

# Application - Regional Round - 2024-25

## Form Preview

### Eligibility criteria/self-assessment checklist

\* indicates a required field

#### Purpose of the Round

To provide Western Australian businesses in regional Western Australia with funding support to enhance their business capability and capacity to supply to export markets, Western Australian State or Local Government agencies, the Australian Government and the private business sector.

**LCF funding under this round will be 50% of eligible costs up to a maximum of \$20,000.**

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.

**Does the business operate in a trade-exposed industry (or an industry that faces competition from other national or international SMEs, or SMEs outside of their region)? \***

Yes  No

**Has the business been registered for GST for at least 12 months? \***

Yes  No

Note: The business must also intend to remain registered for the next 12 months.

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

Yes  No

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

Yes  No

View the Local Capability Fund Guidelines - Appendix 1.

**Is the business for-profit or an incorporated not-for-profit Aboriginal corporation operating as a commercial enterprise? \***

Yes  No

Note: Charities are ineligible for funding.

**Is the business solvent? \***

Yes  No

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**Does the business employ less than 200 people? \***

- Yes  No

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

**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 all grants awarded to your business have been claimed and that your business has complied with all reporting requirements? \***

- Yes  No  N/A

**What Western Australian region is the business's principal place of business (operating facility) located in? \***

- |                                      |  |                                 |
|--------------------------------------|--|---------------------------------|
| <input type="radio"/> Mid West       | <input type="radio"/> Goldfields-Esperance | <input type="radio"/> Kimberley |
| <input type="radio"/> South West     | <input type="radio"/> Pilbara              | <input type="radio"/> Wheatbelt |
| <input type="radio"/> Great Southern | <input type="radio"/> Gascoyne             | <input type="radio"/> Peel      |

**Has the business been operating/trading in the above-mentioned region for at least 12 months? \***

- Yes  No

**Will the business's operating facilities continue to be based in the above-mentioned region during the next 12 months? \***

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Yes

No

**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
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ABN
Entity name
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

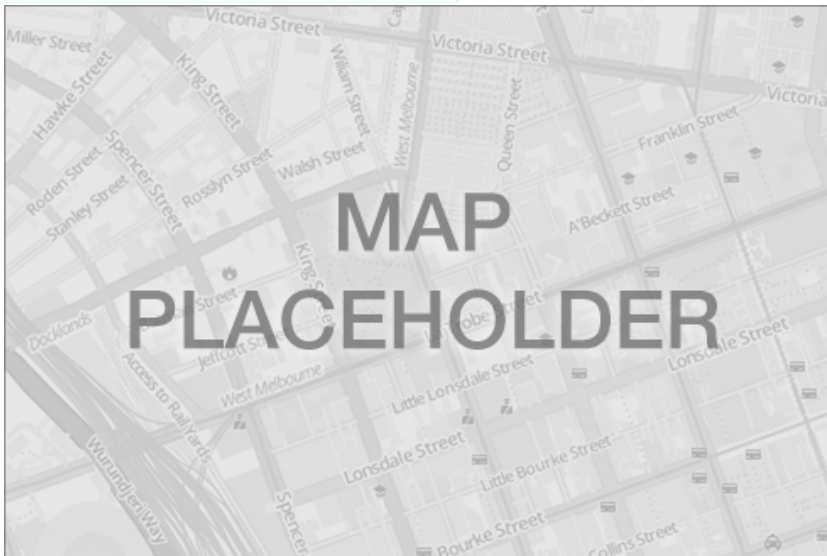
Must be an ABN.

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

Business must have been trading and operating in Western Australia for at least 12 months 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

### 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. 04XXXXXXXX or 08XXXXXXXX or +618XXXXXXXX

**Email \***

Must be an email address.

**Mobile Phone Number**

Must be an Australian phone number.

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

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 a brief explanation of the business's core activities and products/services and how these are supplied to the market. E.g What exactly does the business do? Is the business a direct supplier to the sector? If the business has supplied to major projects within a sector/market, provide details of the project and the work done by the business.

**List the business's top 5 clients and what % they contribute to business turnover.**

**Market Share %**

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Note: If the business has more than 10 clients, please put "Other" in row 10 with the remaining % to make up 100%.	Must be a number.

