



Berrigan Shire Council Small Business Grants – Pilot project

Basic Business Information

1. **Business Name:**

- What is the legal name of your business?

2. **Business Type:**

- What type of business do you operate? (e.g., sole proprietorship, LLC, corporation, partnership)

3. **Business Address:**

- What is your primary business address?

Suburb: _____ State: _____ Post Code: _____

4. **Business Contact Information:**

- Phone number: _____

- Email address: _____

5. **Website or Social Media:**

- Does your business have a website or social media presence? (Provide links if applicable.)

Owner Information

6. **Applicant Name:**

- What is your name as the business owner or representative?

7. **Contact Information:**

- Applicant's phone number and email address



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Business Details

9. Year Established:

- When was your business founded?

10. Industry:

- What industry does your business belong to? (e.g., retail, technology, healthcare)

11. Number of Employees:

- How many full-time or part-time employees does your business currently have?

12. Annual Revenue:

- What was your business's annual revenue for the past year?

Grant-Specific Questions

13. Purpose of Grant:

- How will you use the grant funds? Up to 500 words. Please provide as much detail as possible (e.g., marketing, hiring, equipment purchase, product development)

14. Impact of Grant:

- How will receiving this grant impact your business and/or your staff?



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15. Funding Need:

- How much funding are you requesting?

16. Total project cost:

- Are you providing funds for the project, if so, please state the total cost of the project?

17. Challenges:

- What are the current challenges or barriers your business is facing?

Eligibility

18. Business Location:

- Is your business located in the Berrigan Shire?

Yes No Other: _____

19. Licensing and Compliance:

- Is your business properly licensed and in compliance with local laws and regulations?

Yes No Other: _____

- Do you carry Professional Indemnity and/or Public Liability Insurance?

Yes No Other: _____



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20. ABN:

- Please state your ABN if you are registered for GST.

Attachments

21. Required Documentation:

- Provide a copy of your business insurances.
- Upload quotes if applicable
- Upload any other supporting documentation

Declarations

22. Acknowledgments:

- Do you acknowledge that the information provided is true and accurate?

Yes No Other: _____

23. Consent:

- If you are successful, do you consent to being part of promoting the program into the future?

Yes No Other: _____

Signature:	Date of Signature:
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Privacy and Personal Information Protection Notice

- this information is voluntarily required to process your request and will not be used for any other purpose without seeking your consent, or as required by law;
- your information may comprise part of a public register related to this purpose;



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- your application will be retained in Council's Records Management System and disposed of in accordance with the Local Government Disposal Authority;
- your personal information can be accessed and corrected at any time by contacting this Council.