

# 2023-2024 Business Relocation Growth Program

## Form Preview

### Grant Overview

#### What is the Business Relocation Growth Program?

The City of Whittlesea is committed to supporting a thriving local economy by encouraging and supporting innovation, creation, growth, and opportunity.

The Business Relocation and Growth Program (BRGP) is aimed at supporting both existing businesses and those wanting to relocate to the City of Whittlesea's commercial and industrial precincts. The BRGP aims to provide support to businesses looking to establish and/or grow their presence in the City of Whittlesea. The range of initiatives offered are designed to contribute toward building a prosperous and inclusive economy for all. The primary objective is to increase employment for our residents in our preferred target industries. Applicants can apply for funding under one of the following grant categories:

- Business expansion or,
- Capital investment or,
- Relocation or expansion to City of Whittlesea.

Applications may be applied for from \$10,000 through to \$40,000 and will be awarded on a competitive basis. The funding offered must be matched dollar-for-dollar by the business and will only be paid 12 months after the funding has been awarded and on meeting key milestones. Before submitting your application, please review and check your eligibility below. Further information can be found in the [Guidelines which you can download by clicking on this link](#). To download the PDF version of the guidelines, [please click here](#).

#### ELIGIBILITY

The City of Whittlesea BRGP is designed to assist medium to large sized businesses. To be eligible for funding, applicants must:

- Be the owner or tenant named on an existing or pending lease agreement (not subletting space from another business)
- Have an active Australian Business Number (ABN)
- Provide evidence of insurance including certificate of currency (public liability, professional indemnity, or any other relevant insurances).
- Be able to demonstrate business financial viability
- Be a business in one of the identified preferred target industries (exceptions may apply if the application demonstrates a significant employment outcome)
- Have a minimum of 5 FTE (Full Time Equivalent) employees
- Provide increased employment opportunities for residents in the City of Whittlesea for a minimum of nine months
- Not have an outstanding debt to City of Whittlesea

#### WHO IS NOT ELIGIBLE

Businesses that will not be eligible to be assessed for consideration under this BRGP include:

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- An employee of the City of Whittlesea operating a business
- Businesses that incur revenue relating to alcohol, tobacco and tobacco related products e., e-cigarettes, shisha, hookahs and pipes, gambling, and electronic gaming machines
- Businesses that have been trading less than 12 months or have not yet opened
- Businesses that have less than 12 months remaining on their current lease at the time of submitting an application
- Any business that does not hold all relevant permits and licenses to trade in the City of Whittlesea this includes but is not restricted to, building, and planning permits, health and liquor licenses and any other statutory permits or licenses that are required for business to operate legally.
- Businesses that have outstanding acquittals, debts, or financial disputes with the City of Whittlesea.

## Assessment Criteria

### Funding Selection Criteria

#### Weighting

Project Objectives

50%

Preferred Industry

20%

Budget

20%

Risk & Mitigation Strategy

10%

## KEY DATES

### Application Period

### Notification Month

1 January 2024 - 31 March 2024

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May 2024

1 April 2024 – 30 June 2024

August 2024

1 July 2024 – 30 September 2024

November 2024

1 October 2024 – 31 December 2024

February 2025

1 January 2025 – 31 March 2025

May 2025

## Reporting and Acquittals

Six Month Progress Report for approved applicants

6 months after approval

Works to be completed by

12 months after approval

Acquittals and Final Report due

12 months after approval

Payments made by

8 weeks after acquittal

## Getting Help

To view the SmartyGrants Help Guide for Applicants, please click [here](#).

When completing the form, \* **indicates a required field**.

If you have any **technical difficulties** viewing the application form or accessing your account, please contact **SmartyGrants** directly on **9320 6888**.

If you have **funding related questions** or need assistance to complete the application, please contact:

- Michael Schiller at **Economic Development** at [michael.schiller@whittlesea.vic.gov.au](mailto:michael.schiller@whittlesea.vic.gov.au)

**OR**

- **Community Grants Team** at [community.grants@whittlesea.vic.gov.au](mailto:community.grants@whittlesea.vic.gov.au).

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- If you prefer to speak to someone over the phone, please call the Council main number **9217 2170** and ask to be transferred to the relevant team.

## Privacy and Conflict of Interest

\* indicates a required field

### PRIVACY NOTICE

**The City of Whittlesea** pledges to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view Council's privacy statement, head to [Council's website](#).

The personal information collected in this application is being collected ONLY for the purpose of assessing, processing and allocating grant funding. Council may contact a third party to confirm details of your application.

