

Business Assistance

Council Policy Number	153
Date adopted	23 June 2020
Scheduled for review	June 2023



1. Preamble

Business Assistance Grants are established from funds which may be set aside in the Budget each financial year.

2. Purpose

This Policy provides a framework for Campaspe Shire Council ('Council') to allocate its funds in an effective and equitable manner for the benefit of existing local businesses and those seeking to establish themselves.

3. Policy Statement

- a. Council seeks to support local businesses diversify and expand, as well as attract new businesses to the municipality.
- b. The types of assistance Council can provide to businesses/investors includes market research, economic analysis, community profiling data, local knowledge, introductions, advocacy, business workshops, quarterly newsletters and financial assistance.
- c. Council Officers liaise with businesses on a case by case basis to determine the most appropriate support to provide each business.
- d. Business Grants provide a level of financial support.
- e. Applications for Council's small business grants program will be called twice per year, closing in September and March.
- f. Funds will be administered in a transparent and equitable manner and they will be promoted across the municipality in a way that will allow maximum opportunity for businesses to apply.
- g. Funds will be administered using the eligibility criteria and conditions in the Guidelines as approved by Council from time to time.
- h. All grants are approved on a discretionary basis.

4. Categories and Assessment Criteria

While all applications will be assessed on their individual merits, the general assessment criteria for all grant categories follows;

a. Start-Up/New business

Operating less than 1 year

1 – 10 full time equivalent employees

Maximum grant per applicant \$3,000

If successful, only currently trading businesses will receive payment. While start ups can apply the business will not receive funds until it is trading.

Assessment based on:

- Business Plan
- Innovation
- Anticipated employment growth (full-time equivalent)

b. Small business

2 – 10 full time equivalent employees

Maximum grant per applicant \$5,000

Assessment based on:

- Business plan
- Anticipated employment growth (full-time equivalent)
- Capital investment
- Innovation
- Anticipated flow on economic activity as a result of the investment

c. Medium business

More than 10, but less than 20 full time equivalent employees

Maximum grant per applicant \$10,000

Assessment based on:

- Business Plan
- Anticipated employment growth (full-time equivalent)
- Capital investment
- Innovation
- Anticipated flow on economic activity as a result of the investment

d. Large business

More than 20 full time equivalent employees

Maximum grant per applicant \$15,000

Assessment based on:

- Business Plan
- Anticipated employment growth (full-time equivalent)
- Capital investment
- Anticipated flow on economic activity as a result of the investment

5. Applications and Assessment

- a. Applications should be completed and submitted in accordance with the prescribed guidelines.
- b. Applications should meet the timelines as determined by Council from time to time and set out in the relevant guidelines.
- c. Applications will be assessed against the eligibility criteria outlined in the relevant guidelines.
- d. All applications will be subjected to an initial Acceptance Check for compliance (as above) before being considered further.
- e. Applicants will be advised if their application cannot be accepted and why. Provided the application is subsequently amended as required and resubmitted in time, it will be reassessed. Applicants are wholly responsible in this regard.
- f. All applications will be assessed by staff (individuals or groups), appointed by the Chief Executive Officer for each specific program.
- g. Applications that meet the relevant criteria will be presented to Council together with recommendations from the Administration about approvals/refusals; amounts; conditions.

6. Unexpended Funds

Any unspent part of the financial assistance grant must be returned to the Council by the end of the financial year in which it was given, unless prior written approval to carry it forward is obtained from the Chief Executive Officer.

Exclusions

Nil

Human Rights

This policy has considered and complies with the Human Rights and Responsibilities contained in the Victorian Charter of *Human Rights and Responsibilities Act 2006*.

Definitions

Innovation

Something new to your business model that you might have adapted from a different type of business, or a continuous improvement activity or project.

Related Legislation

Nil

Related Policies, Procedures and Strategies

Nil

Attachments

Nil

Review Period

Three years

Responsible officer

Chief Executive Officer

Administrative Updates

It is recognised that, from time to time, circumstances may change leading to the need for minor administrative changes to this document. Where an update does not materially alter the policy, such a change may be made administratively. Examples include a change to the name of a Council department, a change to the name of a Federal or State Government department, and a minor update to legislation which does not have a material impact. However, any change or update which materially alters this document must be by resolution of Council.

Approval History

Approved	3 August 2016	Executive Management Group
Revised	6 September 2017	Executive Management Group
Revised	19 November 2019	Minute Book Reference No 5112 (item 7.6)
Revised	23 June 2020	Minute Book Reference No 2219 (item 9.5)
Revised	6 October 2020	Administrative Change (4. Categories and Assessment Criteria)
Revised	19 February 2021	Administrative update to apply consistent references to Campaspe Shire Council ('Council')
Revised	12 October 2021	Administrative update to 4. Categories and Assessment Criteria and addition of a definition of innovation

Chief Executive Officer:



Date:

14 October 2021

Annual Business Grants Program Application Form

Eligibility and Contact Details

* indicates a required field

Applicants: please note

An online application to our grants program is an acceptance that the applicant agrees to the Campaspe Shire Council's conditions for any grant approval.

