

# Application for \$2000 Business Grant Voucher 2024-25

## Form Preview

### Checklist for Applicants

#### General Information

Maribyrnong City Council is proud to be running the grants program called **BUSINESS ELEVATE PROGRAM** again for 2024-25 – which is a Business-to-Business (B2B) voucher based program. From 11th November 2024, small business owners within the City of Maribyrnong will be able to apply for a \$2,000 (+GST) Business Elevate Voucher. These vouchers are designed to help “elevate” businesses by giving them access to services from a list of “preferred suppliers” in a range of categories. Small Business owners can apply for an opportunity to be matched with a “**Preferred Business Supplier**” in 14 different categories. Your business will be able to receive a voucher for offers or packages valued at \$2,000 (+GST) in ONE of the nominated categories.

Small Business Owners will be awarded their vouchers on a ***first in best dressed basis (per category)***. Therefore the speed of application will be very important. The first 58 eligible businesses that meet all the relevant assessment criteria, will be considered as final and the application process will close. No further businesses will be considered, as the number of \$2,000 vouchers is capped at 58 business recipients.

**NOTE: To activate the voucher, recipients will need to pay a non-refundable "\$200 Activation Fee (+GST where applicable)" to their preferred supplier.** Failure to pay the fee by the due date will mean forfeiture of the voucher which will be allocated to another business on the waiting list.

It is advisable that business owners looking to apply for a voucher should carefully consider what their business needs are right now in order to grow or evolve, and select the preferred supplier they would like to work with accordingly.

#### Checklist - Before you start...

Thank you for your interest in applying for a \$2,000 voucher as part of the BID Grants - Business Elevate Program.

Applications open **Monday 11th November 2024 (9:00am)**

Applications close **Monday 18th November 2024 (5:00pm)**

Before you start your application we suggest you gather the following information to make your application process a smooth and easy experience:

- Your business ABN
- Website/Social media links (if available)
- A clear idea of what your critical business needs are right now - in order to be matched for a \$2,000 (+GST) voucher
- Who your "Preferred Business Supplier" is - that you would like to work with/be matched with (Refer to the "**Related Information**" section at the bottom of the Council web page. All the options are listed on a dedicated PDF document called "**View the 2024/25 Preferred Business Supplier and Offers document**") >>> [Business Elevate Program - Maribyrnong](#)
- The projects/initiatives must be delivered within the City of Maribyrnong municipality

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- You have read the guidelines - BEFORE applying. Click here for more info  
>>> [Business Elevate Program - Maribyrnong](#)

TIP: You should consider reading through the questions EARLY in the application period and allow yourself some extra time for gathering any extra information that you may need to complete your application. Don't forget to save your application as you go.

**For more information visit our website or email us at**  
[businesselevate@maribyrnong.vic.gov.au](mailto:businesselevate@maribyrnong.vic.gov.au)

## Eligibility

\* indicates a required field

### Applicants: please note

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

This section of the application form is designed to help you, and us, understand if you are eligible to participate in this grant program. It's crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable program.

## Confirmation of Eligibility

### I confirm that the applicant ...

- has read and understands the program guidelines
- is a registered business
- is a business located within the City of Maribyrnong
- is financially stable to continue operations over next 18 months
- does not owe any reports or money to Maribyrnong City Council
- has no outstanding compliance issues with Maribyrnong City Council

### Please select below: \*

☐ Yes ☐ No

You must confirm that all statements above are true and correct.

## Contact Details

\* indicates a required field

### Privacy Notice

We pledge 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 our privacy statement, go to [Privacy statement - Maribyrnong](#).

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### Applicant Business Details

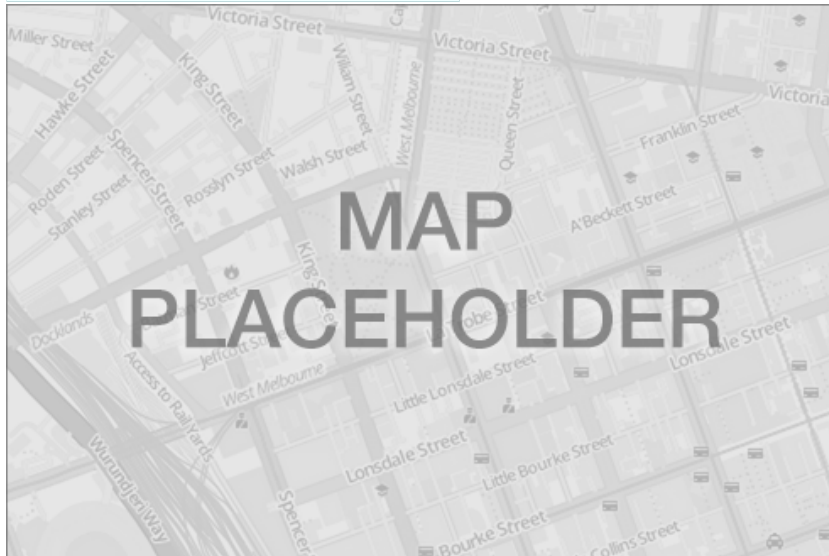
#### Applicant Business Name \*

Organisation Name

Please use your organisation'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.

#### Applicant Business Address \*

Address

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

#### Business website

Must be a URL

#### Primary contact person \*

Title First Name Last Name

This is the person we will correspond with about this grant

#### Position held in business \*

e.g. Manager, Board Member, Fundraising Coordinator

#### Primary phone number \*

Must be an Australian phone number.

