LOCAL BUSINESS INNOVATION FUND (LBIF)
GRANT APPLICATION FORM

SECTION 1: APPLICANT DETAILS

Applicant Name (Business/Organisation): _____

Trading Name (if different): _____

ABN: _____

Business Structure: _____

☐ Sole Trader
☐ Partnership
☐ Company

Business Address: _____

Postal Address: _____

Contact Person: _____

Position: _____

Phone Number: _____

Email Address: _____

SECTION 2: ELIGIBILITY CHECKLIST

Please confirm the following:
☐ Located and operating within Quilpie Shire
☐ Holds a valid ABN
☐ Compliant with Council regulations and approvals
☐ Project has not yet commenced
☐ Able to contribute at least 50% of total project costs

SECTION 3: PROJECT DETAILS

Project Title: _____
Funding Tier Applied For: _____
☐ Tier 1 – Up to $5,000
☐ Tier 2 – $5,001 – $15,000
☐ Tier 3 – $15,001 – $30,000
☐ Grant Writing and Business Support (Can concurrently be applied for with all three tiers)

Total Project Cost ($):
Amount Requested from Council ($):
Applicant Contribution ($):

SECTION 4: PROJECT DESCRIPTION

1. Describe your project:
(What will you do? What will be delivered?)

2. Which funding priority does your project align with?
☐ Business and Customer Accessibility
☐ Technology Development
☐ Shopfront and Premises Refurbishment
☐ Grant Writing and Business Support

3. How will this project benefit your business and the wider community?

4. What problem or opportunity does this project address?

SECTION 5: PROJECT DELIVERY

Project Start Date: _____
Project End Date: _____
Key Milestones:

Milestone	Date	Outcome

Have you obtained quotes?
☐ Yes
☐ No
(If yes, attach supporting documentation)

SECTION 6: BUDGET BREAKDOWN

Item	Cost ($)	Funding Source
		Council / Applicant
		Council / Applicant
		Council / Applicant

Total Project Cost:

SECTION 7: APPLICANT CAPACITY

1. Describe your experience in delivering similar projects:

2. Describe your business capacity to deliver this project (staff, skills, resources):

3. Are there any risks associated with this project and how will they be managed?

SECTION 8: SUPPORT AND ASSISTANCE (OPTIONAL)

Have you accessed Council's free grant support session?
☐ Yes
☐ No
Would you like assistance with other grant opportunities?
☐ Yes
☐ No

SECTION 9: DECLARATION

I declare that:

- The information provided in this application is true and correct
- I am authorised to submit this application on behalf of the business/organisation
- I agree to comply with all grant conditions if successful

Name: _____
Position: _____
Signature: _____
Date: _____

SECTION 10: CHECKLIST

☐ Completed all sections of the application
☐ Attached quotes or supporting documents
☐ Provided budget details
☐ Signed declaration

SUBMISSION DETAILS

Applications must be submitted to:
Quilpie Shire Council
Email: admin@quilpie.qld.gov.au

For enquiries or to book a grant support session, please contact the Council.