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

Applicant Business Details

Company/Business name *

Please use your business's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Trading/Business name *

Please use your business's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the ABR, ACNC or ATO.

Primary address *

If your business operates in multiple locations or from multiple offices, please pick one as your primary address.

Postal address (if different to above)

Applicant website

If available. Must be a URL

Primary Contact Person *

This is the person we will correspond with about this grant

Annual Business Grants Program Application Form

Position held in organisation *

e.g. Chief Financial Officer, Manager, Board Member

Primary phone number *

Back-up phone number *

Primary contact person email address *

This is the address we will use to correspond with you about this grant.

Business details

* indicates a required field

Describe your business structure and operation *

Must be no more than 100 words.

Does your business have an ABN? *

- ☐ Yes ☐ No

ABN *

What is your incorporation number?

Incorporated Association or Australian Corporation Number

What is your business's annual turnover?

- | | |
|--|---|
| <input type="radio"/> Less than \$50,000 | <input type="radio"/> \$1 million or more, but less than \$10 million |
| <input type="radio"/> \$50,000 or more, but less than \$250,000 | <input type="radio"/> \$10 million or more, but less than \$100 million |
| <input type="radio"/> \$250,000 or more, but less than \$1 million | <input type="radio"/> \$100 million or more |

Annual Business Grants Program Application Form

How long has the business been in operation?

Must be years and/or months

Has your business achieved growth over the past three years?

- ☐ Yes ☐ No

If so, please express:

Percentage growth in turnover

 %

Must be a number

Growth in the number of full-time positions

Must be a number

Please list the additional full-time positions and the location, if the business has more than one site:

Number of positions	Location the positions are based
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Does the business have a documented business plan?

- ☐ Yes ☐ No

If **Yes**, please attach a copy

Attach file

Permitted attachment types: pdf, doc, xls, docx, xlsx, jpg

If **No**, please outline your business model and plans for growth

Must be no more than 150 words.

Please detail how your business will impact positively on the local economy? *

Must be no more than 150 words.

Annual Business Grants Program Application Form

Does this application respond to one or more of the Council's program priority areas? *

Must be no more than 150 words.

For Program Priority areas, refer to page 1 of the Campaspe Shire Council Annual Business Grants Program Guidelines.

Please outline details of the assistance requested *

Must be no more than 150 words.

This should be a description of the project/purchase

How will your business impact positively on the local community? *

Must be no more than 150 words.

How does your business incorporate innovation?

Is there evidence and/or clear reason for why it does or doesn't? *

Must be no more than 150 words.

Business funding

What is the estimated cost of the new project/plant/equipment/professional services or other purchase you wish to undertake? *

\$

Must be a dollar amount.

What will the grant funds be spent on?

Equipment (specify)	Materials (specify)	Other (specify)

What is the amount sought from Council? *

\$

Must be a dollar amount.

Annual Business Grants Program Application Form

What is the amount to be funded by your organisation? *

Must be a dollar amount.

Reporting your success

How will you evaluate the effectiveness of your project/purchase? Including improvements to your business, costs and measures of success. *

Must be no more than 150 words.

Publicity and Promotion

How will/do you promote your business? *

- | | | |
|--|---|---------------------------------------|
| <input type="checkbox"/> Advertorials | <input type="checkbox"/> Television | <input type="checkbox"/> Web site |
| <input type="checkbox"/> Advertising - newspaper | <input type="checkbox"/> Signage | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Letterbox Drop | <input type="checkbox"/> Other: |

Provide details of the level of coverage anticipated:

Further information

Attached is:

Supporting documents that may be appropriate (maximum of two pages)

Attach a file:

Maximum 25mb, recommended size no bigger than 5mb

Three quotes for purchases of any items more than \$1,000

Attach a file:

Maximum 25mb, recommended size no bigger than 5mb

Annual Business Grants Program Application Form

Previous Grants received from Council or other government departments

If applicable, please list all grants received from the Campaspe Shire Council or other government departments in the past three years.

Amount	Date received/status of request	Project, initiative or resource

Application payment details

If successful, funds will be deposited directly to your nominated bank account.

Bank Name:	
Account Name:	
BSB:	
Account Number:	

Certification

* indicates a required field

I certify that to the best of my knowledge the statements made within this application are true and correct.

I also confirm that I have read and understood the conditions for funding as outlined in the Campaspe Shire Council's Business Grant Program Guidelines and accept and agree to abide by the conditions therein.

I also accept and agree to abide by any additional conditions outlined in any approval letter.

I agree * ☐ Yes ☐ No

Name of authorised person *

Must be a senior staff member or board member

Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Contact phone number *

Annual Business Grants Program Application Form

Must be phone number for authorised person listed above

Mobile number

Must be mobile phone number for authorised person listed above

Contact Email *

Must be an email address.

Date *

Must be a date

Feedback

You are nearing the end of the application process.

Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

This section is not mandatory

Please indicate how you found the online application process:

☐ Very easy ☐ Easy ☐ Neutral ☐ Difficult ☐ Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.