

Peel RED Grants Round 8 - Application form

Form Preview

1. Regional Economic Development (RED) Grants Program

* indicates a required field

1.1 Application Information

Before completing this application form please ensure you have read the RED Grants Program Guidelines available online on the [Peel Development Commission](#) website.

All applicants are encouraged to discuss their project with the Peel Development Commission prior to submitting an application.

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

If you have any questions, or experience issues completing this form please contact the Peel Development Commission on 9535 4140 or email grants@peel.wa.gov.au.

1.2 Eligibility Confirmation

Please refer to Section 4 of the Guidelines to confirm your eligibility before completing this application.

I confirm the Applicant:

- Has read and understood the program Guidelines
- Is eligible to apply under the Guidelines
- Is able to demonstrate the financial viability of the organisation
- Is able to demonstrate alignment with at least one of the objectives of the RED Grants Program

Please confirm that all statements above are true and correct. *

Yes I confirm

1.3 Privacy Statement

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

Clarification of other funding sources for your project as stated in your application and project budget may be sought from the relevant funding bodies.

Any information provided (personal, financial or otherwise) will be used solely for the purpose of the RED Grants Program.

RDCs 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).

RDCs 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.

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I have read and understood the privacy statement and I consent to and authorise such uses and disclosures. *

Yes I confirm

2. Contact Details

* indicates a required field

2.1 Organisation Details

Name of Organisation (Legal Entity) *

Organisation Name

Applicant organisation 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 | |

Must be an ABN.

Trading Name

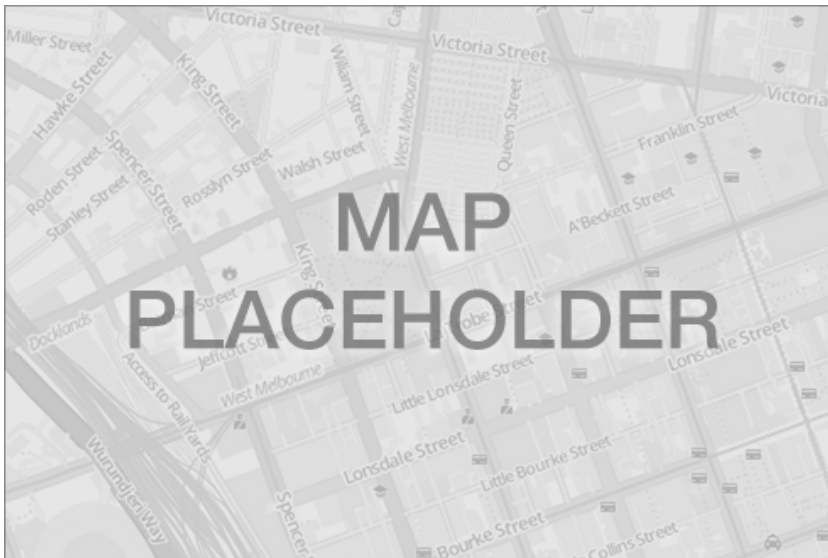
Name that will be referred to for the delivery of the project (if different to Legal Entity Name above)

Primary Street Address *

Address

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Postal Address (if applicable)

Address

Organisation Website

Must be a URL.

Provide a brief description of the nature of your business and include any information that describes the activities that are currently undertaken *

Word count:

Must be no more than 300 words.

For a business/company/partnership, please provide names of all partners/directors/senior management of the business

NAME of person in business/company/partnership

POSITION in business/company/partnership

| NAME of person in business/company/partnership | POSITION in business/company/partnership |
|--|--|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

Is your entity a Trust? *

Yes

No

Trustees can only receive and administer grant funding if empowered to do so by the Trust Deed.

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Please ensure approval is obtained from the nominated auspice organisation prior to completing this section.

Name of Auspicing Organisation *

Organisation Name

Organisation name

Auspice Organisation's Postal Address *

Address

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

Auspice Organisation's Website

Must be a URL.

Auspicing Organisation's Contact Person *

Title First Name Last Name

Auspicing Organisation's Contact Person's Position *

Auspicing Organisation's Contact Person's Phone Number *

Must be an Australian phone number.
Include area code. Eg (08)

Auspicing Organisation's Contact Person's Email Address *

Must be an email address.

Authority from Auspicing Organisation *

Attach a file:

Please attach letter from the auspicing organisation confirming agreement to auspice. This must be signed by an authorised person (eg. CEO, Chairperson).