Successful groups will be identified, together with the purpose and amount received, on Council's website and in relevant Council reports.

**I am over 18 years of age and I am Authorised to complete this application and have read and understood the privacy statement \***

### Conflict of Interest

All Grants are open to all residents within the City of Whittlesea including Council staff. To ensure fairness and transparency a Declaration of a Conflict of Interest must be completed by all applicants who are affiliated with Council with any of the following roles;

1. **Council Officer**
2. **Volunteer**
3. **Appointed to Committee or working group**
4. **Contractor or Consultant**

Failure to disclose your affiliations and subsequent completion of the Conflict of Interest section in your application, will result in your individual or group, organisation or business application being deemed '**Unsuccessful**' due to not disclosing your Conflict of Interest'.

**Do you have a Conflict of Interest due to an affiliation with Council? \***

**Do you have a signed copy of your Conflict of Interest form signed by your Manager?**

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Signed hardcopy of Conflict of Interest

**If you have printed out and received a copy of your Manager's approval of your COI, please upload your Manager's approval of the Conflict of Interest form here.**

Attach a file:

Conflict of Interest - Please complete this section.

You must declare your Conflict of Interest if you are any of the following;

- Council Officer
- Volunteer
- Appointed to a Committee or Working Group
- Contractor or Consultant

**Full Name**

**What is your role or connection to Council**

**Which Department or Area are you connected to?**

**Please confirm the personal interest**

**Please provide details of the personal interest**

Example: Explain who, why and how. I volunteer for the group applying.

**Please choose the correct type of Conflict of Interest**

**Please choose the applicable Nature of Conflict**

- I have an Actual Direct Conflict of Interest - I will benefit from the outcome
- I have an Actual Indirect Conflict of Interest - Someone I know will benefit from the outcome.
- I have a Potential Direct Conflict of Interest - In time, I will benefit from the outcome.
- I have a Potential Indirect Conflict of Interest - In time, someone I know will benefit from the outcome.
- I have a Perceived Direct Conflict of Interest - A reasonable person thinks I might benefit from the outcome.
- I have a Perceived Indirect Conflict of Interest - A reasonable person thinks someone I know might benefit from the outcome.

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**Please select the applicable remoteness or shared conflict**

- My conflict is Remote - The conflict is so remote or insignificant that it couldn't be reasonably regarded as capable of influencing my actions or decisions. This might be because I was given a book, or previously given a coffee from a vendor and I'm now raising a purchase order from them.
- My conflict is held in common - My interest is held in common with a substantial number of others in the municipality and does not exceed their interest.
- My conflict is neither remote nor held in common - My interest is not remote or common.

**Managing your conflict of interest. Please select any applicable methods.**

- Restrict my influence by placing some restrictions on my involvement in the matter (either entirely or partially).
- Recruit others and introduce an independent 3rd party to oversee all or part of the process to ensure my private interest doesn't influence the outcome.
- Remove myself from the matter to restrict my influence on the outcome. This will be required if you've got a material-actual conflict.
- Relinquish my private interest so that there's no long a conflict (eg: selling shares, resigning directorship etc).
- Resign from my role or position because I cannot relinquish my private interest or manage the conflict in another way.

**Please provide further details on how you will manage your conflict of interest.**

**Please confirm the name of Your Manager or Contact at Council to seek approval of this Conflict of Interest**

## Business Details & Eligibility

\* indicates a required field

### Business Details

Eligibility criteria is listed below and in the Business Relocation and Growth Program Guidelines available on the website.

Applicants or Projects that are considered ineligible will not be considered for assessment.

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If you are unsure if you meet the eligibility criteria, please contact Council on **9217 2170** and ask to speak to the **Economic Development** or **Community Grants** team or email [community.grants@whittlesea.vic.gov.au](mailto:community.grants@whittlesea.vic.gov.au) or [michael.schiller@whittlesea.vic.gov.au](mailto:michael.schiller@whittlesea.vic.gov.au).

To be eligible for funding you must meet the following eligibility criteria;

- Be the owner or tenant named on an existing or pending lease agreement (not subletting space from another business)
- Have an active Australian Business Number (ABN)
- Provide evidence of insurance including certificate of currency (public liability, professional indemnity, or any other relevant insurances).
- Be able to demonstrate business financial viability
- Be a business in one of the identified preferred target industries (exceptions may apply if the application demonstrates a significant employment outcome)
- Have a minimum of 5 FTE (Full Time Equivalent) employees
- Provide increased employment opportunities for residents in the City of Whittlesea for a minimum of nine months
- Not have an outstanding debt to City of Whittlesea

**Please confirm the category you are applying for under the Business Relocation and Growth Program \***

If 'none of the above', you are not eligible for this grant

**Business Trading Name \***

Organisation Name

Please use the name of trading name of your business.

