## **Business Improvement Grant**



## **APPLICATION FORM - 2023**

SECTION ONE - Details of Applicant Organisation (Note: must be a legally constituted entity, an individual or business with an Australian Business Number)					
1.1	LEGAL NAME OF BUSINESS:				
1.2	ABN:APPLICANT DETAILS: (Person filling out application form)				
	NAME:  POSITION HELD WITHIN THE BUSINESS:  TELEPHONE NUMBER (daytime):				
	E-MAIL ADDRESS:				
1.3	CONTACT ADDRESS:				
1.4	A DE VOLLANI EL ICIBLE ENITITY (DEEED TO CLUDELINES). (Diago circle)				
1.4	ARE YOU AN ELIGIBLE ENTITY (REFER TO GUIDELINES): (Please circle) YES/NO				

"The Shire of Cocos (Keeling) Islands 'Business Improvement Grant' has been developed to provide a funding source for legally constituted individuals and businesses within our community. The projects/equipment/improvements undertaken by the business must have return benefits for people in our local community."

1.5	BRIEF OVERVIEW OF THE BUSINESS'S PURPOSE:
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SEC	TION TWO - Details of Project
2.1	PROJECT DESCRIPTION: (Please provide a brief description of either – a) type of equipment to be purchased/works to be completed, and for what purpose;

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eg. 1	eg. your funds/in-kind contributions/fundraising		FUNDING SOUGHT \$
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	DOLLAR AMOUNT	I REQUESTED	
CTION TH	IREE – Benefit to	o the Community	
SUMMAR	Y OF ACTIVITIES A	ND OUTCOMES (Hozn zwi	ll this project achieve one or more of t
Assessment		TVD OCTCONIES. (1100 wil	ii iiiis project ucinece one or more of t

SECTION FOUR - Required attachments								
PLEASE ENSURE ALL NECESSARY ADDITIONAL INFORMATION IS ATTACHED TO THIS APPLICATION FORM.								
	Check List (please tick the box/es below):							
	□ Completed Checklist							
	☐ Supporting information i.e Project Plan, Timeframes, Concept Designs							
	☐ Required approvals, licenses where required.							
SEC	ΓΙΟΝ	FIVE - Declaration						
I hereb	y certify	that I have been authorised to prepare and submit this applicat	tion on behalf c	pf				
The information provided in this application is true and correct to the best of my knowledge.								
NAME:								
	SIGNATURE:							
	DATE:							
To be signed by Business Owner (if different from above) –								
NAME:								
SIGNATURE:								
	DATE	3:						

## **SECTION SIX - Application Process**

Completed application forms must be received by the Shire's Community Development Coordinator by **4:00pm Friday 15 December 2023.** 

Applications to be addressed as follows:

SHIRE OF COCOS (KEELING) ISLANDS BUSINESS IMPROVEMENT GRANT PO BOX 1094 COCOS (KEELING) ISLANDS WA 6799

For further information about this program, please contact Community Development Coordinator, on telephone 08 9162 6649, or by E-mail: <a href="mailto:adim.hajat@cocos.wa.gov.au">adim.hajat@cocos.wa.gov.au</a>