreational

Economic Development  Tourism

Education/Training  Transport

Environment  Utilities, Power & Water

1. **Community/Stakeholder Engagement**

**6.1 Provide the details/names of key stakeholders that have been consulted and their level of support for the project**. (*letters of support must be provided with your application)*

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| **6.2 Detail the local partnerships and collaborations that will be developed through the project.**   |  | | --- | |  | |  | |  | |  | |
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1. **Project Planning and Management**

7.1 Is the project ready to start by 1 January 2019 if funding approved? What is the current status of the project and has detailed project planning been completed and approvals obtained? *(If applicable, attach copies of documents which demonstrate the progress to date).*

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**7.2 For complex projects applicants should attach a separate project timeline (e.g. Gantt Chart)**

Is a separate timeline attached?  **YES  NO**

*If no, provide details of the proposed timeline and key milestones for your project in the table below.*

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| --- | --- | --- | --- |
| **Project Deliverable** | **Start Date** | **Completion Date** | **Responsibility** |
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**7.3 Who will manage the project and what qualifications, skills and experience do they have?**

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**7.4 Explain how your organisation will ensure the project is managed responsibly:**

*Please describe the governance processes associated with the project (i.e.; procurement, local content practices, previous experience in managing projects of this nature)*

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**7.5 Provide details of the ongoing operating and maintenance costs of the project (service or infrastructure) and how they will be met beyond the funding period:**

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**7.6 Provide a risk assessment for your project.**

Identify the risks associated with the Project and include issues that may prevent the Project progressing (such as other funding sources not being secured), or that may hinder the achievement of the stated Project outcome(s) and deliverables. Consider and explain the risk mitigation strategies which will minimise the effects of each stated risk. The focus of this section should cover the full lifecycle of the project and “post” funding risks such as operation and maintenance.

Please complete the Risk Assessment table or attach a copy of your Risk Management Plan:

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| **Risk description** | **Risk probability**  **(low, medium, high)** | **Mitigation strategy** |
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**Risk Probability Table**

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| *Low* | *Unlikely to occur during the project period and with little impact on the project* |
| *Medium* | *Possibility of occurrence and with some impact on the project* |
| *High* | *Very likely to occur during the project period and potentially impacting heavily* |

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**7.7 Critical Assumptions:** *(please outline below the critical assumptions for the project or project activities, in particular think about, project, financial, stakeholder, management and operational assumptions:*

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**7.8 Has your organisation, within the past 3 years applied for or received grant funding from Royalties for Regions or other State Government sources?**

YESNO ***If yes,*** *please provide details of this funding in the table below.*

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| --- | --- | --- | --- | --- |
| **Date** | **Project Name** | **Amount ($)**  **approved** | **Name of funding source** | **Source Contact Telephone** |
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*Note – By submitting this application form the applicant authorises the RDC to contact any party in relation to this application and the applicant.*

## 7.9 Do you intend to use local contractors and/or service providers for your project?

YES  NO

***If yes*** *please estimate the % of the requested grant funding to be expended on local content (local businesses, suppliers, knowledge and skills).*

***If no*** *please provide an explanation as to why.*

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## 7.10 Explain how your project meets the Local Content objectives of:

* Building the capability of local suppliers, and the delivering opportunities for regional businesses to supply items/services for the project;
* Increase regional employment and regional business participation through subcontractors, suppliers, apprenticeships and traineeships;
* Support for emerging or new industries in the region, and promotion and awareness of local industry/businesses; and
* Benefit the regional economy through any other identifiable means.”

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## 7.11 Are you applying for RED Grant funding from more than one Regional Development Commission for this project?

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| **YES  NO** *If yes, please advise which one/s and the amount being requested in each region and what are the expected outcomes if the project is delivered in multi-regions:* |
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**7.12 Audit**

Provide name of the organisation that will complete the financial audit for this project (if known):

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*Note: For projects requesting more than $50,000 funding, audit costs must be included in the budget in section 8. The Financial Audit should be undertaken by a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practicing Accountants or the National Institute of Accountants and independent from the Grantee/Applicant.*

1. **Total Project Budget and Leveraged Funds**

*Preference will be given to applicants that can demonstrate a high level of financial commitment (direct financial contribution) from other funding sources towards the total project cost (this does not include in-kind contributions).*

**8.1 Details of project items to be funded through CASH contributions**

*Please attach quotes for all budget line items to justify funding requests wherever possible. If funding has been approved from other sources, please attach written evidence of funding contributions.*

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Project items** | **RED Grant Funds requested**  **$ (ex gst)** | **Own organisation**  **$ (ex gst)** | **Other source/s**  **$ (ex gst)** | **Name of other funding source/s** | **Other funding status:**  **Approved**  **or**  **Requested** | **Date decision expected on requested funds** | **Total**  **$ (ex gst)** | **quote attached** |
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| Audit Costs (if applicable) |  |  |  |  |  |  |  |  |
| **TOTAL** |  |  |  |  | | |  |  |

