Facade Improvement Program Application Form

* indicates a required field

Before you start:

You will need to fully understand the Facade Improvement Program Guidelines to make sure your business's application has the best chance of getting funded. Does your project "fit" with Council's funding principles and funding priorities? Do you understand how your application will be assessed?

Please read the Guidelines before completing this application.

Property Ownership

Is the property owned or managed by Ipswich City Council or a State or Federal Government agency or owned by an employee of Ipswich City Council or other government agency? *

○ Yes ○ No

As you answered Yes, you are not eligible to apply for this funding.

If you have any queries regarding this, please contact the Office of Economic Development on 07 3810 7421 or email business@ipswich.qld.gov.au.

Who owns the building where the works are to take place? *

○ Privately Owned by another business - approval documentation required
○ Your business's property - approval documentation not required

If your business is not the owner of the building where your improvement is to take place, you must provide documentation from the owner showing their support for the project and evidence of your current tenure.

Attach documentation from the property owner:
Attach a file:

Business Name *
Organisation 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 Australian Business Register or Australian Tax Office.

Name of Project *

Provide a name for your project. Your title should be short but descriptive.

Amount Requested

$

Must be a dollar amount.
Maximum amount of grant is $15,000 excluding GST.

Contact and Business Details

* indicates a required field

1. Contact Details

1.1 Contact Person *

Title | First Name | Last Name

This is the person we will correspond with about this grant application.

1.2 Position held in business *

1.3 Phone Number *

Must be an Australian phone number.

1.4 Email *

Must be an email address.

2. Business Details

2.1 Business Street Address *

Address

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

2.2 Business Postal Address *

Address

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

2.3 Business Website

Must be a URL.

2.4 Applicant 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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

2.5 Please attach a copy of your business's current Public Liability Insurance Certificate or Certificate of Currency *

Attach a file:

Minimum Limit: AUD $20,000,000.00

2.6 Please attach a copy of your business's current Professional Indemnity Insurance *

Attach a file:

Minimum Limit: AUD $10,000,000.00

2.7 Do you adhere to sound Workplace Health & Safety practices? *

○ Yes ○ No

2.8 Does your organisation comply with all other Australian and Queensland Legislation including accounting and auditing requirements, antidiscrimination laws, privacy, confidentiality and freedom of information laws, registration and accredication of professional employees, and preparation and dissemination of annual reports? *

○ Yes ○ No

2.9 Attach your business's Risk Management Plan for the proposed works *

Attach a file:

If you require a Risk Management Plan template, please see the Resources tab on Council's Funding and Support webpage.

Assessment Criteria

* indicates a required field

3.1 The Benefit (40%)

What benefits to the business and the street will the works provide? *

Word count:
Must be between 100 and 300 words.
Provide a written statement that demonstrates the benefits to the business and streetscape, as an outcome of the project.

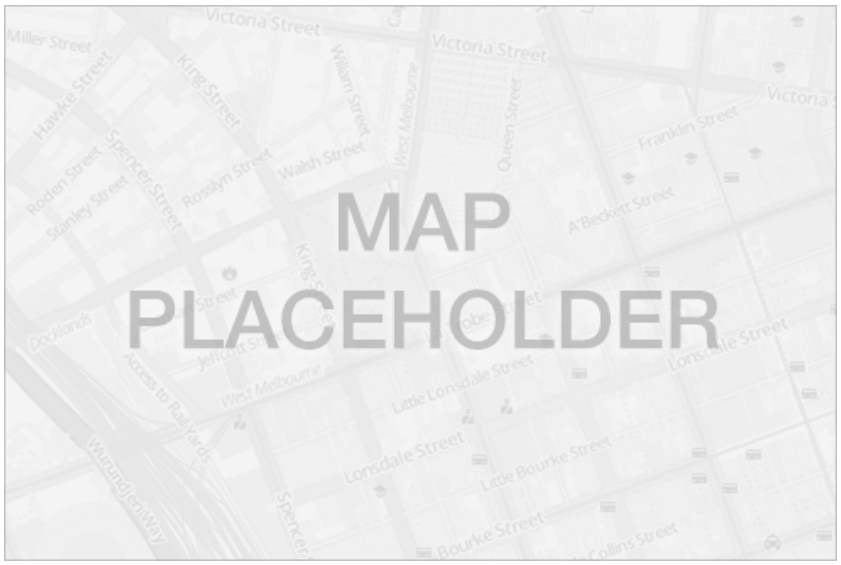
3.2 The Project (30%)

What work would you like to do to your facade? Please provide a summary of your plans. *

Word count:
Must be between 50 and 250 words.
Provide professional plans or information detailing the proposed upgrade.