Auspice Organisation's 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

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| |
|---|
| 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 |

Must be an ABN.

Auspice Organisation's ACN (if applicable)

Must be a number.

3. Project Information

* indicates a required field

3.1 Project Details

Project Title *

Short project description *

Word count:

Must be no more than 150 words.

Provide a short description of your project explaining what you plan to do.

Upload a detailed description of the project

Attach a file:

For example Business Plan, Project Plan, Business Case etc.

Estimated Project Start Date

Must be a date.

Estimate Project End Date

Must be a date.

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Which Local Government Area(s) will your project be delivered in? *

- Boddington, Shire of Murray, Shire of Waroona, Shire of
 Mandurah, City of Serpentine-Jarrahdale, Shire of

Primary Category *

- Agriculture Economic Development Housing Tourism
 Communications Education Mining Transport
 Community Environment Recreational Utilities, Power & Water
 Culture Health

4. RED Grants Objectives

* indicates a required field

Your project must meet one or more of the RED Grants objectives outlined in the Guidelines.

Describe what is expected to be achieved and the benefits and/or outcomes of the project against the objectives most relevant to your project.

Outcomes refer to the intended economic impact that is expected as a result of delivering the project with the grant funding - the expected outcomes provided should be realistic as you will be expected to report against these under a Grant Agreement and Final Report for the acquittal of the project if successful.

Please include What, When, Where and How your project will specifically meet the identified objectives. This can include your current situation, timeframes and targets showing how it will differ after project implementation.

If you would like to review the RED Grants Objectives and descriptions of metrics for each, please click [here](#).

Please indicate which RED Objectives are most applicable to your project: *

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

Applicants are encouraged to select the objectives most applicable to the project. Please provide detailed descriptions in the corresponding fields below.

4.1 Sustainable jobs

How will the project create jobs as a result of the grant?

MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

4.2. Expanding or diversifying industry

Which industry will benefit from the project and how will it increase the current value of that industry to the regional economy?

Word count:

MAX: 600 words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

4.3. Developing skills or capabilities

What core skills or capabilities will be developed, and how will this address regional gaps and be applied to generate jobs and growth?

Word count:

MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

4.4. Attracting new investment in the region

How will the project unlock future investment in the organisation, industry or region? What is the source of this investment and likelihood it will be secured?

Word count:

MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

4.5. Increasing productivity

What impact will the Grant have on the productivity or performance of the applicant's business or organisation?

Word count:

MAX: 600 Words. Please complete Metrics table at the bottom of this section to quantify your outcomes.

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Our metrics

A metric is a measurement designed to indicate whether or not progress towards an outcome is occurring, and quantify the extent to which it is occurring. Here we would like you tell us which of our quantitative metrics you may be able to report on.

| Metric | Baseline | Target | Timeframe | Collection method | Explanatory notes |
|---|--|---|----------------------------------|--|--|
| Which of our metrics (if any) will you track? You may be required to report on your progress. Add more rows if you want to list additional metrics. | What is the starting point? Identify a figure that reflects the current situation. Must be a number. | Identify a target for the metric you have chosen - an estimated total for your project. Must be a number. | When will the target be reached? | 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. |
| | | | | | |
| | | | | | |
| | | | | | |

5. Project Budget, Cash Co-contribution and Leveraged Funding

* indicates a required field

Financial Audit

For projects requesting more than \$50,000 RED funding, audit costs must be included in the budget table.

5.1 Project Cash

Please detail project items to be funded through CASH contributions. Applicants should refer to Section 4 of the Guidelines to confirm items or activities that are ineligible for RED funding before completing this section.

Please attach quotes for all budget line items to justify funding requests. If funding has been secured from other sources, please attach written evidence.

Note: Please enter whole dollars only.

Please add additional lines if required.