**8.2 Details of IN-KIND contributions towards the project.**

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| **Project item/s** | **Name of in-kind source** |
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| ***SECTION 9 TO BE COMPLETED BY BUSINESSES APPLYING FOR FUNDING (if not applicable please go to Section 10)*** |

1. **Market Viability and Commercialisation**

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| **9.1 Please provide an outline of the market viability of your project or project activities in the region** (i.e., *need for the market, market size, turnover, estimation of sales, and any turnover expected and where appropriate provide source of informatio*n):   |  | | --- | |  | |  | |  | |  | | **9.2 Describe any major competitors to your project or project activity in the region where the project will be delivered or if the Government current provides this service/product already** *(this can be considered in relation to location, technologies, barriers to market, price etc.):*   |  | | --- | |  | |  | |  | |  | | | |
| **9.3 Has the applicant considered or investigated collaborating with another business or NFP/NGO for the project? (please provide details)**   |  | | --- | |  | |  | |  | |
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| **9.4 Please explain the benefits to the wider industry/community if the project is implemented:** *(i.e. Will the service or infrastructure be accessible to others, wider industry, local community and what are the benefits ie. regional economic impacts, job creation, flow on effects. How accessibility will be managed, how IP will be shared or licenced, communications strategy (letters of support could be provided from local Chamber and other potential competing businesses.)*   |  | | --- | |  | |  | |  | |  | |
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1. **Financial Viability**

*Please note you may be required to provide documentation upon request relating to the following.*

**10.1 Has the applicant or any of its senior office bearers been involved in any litigation or prosecution in the past three (3) years?**

**YES  NO *If Yes*** *- provide details and/or explanation of why the litigation or prosecution should*

*not be considered relevant to this Application in the section below.*

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**10.2 Has the Applicant or any of its senior office bearers (directors, partners, presidents, executive directors, project managers) been involved with any business failure (liquidation, voluntary administration or receivership)? \***

**YES  NO *If Yes*** *- provide details*.

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**10.3 Has there been any significant financial matter which may impact on the ability of the Applicant to deliver the project? \***

**YES  NO *If Yes*** *- provide details.*

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**10.4 Are there any future commitments or contingent liabilities that might materially affect the Applicant in the delivery of the project or performance of the activity? \***

**YES  NO *If Yes*** *- provide details.*

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**10.5 Has the applicant ever been found in default of its creditors? \***

**YES  NO *If Yes*** *- provide details.*

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**10.6 Does the Applicant have the financial capacity to cover all planned project activity expenditure? \***

**YES  NO**

**10.7 Is the Applicant's business solvent?**

**YES  NO**

**10.8 Has the Applicant provided the last two years of audited financials to demonstrate capacity with this application.**

**YES  NO *If No, please outline reasons.***

**Certification and Feedback**

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (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 is successful, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree \*  YES  NO

Name of authorised person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Application Checklist**

By submitting this application, I acknowledge:

|  |  |
| --- | --- |
|  | I have read the Guidelines and acknowledged the eligibility criteria for funding. |
|  | I have contacted the Wheatbelt Development Commission to discuss the project. |
|  | The RDC does not accept late or faxed applications. |
|  | Information provided in this application is to the best of my knowledge, accurate and complete. |
|  | This application is not bound, but clipped together using a paper or bulldog clip or similar. |
|  | This application is authorised by my organisation and includes the relevant CEO/Chair signature. |
|  | Audit costs are included in the budget and the nominated auditor is a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practicing Accountants or the National Institute of Accountants and is independent from the Grantee. |
|  | Promotional aspects (e.g. signage) of this project have been considered and budget allocations included where relevant. |
|  | The RDC may request additional information from applicants. |
|  | The RDC is authorised to contact any persons or organisations in the assessment of the application and understand that information may be provided to other agencies, as appropriate. |
|  | The RDC will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. |
|  | This application includes all required attachments: |
|  | Copy of Incorporation Certificate has been provided. |
|  | Copy of your organisation’s annual financial statements for the last 2 financial years. |
|  | Letters of support details which are up to date, signed by the duly authorised officer and relevant to current project or referee contact details provided. |
|  | Quotes for all budget line items to justify funding request. |
|  | Written evidence of funding contributions from other sources. |

1. **DECLARATION**

The declaration is to be signed by the Chief Executive Officer/Chairperson or equivalent (unsigned Declarations will not be eligible for consideration).

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| **I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **NAME TITLE** |
| **of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **ORGANISATION** |
| do hereby declare that all the information supplied in this application form for Royalties for Regions funding is, to the best of my knowledge, accurate and complete; that I have read and accept the requirements of the *Guidelines,* and that the Regional Development Commission to which this application has been submitted to will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. |
| **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ this \_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 20\_\_\_\_\_\_\_** |
| **SIGNATURE DAY MONTH YEAR** |