Attach photos of existing building and any other supporting documentation *
Attach a file:

Street Address of the building undergoing the works (if different to your business's office street address
Address



Proposed start date of works *

Must be a date.
Applications received after commencement or completion of the works are ineligible and will not be considered.

Proposed end date of works *

Must be a date.

Is your building covered by a heritage overlay? *

○ No
○ Yes - Please seek advice from Council's Planning and Regulatory Services Department on 07 3810 6666 prior to completing your application
○ Unsure - Please seek advice from Council's Planning and Regulatory Services Department on 07 3810 6666 prior to completing your application

Does your project have the necessary approvals? *

○ Not relevant - no approvals are required
○ Yes - approvals are attached below

Property development may require an appropriate approval. Please contact Council's Planning and Regulatory Services Department on 3810 6666 for further information prior to submitting this application to confirm whether an approval is required.

Attach approval: *

Attach a file:

As you have indicated no approvals are required, please explain how you came to this decision. For example, you have contacted Council's Planning and Regulatory Services Department and been notified that approvals are not required. *

Assessment Criteria (continued)

* indicates a required field

3.3 Local Contractors (20%)

Where possible, will you be purchasing goods and services from Ipswich based providers (as outlined in Attachment 2 in the Guidelines)? *

○ Yes ○ No

As you answered No, please explain why you would not be purchasing from Ipswich based providers

3.4 Budget (10%)

Is your business registered for GST?

○ Yes - Do NOT include GST in the amount requested, income amounts, or expenditure items (if successful, GST will be added to the amount funded)

○ No - Include GST in the amount requested, income amounts, and expenditure items

Your budget MUST balance i.e. Total Income = Total Expenditure.

For Income please include any of the following:

- Council's Facade Improvement Program grant - this is the funding amount you are seeking
- Cash / In-kind contribution from your business, e.g., staff costs, direct payment of goods/services relating directly to the proposed works, administration support
- Other Funding - details of other funding you have applied for and whether or not these have been confirmed or not.

For Expenditure

- *Please list **all** costings for the project.*
- Attach current quotes for each item Council funding will be used towards. ATTACH QUOTES ONLY - **DO NOT ATTACH INVOICES**. Please attach files below.

Expenditure Table

Expenditure Description	**$ Cost of goods / services**

	$

Income Table

Income Description	$ Funds coming in
Council's Facade Improvement Program grant	$
Business financial contribution (if applicable)	
Business in-kind contribution (if applicable)	
Other funding (if applicable)	

Please attach current quotes for expenditure items council funds will be used towards. DO NOT ATTACH INVOICES.
Attach a file:

Applications must include copies of current quotes received for the goods and/or services Council's funding will be used towards. Wherever possible goods and services should be purchased from Ipswich based providers.

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.
Approved funds will be transferred directly to this nominated bank account.

Budget Totals

Total Income Amount
$
This number/amount is calculated.

Total Expenditure Amount
$
This number/amount is calculated.

Income - Expenditure
$
This number/amount is calculated.

Certification

* indicates a required field

4.1 Certification

This section must be completed by an appropriately authorised person on behalf of the applicant business (e.g. Business Owner, CEO, Manager, Treasurer, Secretary).

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 organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I Agree *

○ Yes

Name of Authorised Person *

Title | First Name | Last Name

Must be a person with delegated authority to sign on behalf of the organisation, e.g. Business Owner, CEO, Manager, Treasurer, Secretary

Position *

Contact Phone Number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised by the applicant business

Email *

Must be an email address.

Date *

Must be a date.

Please provide a copy of your Company Extract *

Attach a file:

4.2 Privcy Statement

Ipswich City Council is collecting your personal information so that we can process your request for a Facade Improvement Program Grant. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to relevant Council Committees. By completing and signing this form, and returning it to Council, we will consider that you have given us your consent to manage your personal information in a manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.