

### Eligibility criteria/self-assessment checklist

\* indicates a required field

#### Purpose of the Round

To provide support for eligible businesses to adopt and use digital and data technology for the purpose of improving their productivity, competitiveness, resilience, safety and/or sustainability.

The focus of this round is supporting the take-up of existing technologies and services, rather than supporting research or commercialisation of new ideas. This round supports the WA Government's economic development, jobs and diversification priorities as per its Diversify WA economic development framework.

**LCF funding under this round will be 50% of eligible costs up to a maximum of \$25,000.**

Before you begin completing your application, please ensure that you have read the [guidelines](#) and [FAQs](#) for this round so you are aware of the business eligibility criteria and what are considered eligible costs.

Please also read through the sample Financial Assistance Agreement [here](#) so you are aware of your responsibilities in the event that your application is successful.

Please complete this checklist before starting your application.

Please refer to the guidelines for more information regarding eligibility.

**Has the business been registered for GST for at least 12 months and intends to remain registered for the next 12 month period? \***

☐ Yes ☐ No

**Does this business have a current Australian Business Number (ABN)? \***

☐ Yes ☐ No

**Is the business a for-profit organisation? \***

☐ Yes ☐ No

Note: Not-for-profits and charities are ineligible for funding.

**Is the business solvent? \***

☐ Yes ☐ No

**Has the business been operating/trading in Western Australia for at least 3 years? \***

☐ Yes ☐ No

**Is the principal place of business (operating facility) based in Western Australia? \***

☐ Yes ☐ No

# Application - Digital Transformation Round 2024-25

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**Will the business's operating facilities continue to be based in Western Australia during the next 12 months following receipt of funding? \***

- ☐ Yes ☐ No

**Does the business employ at least one, but fewer than 200 FTEs in addition to the owner? \***

- ☐ Yes ☐ No

Note: If the business is part of a group, the number of employees includes the combined employees of the entire group.

**Is the business turnover at least AU\$500,000 per year? \***

- ☐ Yes ☐ No

**Will the activities funded as part of this funding request be implemented in Western Australia? \***

- ☐ Yes ☐ No

**Where the business is requesting funding for activities that involve the use of consultants, are the consultants third parties and at arm's length from the business? \***

- ☐ Yes ☐ No ☐ N/A

**Can you confirm that the activity for which funding is being sought is not a retrospective activity and that the activity and expenditure has not been undertaken prior to submitting this application? \***

- ☐ Yes ☐ No

Note: Invoices dated prior to the submission date are ineligible for funding.

**Is this the only application that has been submitted for this LCF round? \***

- ☐ Yes ☐ No

Note: If more than one application is submitted under the same ABN, only the first application submitted will be considered.

**Can you confirm that the business has not received, nor is it likely to receive other Government funding for the same activity? \***

- ☐ Yes ☐ No

Note: Government funding includes any grants or assistance programs provided by Federal, State or Local Government.

**Can you confirm that the business has not received more than \$200,000 in funding under the LCF in the last five years? \***

- ☐ Yes ☐ No

**If you have been a previous recipient of funding under the LCF, can you confirm that you have complied with all reporting requirements? \***

- ☐ Yes ☐ No ☐ N/A

**Please note: You have selected 'No' for one or more of the questions above. Please provide clarification as to why you have selected 'No'. \***

Contact Details

\* indicates a required field

Applicant Details

Applicant Type \*

- ☐ Company
- ☐ Partnership
- ☐ Sole Trader
- ☐ Trustee on behalf of a trust
- ☐ Not-for-profit Aboriginal organisation

Name of the Trustee \*

Organisation Name

Name of the Trust \*

Organisation Name

Australian Company Number (ACN) \*

Digits only, no spaces.

Applicant Trading Name \*

Organisation Name

If a Trust please use trading name of the Trust.

