

Stronger Business COVID-19 Support Grants

Applicant details

Please read the Guidelines in full before commencing application

Business Name Required

Business Address Required

Contact person Required

Phone (Business Hours) Required

Email Required

Applicants must have an ABN to be eligible to apply

Your organisation's ABN

Please identify your GST Tax status (Select 1 or more options) Required

- Registered for GST
- Not registered for GST

Project details

Project title **Required**

Estimated start date **Required**

- Must be between 04 August 2020 and 30 June 2021

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Estimated finish date **Required**

- Must be between 05 August 2020 and 30 June 2021

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What is the Grant amount requested from Council? **Required**

The amount requested in this application may be reduced. Should the grant amount be reduced, please indicate the minimum amount of grant that would allow the project or part of the project to proceed. **Required**

Has your business been negatively impacted by the COVID-19 Pandemic? (Select 1 or more options)

Yes

No

Complete this field if you made a selection that includes 'Yes' in *Project details: Has your business been negatively impacted by the COVID-19 Pandemic?*

Please estimate the % impact of COVID-19 on your business revenue (Select 1 or more options)

- 70+% decrease in revenue
- 30% - 69% decrease in revenue
- 10% - 29% decrease in revenue
- 1% - 9% decrease in revenue

Complete this field if you made a selection that includes 'Yes' in *Project details: Has your business been negatively impacted by the COVID-19 Pandemic?*

Please provide some detail of the impacts

Will the grant be used to support one or more of the following? (Select 1 or more options)

- Innovation
- Operational Improvements
- Marketing Strategies
- Business Growth

How will you use the grant funds? (Note: a quotation is required for all expenditure items >\$1000)

Do you plan to use local contractors (as applicable) to undertake your project? (Select 1 or more options)

- Yes
- No

Authorisation

I affirm that:

- I have read the guidelines
- All details supplied in this application and attachments are true and correct to the best of my knowledge
- The project is based in the Horsham municipality
- Quotations have been provided for all expenses greater than \$1,000

If this application is successful, the business agrees to submit a Grant Project Completion Report. Payment of Grant to be deposited into the following bank account (if successful)

BSB No. Required

BSB Number

Account No. Required

Account Number

Account name Required

Account Name

Signature Required

Date

D

D

M

M

Y

Y

Y

Y

End of form