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

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

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

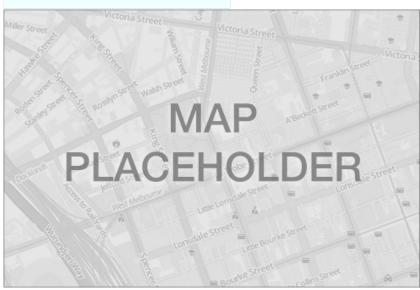
We pledge to respect and uphold your rights to privacy protection under the <u>Australian Privacy Principles</u> (APPs) as established under the <u>Privacy Act 1988</u> and amended by the <u>Privacy Amendment (Enhancing Privacy Protection) Act 2012</u>. To view our privacy statement, go to <u>Privacy Statement</u> - <u>Maribyrnong</u>.

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.

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					

ABN status					
Entity type					
Goods & Services Tax (GST)					
DGR Endorsed					
ATO Charity Type Mor	re information				
ACNC Registration					
Tax Concessions					
Main business location					
Must be an ABN					
As you do not have an ABN, please so with your application, otherwise 48.5 the form from the ATO.	•				
Please upload completed Statem Attach a file:	ent of Supplier Form:				
Maria					
Max 25mb					
What is your incorporation numb	er?				
Incorporated Association or Australian Co	rporation Number				
Business Location					
Is your business registered & ope O Yes O No	erating within Maribyrnong City	Council? *			
Financial Stability					
Is your business financially stable to continue operating over the next 18 months?					
YesNo					
Expression of Interest Deta	ails				
* indicates a required field					
Critical Business Need - Create a business. Eg Website refresh, Ne Professional photos for website,	w business signage, Help with (

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
- O PHOTOGRAPHY
- PRINTING/SIGNAGE
- O 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. *

0	Yes

 \cap 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.

Why have you selected to be matched with this particular Preferred Business Supplier from the panel? (What was appealing to you about the offer?) \ast
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? * O Yes O 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? * O Yes O 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? * O Yes No
Certification and Feedback
* indicates a required field

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

Certification

form).

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.

l agree *	○ Yes		○ No				
Name of authorised person *	Title Must be a	First Name senior staff member	Last Name or board member				
Position *	Position he	eld in applicant organ	nisation (e.g. CEO, 1	Freasurer)			
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 ○ Very easy ○ Easy	d the onli			ery difficult			
How many minutes in total di	d it take	you to complete	this application	ı? *			
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.							