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	

# Application - Digital Transformation Round 2024-25

## Form Preview

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

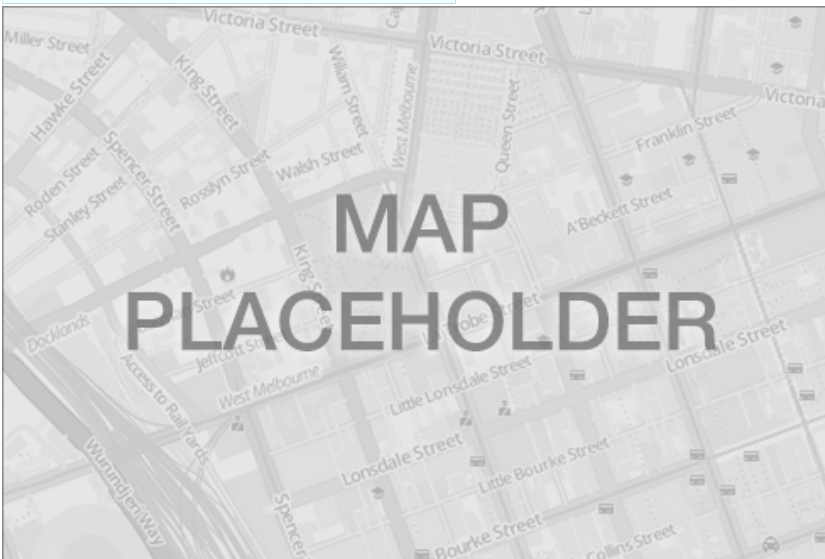
Must be an ABN.

### What date was the business established? \*

Business must have been trading and operating in Western Australia for at least three years at the time of the application.

### Business Address \*

Address

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

### What Western Australian region is your principal place of business located in? \*

### Is the business an Aboriginal business? \*

☐ Yes ☐ No

Must be a minimum 50% owned by an Aboriginal interest. Your response does not impact on your eligibility.

### Business Website

Must be a URL.

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**Is the business part of a group of businesses (or corporate group)? \***

☐ Yes

☐ No

**Business Turnover (last financial year) \***

\$

Note: If the business is part of a group, the business turnover includes the combined turnover of the entire group.

**Number of Employees \***

Note: If the business is part of a group, the number of employees includes the combined employees of the entire group.

**What is the name of the business's parent company/entity?**

Organisation Name

**Primary application contact**

**Name \***

Title

First Name

Last Name

**Position \***

**Primary Business Phone Number \***

Must be an Australian phone number.

e.g. 04XXXXXXX or 08XXXXXXX or +618XXXXXXX

**Email \***

Must be an email address.

**Mobile Phone Number**

Must be an Australian phone number.

e.g. 04XXXXXXX or 08XXXXXXX or +618XXXXXXX

**Bank Details**

Should your application for funding be deemed successful:

The payment will be made via electronic funds transfer to the account details provided in this section. You will be required to provide a copy of a bank statement confirming these details (no need to show transactional data, just the BSB, account name and number).

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**Bank Name \***

**Bank Details \***

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

## Previous Financial Assistance

\* indicates a required field

**Has the business been the recipient of financial assistance under previous rounds of the LCF? \***

☐ Yes ☐ No

### Previous Assistance

Year	Purpose of Funding	\$ Amount Received
		\$
		\$
		\$
Must be a year (e.g. 2020)		Must be a dollar amount and no more than 10000000.

## Overview of applicant's business operations

\* indicates a required field

**What are the business's core business and products/services? \***

Word count:  
Provide information on what the business sells and/or what key services it provides? Who are the business's main clients? (Who does the business provide these products and services to?)

**Does the business have a cyber security and information security policy/plan? Please detail. \***

Word count:  
Must be no more than 150 words.

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### Does the business operate within or supply to a Diversify WA sector? \*

- ☐ Yes
- ☐ No

Refer to the [Diversify WA economic development framework](#) for further information.

### Which one? \*

- ☐ Energy
- ☐ Defence industries
- ☐ Mining and METS
- ☐ Space industries
- ☐ Health and medical life sciences
- ☐ Primary industries
- ☐ Tourism, events and creative industries
- ☐ International education

If more than one sector applies, select the sector in which your business creates the highest turnover.

## Activity details

\* indicates a required field

### Please name your project. \*

Word count:

Must be no more than 10 words.

Please note:

- Activities must be completed and claims for payment of grant funds submitted by 3 PM (AWST) on 31 May 2025.
- The dollar amounts entered in the "Total cost of activity" column should match with the details in the quotes provided under the "Value for money" criterion.

### Please describe what your project involves. What would the funding be used for?

\*

Word count:

Must be no more than 150 words.

### If applicable, please describe the technology that you wish to purchase and what it does. \*

Word count:

Must be no more than 150 words.

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### How will the grant funding be used? \*

- ☐ Training
- ☐ Specialist Consulting Advice
- ☐ Upgrading Business Systems
- ☐ Purchasing Equipment/Technology

Provide the following details for the specific activities to be funded.

Please do not include any internal costs as part of the total activity cost.

Planned Activity	Planned completion date	Chosen Provider/ Supplier	Total cost of activity (excluding GST)	Chosen Quote
			\$	
			\$	
			\$	
	Must be a date and between 6/10/2023 and 31/5/2025.		Must be a dollar amount.	Please attach fully itemised quotes for each activity from the chosen supplier(s).