**Registered Business Name \***

Please enter the group name as it appears on official documents such as your incorporation certificate or bank account.

**Please confirm the physical address of your business location for this Grant Program \***

Address

  

Do not enter a PO box

**Please provide your business website address**

Eligibility Check

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**Please provide evidence of ownership or a copy of your lease agreement of business address of the location you are applying for this Grant Program \***

Attach a file:

If a letter is not provided you may be deemed 'ineligible'

### ABN Details

**Please confirm your Australian Business Number (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 Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### Insurances and Licences

**Please provide a copy of the appropriate insurance, licence and permit with current Public Liability \***

Attach a file:

If you don't have current licenses, you may be deemed ineligible and not be assessed. Please include all current documentation

**Please add additional forms if required**

Attach a file:

### Evidence of Financial Viability

Please upload evidence of your business financial viability:

- Profit and Loss Statement for financial year ending 30 June 2023 (or interim report ahead if ahead of this date)
- The last 3 quarterly Business Activity Statements (BAS)



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- Last 3 months of Business Bank Account statements
- Cash flow forecast (12 months)

## Click here to upload documents

Attach a file:

## Total Full Time Equivalent Employees

### Please confirm the total Employee Hours worked for the last financial year only.

We have provided an automatic calculation of your business's FTE.

This calculation is automated by, taking the total hours worked by your employees in the year and then dividing this by total full time hours for one full time employee for the year. The total hours for one FTE per year used in this calculation is 1,748. This is equivalent to working 38 hours per week for 1 FTE.

*(Calculation of hours is based on 38 hours per week x 46 weeks which excludes annual leave [4 weeks] and sick leave [10 days], so 52 weeks less 6 weeks to calculate 1 FTE).*

[Full-time employees - Fair Work Ombudsman](#)

For example, you have total hours worked for 2022-2023 = 26,200 (hours) Divide by Total FTE hours = 1,748 (1 FTE hours per week)

Your total FTE would be  $(26,200/1,748) = 15$  FTE

### Please confirm the total Employee Hours worked the 2022-2023 Financial Year

Must be a number.

### This is your business's FTE

This number/amount is calculated.

For eligibility, the minimum FTE is 5 FTE employees

## Commitment to Increased employment

### Do you commit through this program to provide new or increased employment for residents in the City of Whittlesea for a minimum of 9 months?

Yes  No

If 'No' you are not eligible for this grant

## Outstanding Acquittals

Businesses that have outstanding acquittals, debts or financial disputes with the City of Whittlesea.

### Does your business have any outstanding acquittals, debts or financial disputes with the City of Whittlesea?

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Yes

No

This will be verified through our eligibility checks

## Contact Details

\* indicates a required field

### Project Contact Details

#### Project Address (if different to above)

Address

  

Address Line 1, Suburb/Town, State/Province, and Postcode are required.

#### Project Contact \*

First Name

Last Name

#### Project Contact Position \*

#### Project Contact Phone Number \*

Must be an Australian phone number.

#### Project Contact Email \*

Must be an email address.

### Secondary Contact

#### Secondary Contact

First Name

Last Name

#### Secondary contact position

#### Secondary contact phone number

Must be an Australian phone number.

#### Secondary contact person email address

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Must be an email address.

## Proposed Project Details

\* indicates a required field

### Project Plan

The following questions will be your Project Plan including details of;

- Timeline — key project dates
- An overview of how the funding will be used to support the business idea, concept, or proposal
- Budget — key project costs including detailed third-party quotations
- Risk Assessment and Mitigation strategy

### Funding Selection Criteria

#### Weighting

Preferred Industry

20%

Project Objectives

50%

Budget

20%

Risk & Mitigation Strategy

10%

Tell us about your proposed Business Project

#### Project Title \*

#### Start Date \*

Must be a date.

#### End Date \*

Must be a date.

