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 on the Mid West Development Commission website

All applicants are encouraged to discuss their project with the Mid West Development Commission (MWDC) 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 MWDC on 9956 8507 or email grants@mwdc.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 a	uthorise
such uses and disclosures. *	

○ Yes I confirm

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/ -	COL	itact	IJE	ıaı	
			_		_

* indicates a required field

2.1 Organisation Details

Name of Organisation (Legal Entity) * Organisation Name	

Applicant organisation ABN *

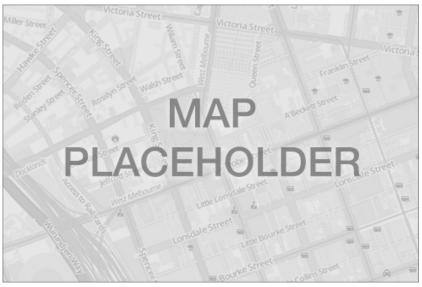
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Bus	iness 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 ADN	

Must be an ABN.

Trading Name	
Name that will be referred to for the o	delivery of the project (if different to Legal Entity Name above)
Primary Street Address * Address	

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For a business/company/partnership, p directors/senior management of the bu Name of person in business/company/ partnership	
For a business/company/partnership, p	
	olease provide names of all partners
Must be no more than 300 words.	
Word count:	
information that describes the activitie	
Provide a brief description of the natu	re of your business and include any
Must be a URL.	
Organisation Website	

O Yes O No
Trustees can only receive and administer grant funding if empowered to do so by the Trust Deed.

Upload Attach a	Trust Deed *		
Attach a	me:		
Trustees I	MUST submit a copy	of their executed Tr	ust Deed to be eligible.
2.2 Pro	ject Contact D	etails	
Contact	Person's Name	k	
Title	First Name	Last Name	
Contact	Person's Positio	n *	
Contact	Person's Phone	Number *	
	n Australian phone r	umber.	
include ar	ea code Eg (08)		
Contact	Person's Mobile	Number	
Must be a	n Australian phone r	umber.	
Contact	Person's Email	Address *	
Must be a	n email address.		
Is your	organisation bei	ng Auspiced? *	
	ganisation is unincor ed as a legal entity.	porated your applica	O No tion must be auspiced by another organisation that
2.2.6		•	
2.3 Coi	mplete only if	your organisat	tion is being Auspiced
	nsure approval is on the section.	btained from the I	nominated auspice organisation prior to
Name of	f Auspicing Orga	nisation *	
	tion Name	5411011	
Organisat	ion name		
Auspice	Organisation's I	Postal Address *	
Address	-		

Tax Concessions

Address L	ine 1, Suburb/Town,	State/Province, and	Postcode are required.	
Ausnice	· Organisation's	Website		
Auspice	organisation's	Website		
Must be a	URL.			
		6	JL	
Title	ng Organisation [.] First Name	s Contact Person Last Name	1 *	
Auspicii	ng Organisation'	s Contact Persor	's Position *	
Ausnicii	na Organisation'	s Contact Person	's Phone Number *	
Auspicii	ilg Organisation	s contact reison	is Filone Number	
Must be a	n Australian phone r	number.		
Include ar	rea code. Eg (08)			
Auspicii	ng Organisation'	s Contact Person	's Email Address *	
Must be a	n email address.			
Authori	ty from Ausnisin	g Organisation *		
Attach a		y Organisation		
			n confirming agreement	to auspice. This must be
signed by	an authorised perso	on (eg. CEO, Chairpei	SON).	
Auspice	Organisation's	ABN *		
		sed to look up the ed the ABN correct	following information. ly.	Click Lookup above to
Informati	on from the Australi	an Business Register		
ABN				
Entity na	me			
ABN stat	us			
Entity typ				
	Services Tax (GST)			
DGR End				
ATO Cha		More informa	<u>ation</u>	
ACNC Re	gistration			

Main business location		
Must be an ABN.		
Auspice Organisation's ACI	N (if applicable)	
Must be a number.		
2.5 ' 11.6 ''		
3. Project Information		
* indicates a required field		
3.1 Project Details		
Project Title *		
The present title presided in your	application may be used for publi	
statements if successful.	application may be used for publi	c announcements/media
Short project description *		
Word count:		
Must be no more than 150 words Briefy describe what your project		
Upload a detailed descript	ion of the project	
Attach a file:	ion of the project	
For example Business Plan, Projec	ct Plan Rusinoss Caso oto	
Estimated Project Start Da	te	
Must be a date.		
Estimate Project End Date		
Must be a date.		
	rea(s) will your project be on the Meekatharra, Shire of	
□ Carnamah, Shire of□ Chapman Valley, Shire of	☐ Mingenew, Shire of	□ Perenjori, Shire of□ Sandstone, Shire of
□ Coorow, Shire of□ Cue, Shire of	☐ Morawa, Shire of☐ Mount Magnet, Shire of	☐ Three Springs, Shire of☐ Wiluna, Shire of
☐ Greater Geraldton, City of☐ Irwin, Shire of	☐ Murchison, Shire of☐ Northampton, Shire of	☐ Yalgoo, Shire of
	Horaldinpton, Silic of	
Primary Category * O Agriculture	○ Education	○ Recreational