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| Project Expenditure Items | Red Grant Funds requested (Ex GST) | Applicant contribution (Cash) (Ex GST) | Other funding Source/s (Ex GST) | Name of other funding source/s | Other Funding Source Entity Type | Confirmed Funding? | Please attach quote(s) |
|---------------------------|------------------------------------|--|---------------------------------|--------------------------------|--|--------------------|------------------------|
| | Must be a dollar amount. | Must be a dollar amount. | Must be a dollar amount. | | Where is the money being sourced from? | | |
| | \$ | \$ | \$ | | | | |
| | \$ | \$ | \$ | | | | |
| | \$ | \$ | \$ | | | | |

5.2 Total Project Budget

This section is **AUTO CALCULATED** from the above table and amounts will be transposed to Section 3.1.

| | | | |
|--|---|---|-----------------------------------|
| Total of RED Grant Funds requested (ex GST) A | Total of Applicant Organisation (ex GST) B | Total of Other Funding Source/s (ex GST) C | TOTAL (A+B+C) |
| \$ | \$ | \$ | \$ |
| This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. | This number/amount is calculated. |

5.3 Applicant Contribution Funding Details

How will the applicant's contribution be funded? *

NOTE: This does not include State funding. Please describe whether the project will be self-funded from cash reserves, external investment either as equity or debt, bank loan or other form of debt financing.

Can the project proceed if the applicant is not successful in obtaining the full requested funding amount (RED Grant and Other Funding - if applicable)? *

- Yes No

If yes, explain how the project could proceed with reduced funding and how this may affect project.

Options to consider: increasing the applicant co-contribution; modifying the project; or breaking the project into stages.

Quotes and Other Funding

Attach quotes and evidence of secured funding from other sources.

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Attach a file:

5.5 Other RED Funding

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

Yes No

If yes, please advise which Commission/s and the application number if known.

RDC Region

Application number (if known)

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

5.6 Other Funding Programs

Has your organisation applied for, or been approved for funding for this project from any other State Government program? *

Yes No

If yes, please provide details including the amount requested and the funding status.

Please add additional lines if required.

| Date of Application | Approved / Pending | Purpose of Funding | Amount | Name of Program | Contact Person |
|----------------------------|---------------------------|---------------------------|--------------------------|------------------------|-----------------------|
| Must be a date. | | | Must be a dollar amount. | | |
| | | | \$ | | |

Outline the reason why State Government funding is sought for the project? *

Why is Government funding required? Has a loan or equity funding been investigated for the project?

6. Partnerships and Collaboration

* indicates a required field

6.1 Stakeholder Engagement

Provide the names and details of local stakeholders and their level of support for the project. *

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Word count:

MAX: 600 words. Describe how you may have involved local government, the local community and others in planning and decision making for your project. Letters of support may be provided to support your application.

Letters of Support (Optional)

Attach a file:

Have you considered developing partnerships or collaborations for the project? If so, please provide details.

6.2 Local Content

Please detail below how your project meets the following Local Content objectives:

- Building the capability of local suppliers, and providing opportunities for regional businesses to supply items/services for the project;
- Increasing regional employment and regional business participation through subcontractors, suppliers, apprenticeships and traineeships;
- Supporting emerging or new industries in the region, and promotion and awareness of local industry and businesses; and
- Benefiting the local regional economy through any other identifiable means.

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

Yes No

Local content for the purposes of this RED grant application refers to the sourcing of goods and services in the Peel region.

Local content % *

Must be a number.

Please estimate the percentage of local content that will be applied to your entire project.

Local content details *

Please detail goods and/or services to be sourced locally and explain how the project meets the local content objectives listed above. If you do not intend to use local content please explain why.

7. Project Planning and Governance

* indicates a required field

Is the project ready to start if grant funding is approved? *

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Yes No

If No, please contact the Peel Development Commission on (08) 9535 4140 before proceeding with this application.

Has a feasibility study or business plan including a cash flow analysis been prepared for the project? *

Yes No Not Applicable

If yes, please upload the document in the next question.

Please upload a copy of the feasibility study or business plan.

Attach a file:

7.1 Approvals

Have the necessary planning and/or building approvals for the project been obtained? *

Yes No Not Applicable

If yes, please fill in table below.

| Planning/Building/License no. | Status | Planning Documents (Optional) |
|-------------------------------|--------|-------------------------------|
| | | |
| | | |

Milestones

Please tell us about the administrative stages you expect to pass through as part of your project.

| Milestone | Date for completion |
|---|---|
| | |
| | |
| | |
| 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. |

Project Timeline (Optional)

Attach a file:

7.3 Project Governance

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How will your organisation ensure the project is managed responsibly? *

Who will manage the project and what qualifications, skills and experience do they have?

How will operating and maintenance costs for the project be met beyond the funding period? *

For example, if the project creates two new jobs, or commissions new equipment, how does the organisation plan to sustain these jobs / cover maintenance costs?