### Total activity cost

\$

This number/amount is calculated.

### Grant amount requested \*

\$

This should be calculated as 50% of the total activity costs (excluding GST) up to a maximum of \$25,000.

## Business Need (20%)

\* indicates a required field

Please ensure that your responses to the evaluation criteria address all relevant questions that are included in each of the five criteria.

The purpose of this criteria is to determine the need for and appropriateness of the proposed project to the business operations.

**Explain why the business needs to undertake this project. How has this need been identified? Why is now the opportune time to undertake the project? \***

Word count:

Must be no more than 150 words.



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## Form Preview

**If seeking consultancy, explain the need for a consultant and how this need was identified. \***

Word count:

Must be no more than 150 words.

### Degree of Transformation (30%)

\* indicates a required field

**Describe the expected impact of the project on your business. If possible, quantify the outcomes. \***

Word count:

Must be no more than 150 words.

**In your response, you must outline how adopting this technology or appointing a consultant would enhance the business's productivity, competitiveness, resilience, safety and/or sustainability? (your application must address at least one of these) \***

Word count:

Must be no more than 300 words.

### Implementation/Integration (30%)

\* indicates a required field

**Discuss the decision-making process behind the project. Does it fit into a broader digitalisation strategy or align with strategic business goals? Detail how this project integrates with existing business processes and/or technology. \***

Word count:

Must be no more than 100 words.

**Who will implement the project? How will it affect staff, and what communication strategies and/or training will be used to manage this change? \***

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## Form Preview

Word count:

Must be no more than 100 words.

**If seeking funding towards consultancy, outline how you will utilise the consultant's advice. \***

Word count:

Must be no more than 100 words.

**Outline how you have Identified and assessed risks associated with the project. Include in your response your consideration of cyber or information security risks. \***

Word count:

Must be no more than 100 words.

## Value for money (10%)

\* indicates a required field

The purpose of this section is to make sure that the business has considered the costs and quality of the activities it is seeking funding for. It needs to be demonstrated that the business, as well as the Government as the grant provider, will receive value for money for the proposed activities. (When answering this question, please consider whole of life costs not just the purchase price.)

**Alternative quotes for the proposed activities must be provided. If the business has not sought alternative quotes, an explanation must be provided below.**

If engaging the services of a consultant, please answer following questions:

**Has the business obtained alternative quotes? \***

☐ Yes

☐ No

**Please provide an explanation as to why the business has not explored or obtained alternative quotes. \***

Word count:

Must be no more than 150 words.

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## Form Preview

**What are the reasons for your choice of consultants/training providers? Please describe their capability and capacity to deliver the service in comparison to the alternative quotes received (if sought). \***

**Please attach the alternative proposals/quotes that you have sought.**

Attach a file:

This should include, as a minimum, the following information - A breakdown of the key services to be provided; Number of consulting hours/days for each of the key services; Delivery costs; Relevant experience; Delivery timeframe; Payment schedule; Name of key personnel who will undertake the project work.

If using the funding to purchase capital equipment/technology, answer the following questions.

**Has the business obtained alternative quotes? \***

☐ Yes

☐ No

**Please provide an explanation as to why the business has not explored or obtained alternative quotes. \***

Word count:

Must be no more than 150 words.

**What research have you carried out to ensure the equipment/technology is fit for purpose and provides value for money in comparison to other alternatives available in the market? \***

Word count:

Must be no more than 150 words.

**Please attach the alternative proposals/quotes sought.**

Attach a file:

This should include, as a minimum, the following information - A breakdown of the key services to be provided; Number of consulting hours/days for each of the key services; Delivery costs; Relevant experience; Delivery timeframe; Payment schedule; Name of key personnel who will undertake the project work.

## Financial viability and risk (10%)

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## Form Preview

\* indicates a required field

The purpose of this section is to demonstrate the business's financial viability and to help minimise the Department of Jobs, Tourism, Science and Innovation's (JTSI) risk as the provider of the funding.

