

Business Improvement Grant



APPLICATION FORM – Round 1, 2025

SECTION ONE - Details of Applicant Organisation

(Note: must be a legally constituted entity, an individual or business with an Australian Business Number)

1.1 LEGAL NAME OF BUSINESS:

1.2 ABN: _____

APPLICANT DETAILS: *(Person filling out application form)*

NAME: _____

POSITION HELD WITHIN THE BUSINESS: _____

TELEPHONE NUMBER (daytime): _____

E-MAIL ADDRESS: _____

1.3 CONTACT ADDRESS:

1.4 ARE YOU AN ELIGIBLE ENTITY (REFER TO GUIDELINES): *(Please circle)*

YES/NO

“The Shire of Cocos (Keeling) Islands ‘Business Improvement Grant’ has been developed to provide a funding source for legally constituted individuals and businesses within our community. The projects/equipment/improvements undertaken by the business must have return benefits for people in our local community.”

1.5 BRIEF OVERVIEW OF THE BUSINESS'S PURPOSE:

SECTION TWO - Details of Project

2.1 PROJECT DESCRIPTION: *(Please provide a brief description of either –
a) type of equipment to be purchased/works to be completed, and for what purpose;*

2.2 PROJECT BUDGET:

INCOME \$ <i>eg. your funds/in-kind contributions/fundraising</i>		FUNDING SOUGHT \$
TOTAL PROJECT BUDGET		
DOLLAR AMOUNT REQUESTED		

SECTION THREE – Benefit to the Community

3.1 SUMMARY OF ACTIVITIES AND OUTCOMES. (How will this project achieve one or more of the Assessment criteria?)

SECTION FOUR – Required attachments

PLEASE ENSURE ALL NECESSARY ADDITIONAL INFORMATION IS ATTACHED TO THIS APPLICATION FORM.

Check List (please tick the box/es below):

- ☐ Completed Checklist
- ☐ Supporting information i.e Project Plan, Timeframes, Concept Designs
- ☐ Required approvals, licenses where required.

SECTION FIVE – Declaration

I hereby certify that I have been authorised to prepare and submit this application on behalf of _____. The information provided in this application is true and correct to the best of my knowledge.

NAME: _____

SIGNATURE: _____

DATE: _____

To be signed by Business Owner (if different from above) –

NAME: _____

SIGNATURE: _____

DATE: _____

SECTION SIX – Application Process

Completed application forms must be received by the Shire's Community Development Coordinator by **4:00pm Monday 2nd June 2025**.

Applications to be addressed as follows:

SHIRE OF COCOS (KEELING) ISLANDS
BUSINESS IMPROVEMENT GRANTR
PO BOX 1094
COCOS (KEELING) ISLANDS WA 6799

For further information about this program, please contact Nadya Adim, Community Development Coordinator, on telephone 08 9162 6649, or by E-mail: Nadya.adim@cocos.wa.gov.au.