Preferred Industry - 20%

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**Please select your Preferred Business Industry \***

If 'Other' you may not receive 20% weighting of this selection criterion

**Please select your Business proposal**

### Project Objectives - 50%

This criteria includes details on the following;

- How your business will increase new ongoing employment and one of the following;
- Business Expansion
- Capital Investment
- Business Relocation or Expansion to the City of Whittlesea

**Please provide details on how your business proposal will increase new and ongoing employment opportunities for the City of Whittlesea Residents?**

### Business Expansion

**Please select the Business Expansion objectives you intend to meet**

**Please provide an overview of how you will meet this objective**

	Please indicate in your answer if you have uploaded your project plan
Move into larger premises Expand operations Increase your product or service offering Upskill existing staff through recognised training and increase wages reflective of this training (by no less than 10% and not less than the average FTE wage in City of Whittlesea) Support for local businesses (amount spent, not less than 10% of annual turnover) Implementation of a circular economy plan, for example, recycling and reusing materials	

### Capital Investment

**Please select the Capital Investment objective you intend to meet**

**Please provide an overview of how you will meet this objective**

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### Relocation or Expansion to City of Whittlesea

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**Please select an objective to meet your Business Relocation or Expansion**

**Please provide an overview of how the funding will be used to support the business idea, concept, or proposal**

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### Budget and Risk

\* indicates a required field

#### Budget Section 20%

Please list budget items for how you will use the grant.

\*\* Reminder business must match any grant request dollar-for-dollar\*\*

**You must provide quotes for any items over \$500.**

For example:

- If you choose 'increase ongoing employment opportunities for City of Whittlesea residents for a minimum of nine months' you could provide an employment agency quote or the costs attached to marketing and staff management of the employment assessment.
- If you choose 'support local business' you could provide a list of businesses you work with and quotes or receipts for goods or services rendered
- If you choose 'relocate an existing business to the City of Whittlesea' you could provide your rental agreement or quotes for moving.

Budget Category	Budget Line Item Description	Cost of Budget Item
		Must be a dollar amount.
Increase ongoing employment opportunities for City of Whittlesea residents for a minimum of nine months		\$
Establish a business in the City of Whittlesea		
Relocate an existing business to the City of Whittlesea		
Expand operations		
Increase product or service offering		
Upskill existing staff through training courses		
Support local business		
Implementation of a circular economy plan		
Invest in capital machinery or improvements to expand operations		
		\$

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		\$
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## Total Project Amount

\$

This number/amount is calculated.  
This is the total value of your project.

## Total Grant Amount Requested

**\*\*Reminder business must match at a minimum any grant request dollar-for-dollar up to a maximum of \$40,000.00\*\***

### How much is the business requesting? \*

\$

Must be a dollar amount.  
Up to a maximum of \$40,000.00

## Total Project Cost

**Total Project Cost**  
\$

This number/amount is calculated.

**Total Grant Amount Requested**  
\$

This number/amount is calculated.

**Total Business Contribution**  
\$

This number/amount is calculated.

## Quotes

### Please upload quotes for any items over \$500 \*

Attach a file:

## Risk & Mitigation Strategy - 10%

Please describe your Project Risk	What is the Likelihood of this risk	What would be the consequence of this risk?	How will you address or mitigate this risk?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## Completed Works Due Date

**If you are successful, do you agree to complete the works within one year after grant approval? \***

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### Declaration and Feedback

\* indicates a required field

#### Declaration

This section must be completed by an appropriately authorised person on behalf of the applicant business (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
- I understand that if the applicant business is approved for this grant, we will be required to accept the terms and conditions of the grant as stated in the letter of approval.

**I am authorised to complete this application and have read and understood the declaration and privacy statement \***

#### Authorised Person Details

##### Name of Authorised Person \*

First Name

Last Name

Must be authorised on behalf of the business applicant

##### Position in Business \*

##### Contact Number \*

Must be an Australian phone number.

##### Contact Email \*

Must be an email address.

##### Date

Must be a date.

### Applicant Feedback

\* indicates a required field

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Please provide your feedback before you review and submit your application.

**Please indicate how you found the online application process: \***

- Very easy       Easy       Difficult       Very difficult

**How many minutes in total did it take you to complete this application? \***

Must be a number.

Estimate in minutes i.e. 1 hour = 60 minutes (include numbers only)

**Please provide improvement suggestions and/or additions to the application form/process that Council should consider**

**How did you hear about this grant opportunity?**

- |  |  |
|--|--|
| <input type="checkbox"/> Grants and Training Opportunities email           | <input type="checkbox"/> Word of mouth               |
| <input type="checkbox"/> Local Area Network email                          | <input type="checkbox"/> Social media                |
| <input type="checkbox"/> Other Council newsletter (electronic or hardcopy) | <input type="checkbox"/> Council's website           |
| <input type="checkbox"/> Poster/flyer                                      | <input type="checkbox"/> Other: <input type="text"/> |