**Has the business or any of its senior office bearers (directors, partners, presidents, executive directors, project managers) been involved with a business failure (liquidation, voluntary administration or receivership)? \***

☐ Yes ☐ No

**Have any of the senior office bearers of the business ever been declared bankrupt? \***

☐ Yes ☐ No

**Has the business or any of its senior office bearers been the subject of a legal investigation? \***

☐ Yes ☐ No

**Has any contract with the business been terminated for cause? (E.g. unsatisfactory performance of part or whole of the contract, refusal to perform, or any other breach?) \***

☐ Yes ☐ No

**Has there been any past, current, pending or finalised litigation against the business or any of its senior office bearers during the last three years? \***

☐ Yes ☐ No

**Has there been any collections by debt collection agencies on behalf of creditors of the business? \***

☐ Yes ☐ No

**Please provide an explanation as to why you answered 'Yes' to one or more of the questions above. \***

**Please attach a declaration of solvency signed by the Director(s) of the business. A template declaration can be downloaded from [here](#).**

\*  
Attach a file:

**Please provide a summary of the business's financial results for the last 3 financial years (2021-22, 2022-23, 2023-24):**

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If entering a negative value please place the negative sign in front of the dollar sign (e.g. - \$100).

Financial Year	Turnover	Net Profit before tax	Equity
2023-24	\$	\$	\$
2022-23	\$	\$	\$
2021-22	\$	\$	\$
Must be financial year.	Round value to 2 decimal places. Must be a dollar amount.	Round value to 2 decimal places. Must be a dollar amount.	Round value to 2 decimal places. Must be a dollar amount.

**Please attach a copy of the latest balance sheet for the business from 2023-24, showing previous year's figures. \***

Attach a file:

Note: If these financial statements have not yet been audited, then please provide an unaudited copy with an explanation of when these will be expected to be audited.

**Please attach a copy of the latest profit and loss statement for the business from 2023-24, showing previous year's figures. \***

Attach a file:

Note: If these financial statements have not yet been audited, then please provide an unaudited copy with an explanation of when these will be expected to be audited.

**Please explain any significant variations in the financial statements.**

Word count:

Must be no more than 100 words.

## Additional questions

The following questions will assist the Government in further understanding the challenges, needs and opportunities for Western Australian businesses in relation to digital transformation and help inform future decision-making. These questions are not part of your grant application.

**If your application for funding is successful, would you consider nominating as a case study?**

- ☐ Yes  
☐ No

In your experience:

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**What do you see as the main challenges that prevent businesses from adopting new technologies?**

**Do you have any feedback on the application process or the types of activities that are funded under this program?**

## Declaration and submission

\* indicates a required field

### Privacy and confidentiality statement

The Department collects the information sought in this application so that it can check the applicant's suitability for funding under the LCF and for the purpose of verifying the applicant's ability to meet its contractual obligations. The Department will treat all information as confidential.

However, the Department operates within a public accountability framework and applicants are informed that the Department is subject to the Freedom of Information Act 1992 which provides a general right of access to records held by Western Australian State and Local Government agencies.

Applicants should be aware that information pertaining to the receipt of State Government financial support may be tabled in the Western Australian Parliament.

This information could include names of recipients, the amounts of financial support, the name of the initiative/activity and, possibly, a brief description thereof.

This could result in requests for more detail to be released publicly.

**I understand and agree with the above statement \***

☐ Yes

☐ No

### Declaration

I declare that I am authorised to complete and submit this application and declare that I have read and understood the terms and conditions of the LCF.

I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this application and that the Department may, during the application process, consult with other agencies about the applicant's claims and may also enlist external technical or financial advisers to advise on information provided in the application.

I also understand that the Department may obtain a credit report on the applicant through a credit information bureau.

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I confirm that, where the services of consultants will be used for the delivery of the activity, the consultant(s) will be independent and are not in a business relationship or association with the applicant.

Also, I understand that any contract for services by a consultant as part of this program constitutes a private contractual arrangement between the applicant and the consultant. The Department shall not be deemed to be a party to any such contract.

I understand that if the application is approved, the applicant must enter into an agreement with the Department before financial assistance is provided and acknowledge that no legal obligations will arise between the parties until such time as an agreement is formally executed.

I understand that payment of the State Government's contribution under the LCF will only be made to the applicant following the submission to the Department of written evidence that the activity has been completed and paid for.

I declare that I have not received funding for the activities specified in this application under any other Local, State or Australian Government program.

I declare that the information contained in this application together with any information attached is, to the best of my knowledge and belief, true, accurate and complete in all material particulars.

I also understand that the provision of false or misleading information or the making of a false or misleading statement in this application is a disqualification of this application.

I understand that I have and will, while undertaking the activities specified in this application, maintain records that substantiate the applicant's undertaking of the activities.

I understand that the granting of assistance under the LCF is subject to the availability of funds at the time the applications are assessed.

**I understand and agree with the above declaration \***

☐ Yes

☐ No

**Applicant details \***

Title

First Name

Last Name

**Position \***

**Date \***

Must be a date.