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 Communications 	 Environment 	Tourism
○ Community	○ Health	Transport
○ Culture	○ Housing	Utilities, Power & Water
 Economic Development 	Mining	

4. RED Grants Objectives

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. Each RED objective is unique and should be addressed separately. **Do not copy and paste the same argument into each, and only answer those with direct relevance 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 RE	D Objectives are most	applicable to you	ur 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

You may consider some of the following questions when answering the *Sustainable Jobs* criteria:

- How many direct jobs will be created by your project, during its implementation and upon completion?
- Are the jobs full-time or part-time, permanent, temporary, or casual?
- What types of jobs will be created?
- Will your total payroll hours increase? and by how much?
- How does the project contribute to wider industry development?
- Will your project result in new jobs for Aboriginal people?
- Will you employee trainees or apprentices as a result of the project?

^{*} indicates a required field

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How will the project create jobs as a result of the grant?
now 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 estimates.
4.2. Expanding or diversifying industry
You may consider some of the following questions when answering the <i>expanding and diversifying industry</i> criteria:
 What is the economic impact of your project on the region's economy? What industry does your project support and how will it change the status quo or lead to new ventures being established?
 Will your project unlock opportunities for growth in your industry or address existing barriers? Have you considered using regional data provided by <u>REMPLAN</u> to demonstrate the value of your project to the region's economy?
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 estimates.
4.3. Developing skills or capabilities
You may consider some of the following questions when answering the <i>developing skills an capabilities</i> criteria:
 Will new technology be introduced to modernise practices? Will the project allow you to redeploy and/or upskill workers? Is there a skills gap in the region that your project aims to address? Will the project attract workers with technical expertise to the region?
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 estimates.

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4.4. Attracting new investment in the region

You may consider some of the following questions when answering the *attracting new investment in the region* criteria:

- Will your project allow other businesses to start up or grow?
- Will the project unlock future investment in your business, either through monetary means or research and development?
- Will the project allow new industries to emerge, or attract business to relocate from interstate or overseas?

How will the project unlock new investment in the organisat	ion, 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 estimates.

4.5. Increasing productivity

You may consider some of the following questions when answering the *increasing* productivity criteria:

- Will your project result in increased efficiencies, or safety for workers?
- Will the project increase the quality or yield of your product?
- How will you measure increased productivity, through revenue, sales, new markets or products?
- Will the project increase local consumption, or have other flow on benefits?

What impact will the Grai applicant's business or or	nt have on the productivity or perf rganisation?	formance of the
Word count		

Word count:

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

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	Explanatory
				method	notes

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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	that reflects the current situation. Must be a	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?	E.g. survey, interviews/ case studies, focus groups, administrative data (e.g. case management	Add notes if you need to provide more context.
metrics.				data), observation/ estimation, government or public dataset (e.g. Census), other datasets.	
				other datasets.	

4.6 MWDC Regional Priorities

Over and above the Objectives of the RED grants, The Mid West Development Commission Board has endorsed the following regional priorities/themes as part of its strategic plan. Projects that demonstrate alignment with the region's priorities will attract a higher weighting in the assessment process.

Please indicate which of the following Mid West regional priorities/themes are MOST applicable to your project. **You do not have to answer them all.**

Iid West Regional Priorities * Economic participation for Aboriginal people – supporting Aboriginal people in their ndeavours to participate in the Mid West economy Critical economic infrastructure – ensure that the Mid West region has the economic infrastructure required to facilitate industry growth and diversification Industry growth and diversification – development of new and existing industries in the	
lid West region Enhance liveability – focus on job creation, workforce development and housing onstruction	
low does the project support the Mid West Regional Priorities? *	
Vord count: IAX: 600 words	
low does the project meet an industry demand or identified need in the Mid Wes	it
Vord count:	

Must be no more than 250 words. How does the project benefit the broader community/industry?

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.

The Financial Audit must be independent of the Grantee and 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.

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.

Ineligible items of expenditure include:

- Retrospective payments or expenditure incurred prior to execution of a RED Grant Agreement.
- Ongoing costs incurred after the project is completed (e.g. operating and maintenance costs).
- Staff salaries.
- · Core business activities.
- Operational overheads (such as rent, insurance, telephone etc.).

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.

Project Expenditu Items	uFunds	t Applicant contributi d (Cash) (ex GST)	ɗunding	Name of other funding source/s	Other Funding Source Entity Type	Confirmed Funding?	
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.		Where is the money being sourced from?		
	\$	\$	\$				
	\$	\$	\$				
_	\$	\$	\$				

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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	Total of Applicant contribution	Total of Other funding Source/s	TOTAL (A+B+C)
requested (ex GST) A	(ex GST) B	(ex GST) C	¢
\$	\$	\$	This number/amount is
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.	calculated. What is the total budgeted cost (dollars) of your project?