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**Primary contact person's email address \***

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

## Business Details

\* indicates a required field

**Tell us a little bit about your business? What is your primary business activity? \***

Word count:

Must be no more than 100 words.

## Social Media Presence

We would like to get to know a little bit more about your social media presence. Please provide the URLs for your social media links.

**Facebook**

Must be a URL.

**Instagram**

Must be a URL.

**Other**

Must be a URL.

## ABN Validation

**Does your business have an ABN? \***

☐ Yes

☐ No

**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

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## Form Preview

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

As you do not have an ABN, please submit a completed ATO Statement by a Supplier Form with your application, otherwise 48.5% of any approved grant may be withheld. Download the form from [the ATO](#).

### Please upload completed Statement of Supplier Form:

Attach a file:

Max 25mb

### What is your incorporation number?

Incorporated Association or Australian Corporation Number

## Business Location

### Is your business registered & operating within Maribyrnong City Council? \*

- ☐ Yes  
☐ No

## Financial Stability

### Is your business financially stable to continue operating over the next 18 months? \*

- ☐ Yes  
☐ No

## Expression of Interest Details

\* indicates a required field

**Critical Business Need - Create a 'title' to describe what you need for your business. Eg Website refresh, New business signage, Help with digital marketing, Professional photos for website, Videos for social media, etc \***

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Provide a short title to explain the critical need that your business requires help with right now (that relates to this application)? Your title should be short but descriptive

### Business Category

**Why are you applying for a voucher as part of the Business Elevate Program? (What help does your business need right now? What anticipated positive benefits will the voucher provide your business?) \***

Must be no more than 100 words.

**Which 'Business Category' of services would you like to be matched with as part of the Grants Program? \***

- ☐ ACCOUNTING/BOOKKEEPING
- ☐ BUSINESS CONSULTING
- ☐ BUSINESS COACHING
- ☐ BUSINESS SUSTAINABILITY
- ☐ COPYWRITING/PUBLIC RELATIONS
- ☐ DIGITAL MARKETING/SEO
- ☐ GRAPHIC DESIGN/VISUAL MERCHANDISING
- ☐ LEGAL
- ☐ MARKETING CONSULTING/ADVERTISING
- ☐ OTHER BUSINESS SERVICES
- ☐ PHOTOGRAPHY
- ☐ PRINTING/SIGNAGE
- ☐ VIDEOGRAPHY
- ☐ WEB DESIGN/MOBILE APP DEVELOPMENT

Only 1 selection allowed. Refer to the full list of Preferred Business Suppliers at <https://www.maribyrnong.vic.gov.au/Business/Business-Events-Programs-and-Grants/Business-Elevate-Program>

### Preference

**Have you read the list of services/offers each of the Preferred Business Suppliers in your category of interest have provided on Maribyrnong City Council website? (You may also do your own further research on the supplier before making your final selection). NOTE: Once you have been successfully matched with a supplier you cannot change your mind and switch suppliers. \***

- ☐ Yes
- ☐ No

Refer to the "Related Information" section at the bottom of the Council web page. All the options are listed in a dedicated PDF document called "View the 2024/25 Preferred Business Supplier and Offers document". Please visit <https://www.maribyrnong.vic.gov.au/Business/Business-Events-Programs-and-Grants/Business-Elevate-Program> to see the list of the Preferred Business Suppliers and their offers.

**Preferred Business Supplier Selection \***

Please select your preferred supplier from the dropdown list above (only ONE supplier can be selected). Please double check your selection to ensure you have the correct supplier.

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**Why have you selected to be matched with this particular Preferred Business Supplier from the panel? (What was appealing to you about the offer?) \***

Must be no more than 100 words.

### Availability

**Will you be available to work with the Preferred Business Supplier you have nominated during Dec 2024 - Apr 2025? \***

- ☐ Yes  
☐ No

NOTE: If you are unsure if you will be available during the period mentioned above, you may want to re-consider your application.

### Insurance

**Are you willing to ensure any necessary insurance requirements are discussed with your selected Preferred Business Supplier, PRIOR to commencing any work/services? \***

- ☐ Yes  
☐ No

### Financial Contribution - Activation Fee

**Are you happy to pay a non-refundable '\$200 +GST Activation Fee' to your selected Preferred Business Supplier BEFORE you commence any work with them? (NOTE: Failure to pay the fee by the due date will mean forfeiture of the voucher which will be allocated to another business on the waiting list.) \***

- ☐ Yes  
☐ No

### Program Feedback

**Are you happy to review the services provided to you by the Preferred Business Supplier at the end of the program as part of the program feedback? \***

- ☐ Yes  
☐ No

## Certification and Feedback

**\* indicates a required field**

### Certification

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).

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**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the applicant business is approved for this grant program, we will be required to accept the terms and conditions of the grant program as outlined in the letter of approval.**

**I agree \***

☐ Yes

☐ No

**Name of authorised person \***

Title

First Name

Last Name

Must be a senior staff member or board member

**Position \***

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

**Contact phone number \***

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

**Contact Email \***

Must be an email address.

**Date \***

Must be a date

## Applicant 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.

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

☐ Very easy

☐ Easy

☐ Neutral

☐ Difficult

☐ Very difficult

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

Estimate in minutes i.e. 1 hour = 60

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider. We would like to thank you for your interest in the Business Elevate Program, as part of the BID Grants at Maribyrnong City Council to support business growth.**