7.4 Risk Assessment for your Project

Identify the risks associated with the Project (that the applicant can reasonably control or influence) and include issues that may prevent the Project progressing or that may hinder the achievement of the stated Project outcomes being achieved. Consider and explain the risk mitigation strategies that will minimise the effects of each stated risk.

Probability:

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

Please complete the Risk Assessment table below, or attach a copy of your Risk Management Plan to your application.

| Risk Description | Risk Probability (Low, Medium or High) | Mitigation Strategy |
|------------------|---|---------------------|
| | | |
| | | |
| | | |

Risk Management Plan (Optional)

Attach a file:

Upload a copy of your Risk Management Plan

8. Market Viability and Commercialisation

* indicates a required field

8.1 Market Conditions

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Please provide a summary assessment of the market conditions in relation to your project

Eg. market gaps, market size, estimation of new or increased sales.

Describe any major competitors to your project or project activity in the region

Eg. product or service, proximity, technologies, barriers to market, price.

8.2 Financial Information

To enable the Peel Development Commission to undertake a financial viability assessment of the organisation please upload the following financial information:

1. Financial statements verified by a Certified Practising Accountant, Chartered Accountant or Registered Auditor for the last two (2) years;
2. Current year-to-date financial information (income and expenditure statement and/or balance sheet).

Upload Financial Information

Attach a file:

If you have NOT provided the requested financial information above, please outline why

For example, business operating for less than 2 years / never had financial statements verified by CPA, Chartered Accountant or registered Auditor.

8.3 Liabilities

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

Please indicate if any of the following apply: *

- The applicant or any of its senior office bearers have been involved in any litigation or prosecution in the past three (3) years
- The applicant or any of its senior office bearers (directors, partners, presidents, executive directors, project managers) have been involved with any business failure, including liquidation, voluntary administration or receivership
- There is a significant financial matter which may impact on the ability of the applicant to deliver the project (past, present or future)
- There are future commitments or contingent liabilities that might materially affect the applicant in the delivery of this project or performance of the activity
- The applicant has, at any time, been found in default of its creditors
- Confirm none of the above apply

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Please provide further details or comments relating to your answer above *

9. Application Checklist

* indicates a required field

By submitting this Application, I acknowledge: *

- I have read the Guidelines and I acknowledge the eligibility criteria for funding.
- I have contacted the Regional Development Commission to discuss the project.
- Information provided in this application is to the best of my knowledge, accurate and complete.
- This Application is authorised by my organisation and includes the CEO/Chair signature.
- Audit costs (if applicable) 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 Practising Accountants or the National Institute of Accountants and is independent from the Grantee.
- The Regional Development Commission may request additional information from applicants.
- The Regional Development Commission 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.

Please ensure you have answered all the questions and provided relevant details where requested. Supporting documents are supplementary to your application.

This application includes all required attachments:

- Copy of Incorporation Certificate (if applicable)
- Copy of organisation's annual financial statements for the last two (2) financial years
- Quotes for all budget line items to justify funding request
- Written evidence of funding contributions from other sources

Upload addition information and supporting documents here:

Attach a file:

Applicants may upload additional attachments to their Application. (Maximum 25mb, recommended size no bigger than 5mb).

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 do hereby declare that all the information supplied in this application form for RED Grants 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

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information supplied and any other information or circumstances arising that may affect this application.

Name of Authorised Person *

| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

The person who has the legal authority to sign the Grant Agreement if this application is successful

Position/Title *

Name of Organisation (Legal Entity) *

Name of organisation as listed in official documentation such as ABR, ACNC or ATO.

Email Address *

Dated *

Must be a date.

9.1 Declaration

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 do hereby declare that all the information supplied in this application form for RED Grants 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.

Name

| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Position

Organisation

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Organisation Name

Email

Must be an email address.

Dated

Must be a date.

9.2 Submit your application

Please move to the next page and click **Submit** to complete your application.

You will receive an email to confirm your submission has been received. If you do not receive an email please check your junk email folder. Please keep a record of your submission number.

To view your submission at any time, please go to <https://dpird.smartygrants.com.au/applicant/login>, enter your email address and password then click Log In.

Once you are logged in click on the My Submissions link near the top of the page.

NOTE: You may download a PDF of your applications prior to submission.

Thank you for your application!