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 unsuccessful in obtaining the requested funding (RED Grant and Other Funding - if applicable) in full? * O Yes O 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 including Federal and Non-Government Programs.
Attach a file:
5.4 In-kind Contribution (non-cash)
Please detail any in-kind contributions and how their value has been calculated.
Use the table below to itemise project items funded through in-kind contributions.

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Project item	Name of in-kind source	Estimated value
		Must be a dollar amount.
		\$
		\$

5.5 Other RED Funding

Are you applying for RI	ED Grant funding from more than or	ne Regional
Development Commiss	ion for this project? *	
∩ Yes	\cap No	

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

RDC Region	Application number (if known)

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 attach evidence of requested funding and approval letters.

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.		
			\$		

6. Partnerships and Collaboration

6.1 Stakeholder Engagement

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

^{*} indicates a required field

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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:
Account a me.
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 Mid West 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

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Is the project ready to start O Yes If No, please contact the MWDC or	_	○ No	
Has a feasibility study or but prepared for the project? *	usiness plan i	ncluding a cas	h flow analysis been
YesIf yes, please upload the document	O No It in the next que		Not Applicable
Please upload a copy of the Attach a file:	e feasibility st	udy or busines	ss plan.
Accacil a me.			
7.1 Approvals			
Have all necessary planning approvals for the project be			heritage or environmental
O Yes If yes, please fill in table below.	○ No		 Not Applicable
Approval/Permit	Status		Documentation (required)
			Locoal Government
			Locour Government
Milestones			
Please tell us about the admini project.	strative stages	you expect to p	ass through as part of your
Milestone		Completion da	ate
One per row. e.g. Planning; recruit	tment;	Must be a date.	
evaluation. Add more rows if you additional milestones.			
Project Timeline (Optional)			
Attach a file:			
7.3 Project Governance			

How will your organisation	ensure the project is mana	ged responsibly? *
, , ,		
Who will manage the project and	what qualifications, skills and expe	erience do they have?
How will operating and main funding period? *	intenance costs for the proj	ect be met beyond the
ramanig perioa.		
For example, if the project creates organisation plan to sustain these	s two new jobs, or commissions ne jobs / cover maintenance costs?	w equipment, how does the
7.4 Risk Assessment for	your Project	
influence) and include issues t the achievement of the stated	ith the Project (that the applica hat may prevent the Project pr Project outcomes being achiev will minimise the effects of eac	ogressing or that may hinder red. Consider and explain the
Probability:		
, , ,	the project period and with litt	
•	ence and with some impact on	• •
	ing the project period and pote	, , ,
Please complete the Risk Asse Management Plan to your appl	ssment table below, or attach a ication.	a copy of your Risk
Risk Description	Risk Probability (Low, Medium or High)	Mitigation Strategy
	(Low, Medium of High)	
Risk Management Plan (Op Attach a file:	tional)	
, accord a mer		
Upload a copy of your Risk Manag	ement 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 that confirms demand for 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 MWDC 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 Practicing 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).

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

Form Preview

Dated

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.

	Authorised Per			
Title	First Name	Last Name		
The persor	who has the legal	authority to sign the	Grant Agreement if this	application is successful
Position	Title *			
POSITION	Title			
Name of	Organisation (I	_egal Entity) *		
Name of o	rganisation as listed	d in official documen	tation such as ABR, ACNO	or ATO.
Email *				
Must be ar	email address.			
Dated *				
Must be a	date.			
0 1 DE(
9.1 DEC	CLARATION			
	CLARATION			
9.1 DEC	CLARATION First Name	Last Name		
Name		Last Name		
Name Title	First Name		e Grant Agreement if this	application is successful
Name Title	First Name		e Grant Agreement if this	application is successful
Name Title	First Name		Grant Agreement if this	application is successful
Name Title The person	First Name		e Grant Agreement if this	application is successful
Name Title The person	First Name		e Grant Agreement if this	application is successful
Name Title The person Position Name of	First Name	authority to sign the	e Grant Agreement if this	application is successful
Name Title The person Position Name of	First Name who has the legal Organisation (I	authority to sign the	Grant Agreement if this	application is successful
Name Title The person Position Name of Organisat	First Name who has the legal Organisation (I	authority to sign the	e Grant Agreement if this tation such as ABR, ACNO	
Name Title The person Position Name of Organisat	First Name who has the legal Organisation (I	authority to sign the		
Name Title The person Position Name of Organisat	First Name who has the legal Organisation (I	authority to sign the		
Name Title The person Position Name of Organisat Name of o Email	First Name who has the legal Organisation (I	authority to sign the		



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!