### Market Share %

This number/amount is calculated.

## Activity details

\* indicates a required field

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.

**Provide a description of the activities the business wishes to undertake and how the funding will be used. \***

Word count:

Must be no more than 300 words.

**How will the majority of the grant funding be used? \***

- Training
- Upgrading Facilities/Premises
- Upgrading Capital Equipment
- Specialist Consulting Advice
- Upgrading Business Systems
- Purchasing Equipment/Technology

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

Planned Activity	Planned completion date	Chosen Provider/ Supplier	Total cost of activity (excluding GST)	Chosen Quote
			\$	
			\$	
			\$	
			Must be a dollar amount.	Please attach fully itemised quotes for each activity

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				from the chosen supplier(s). The quote total must match the total cost of activity as per this table.
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### 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 \$20,000.

## Relevance/Need (30%)

\* indicates a required field

This section is designed to demonstrate how the activities listed on page 5 of this application will better prepare your business to participate as a supplier of products and services to major private or public sector projects or markets in Australia and overseas.

### How do the proposed activities align with the objectives of this round? \*

Word count:

Must be no more than 300 words.

### Explain the importance to the business of undertaking the proposed activities and why now is an opportune time for the business to do so. \*

Word count:

Must be no more than 300 words.

### What are the major opportunities and risks faced by the business? \*

Word count:

Must be no more than 300 words.

### Explain how the proposed activities will assist the business to take advantage of the opportunities, or help it overcome the risks it currently faces. \*



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Word count:

Must be no more than 300 words.

### Expected Outcomes / Level of impact (30%)

\* indicates a required field

Describe how the proposed activities will impact the business in each of the areas listed below (where relevant).

Note: Please explain the expected outcomes and quantify/qualify your answer wherever possible - even if it's just a rough estimate.

#### **The overall competitiveness of the business \***

Word count:

Must be no more than 150 words.

Write N/A if not applicable

#### **Creation/retention of jobs including apprentices/trainees \***

Word count:

Must be no more than 150 words.

Write N/A if not applicable

#### **Skills development \***

Word count:

Must be no more than 150 words.

Write N/A if not applicable

#### **Estimated number and value of new contracts \***

Word count:

Must be no more than 150 words.

Write N/A if not applicable

#### **Increase in productivity and efficiency \***

Word count:

Must be no more than 150 words.

Write N/A if not applicable

#### **Increase in turnover and profitability \***

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Word count:

Must be no more than 150 words.

Write N/A if not applicable

**Other (e.g. access to new markets, improved OSH, new investments etc) \***

Word count:

Must be no more than 150 words.

Write N/A if not applicable

## Capability and capacity (10%)

\* indicates a required field

**Outline the business's previous experience in supplying products and services to major private or public projects or markets. \***

**Describe the business's commitment, capacity and capability to carry out the implementation of the proposed activities, noting that these activities must be completed by 31 May 2025. \***

Word count:

Must be no more than 200 words.

**How will the business fund its own contribution towards the cost of the proposed activities? \***

Word count:

Must be no more than 200 words.

## Value for money (15%)

\* 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

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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.

**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). \***

**Do you declare that the chosen consultants are independent and at arm's length from the business? \***

Yes  No

The applicants will not be funded where the activities are provided by employees of the business or third parties that are perceived by the Department not to be at arm's length from the business.

**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 purchasing plant and equipment, answer the following questions:

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

Yes  No

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**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 plant and equipment 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.

**What are the reasons for your choice of plant and equipment? \***

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 (15%)

\* 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

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**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 (2020-21, 2021-22, 2022-23), if relevant:

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
2022-23	\$	\$	\$
2021-22	\$	\$	\$
2020-21	\$	\$	\$
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 (if relevant). \***

Attach a file:

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Note: If the business's financial statements have not been audited, then please provide independently prepared financial statements.

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

Attach a file:

Note: If the business's financial statements have not been audited, then please provide independently prepared financial statements.

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

Word count:

Must be no more than 100 words.

## 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.

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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.

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### **Position \***

### **Date \***

Must be a date.

