

Business Initiatives Grant Application Form 2026-2027

Form Preview

Eligibility Checklist

* indicates a required field

Please contact Council's Business Development Officer to discuss your eligibility and project ideas prior to completing this application form.

Are you applying on behalf of an established business or an incorporated industry, business or township progress association? *

- Yes
- No

Only established businesses or incorporated industry, business or township progress associations are eligible to apply for this grant.

Is your business located within the Alexandrina Council region? *

- Yes
- No

Only business entities located within the Alexandrina Council region are eligible to apply for this grant.

Is your project or activity taking place in the Alexandrina Council region? *

- Yes
- No

Projects or activities occurring outside the Alexandrina Council Region are not eligible for funding.

Does your application include requests for retrospective funding, start-up funding or ongoing operational or administrative business costs? *

- Yes
- No

Requests for retrospective payments, start-up funding or ongoing operational or administrative costs are not eligible for funding.

Are you an Elected Member or employee of Alexandrina Council? *

- Yes
- No

Alexandrina Council Elected Members or employees are not eligible to apply for this grant.

Has your business or association completed all reporting and acquittal requirements for any grant funding previously received from Alexandrina Council? *

- Yes
- No
- Not Applicable

Only entities that have completed all reporting and acquittal requirements for previous grant funding from Alexandrina Council are eligible to apply for this grant.

Does your business have any outstanding debts such as rates, fees or charges to Alexandrina Council? *

- Yes
- No

Entities that have outstanding debts to Alexandrina Council are not eligible to apply for this funding.

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Eligibility Check

PLEASE NOTE: One or more of your responses to the Eligibility Checklist questions indicates that you may not be eligible to apply for this grant. Please contact Alexandrina Council's Business Development Officer or Grants Officer on 08 8555 7000 to discuss your eligibility.

Applicant Details

* indicates a required field

Name of Business or Association *

Organisation Name

Primary Business Address *

Address

Business Postal Address *

Address

Business or Association Website

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

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ACNC Registration
Tax Concessions
Main business location

Please attach a Certificate of Currency for your Public Liability Insurance. *

Attach a file:

Primary Contact Name *

First Name

Last Name

Position in Business or Association *

Primary Contact Phone Number *

Primary Contact Email Address *

Alternative Contact Name

First Name

Last Name

Position in Business or Association

Alternative Contact Phone Number

Alternative Contact Email Address

Project Details

* indicates a required field

Project Title *

Brief Project Description *

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Word count:

Provide a short description (minimum 100 words) of your project - what do you intend to do?

Project Start Date *

Projects should not commence before notification of grant application outcome (anticipated notification date 31 August 2026).

Project End Date *

Projects must be completed by 30 June 2027.

Total Amount Requested *

What is the total financial support you are requesting in this application? Requests must be between \$1,000 and \$2,500.

Total Project Cost *

This field is calculated. What is the total budgeted cost of your project?

Assessment Criteria

* indicates a required field

Council is seeking to fund small business improvement projects which contribute towards **Appropriate Growth** and help Alexandrina to thrive. Projects should generate economic development benefits for the Alexandrina region, contributing to increased consumer and visitor spend.

What activities does your project focus on? *

- Enhancing marketing capability by improving customer engagement through strong brand presence, streamlined booking options, and more effective use of digital and traditional media
- Engaging professional photographers to capture images to enhance your business's digital library
- Procuring consulting services to prepare necessary documentation to support State and Federal funding applications (e.g. architectural, master or concept plans)
- Supporting business associations to help their members grow and succeed through the provision of training, resources and other capability building services.
- Other:

Multiple responses allowed.

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How does your project contribute towards a Liveable Alexandria and foster Growth through business development? *

Word count:

Must be between 150 and 500 words.

What economic development benefits are expected from your project for your business, industry and the wider Alexandria business community? *

Word count:

Must be between 150 and 500 words.

Provide a brief description of the anticipated project benefits - what do you hope to achieve?

Please attach any additional documentation here to support your application.

Attach a file:

Examples may include:

- Your business or association's strategic plan
- A business case outlining the likely impact of your project
- Evidence of impact of similar types of projects
- Photographs

Please outline your business's capacity to deliver the project within the required timeframes. *

Word count:

Must be at least 100 words.

Projects must be completed by 30 June 2026. Relevant information may include your organisational capacity, your history of delivering similar projects, project readiness etc.

Project Budget

* indicates a required field

Budget Information

Please provide detailed income and expenditure for the project below, including grant funding requested, other funding sources and own contributions.

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If your business or association is registered for GST, please use GST exclusive amounts throughout.

Please note:

"Total Project Expenditure" should equal "Total Project Income".

Applicants will be required to make a co-contribution towards the project and the level of co-contribution made will contribute to your assessment score.

Budget: Income

Income Items	\$
	\$
	\$
	\$
	\$
	\$

Budget: Expenditure

Expenditure Items	\$
	\$
	\$
	\$
	\$
	\$

Budget Totals

Please note "**Total Project Expenditure**" should equal "**Total Project Income**". **If there is a difference between the calculated figures below, please adjust your expenditure and income items in the table above so that your budget balances.**

Total Project Income *

\$

This number/amount is calculated.

Total Project Expenditure *

\$

This number/amount is calculated.

In-kind Contributions

Please provide details of any non-cash in-kind contributions your business or association or any other third parties are contributing to the project.

Budget

In-kind Contributions	\$
	\$

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	\$
	\$
	\$
	\$

Budget Totals

Total In-kind Contributions

\$

This number/amount is calculated.

Budget Documents

Applicants must provide a fully itemised budget including details of their own and other co-contributions, cash or in-kind, and any other funding received or expected. Quotes, screenshots, calculations or other supporting documents should be provided for all expenditure items.

Please attach any relevant financial information below e.g. quotes for expenditure items, confirmation of funding from other sources etc. *

Attach a file:

Grant Funding Requirements

If demand for grant funding for eligible projects exceeds available funds, partial funding of projects may sometimes be considered.

Would your project still proceed if you were offered 75% of your requested grant amount? *

- Yes
- No

Would your project still proceed if you were offered 50% of your requested grant amount? *

- Yes
- No

Statistical Information

* indicates a required field

This information is requested to assist with the reporting of project outcomes and beneficiaries and your responses are not considered as part of the assessment process.

What is the industry classification of your business? *

- Agriculture, Forestry and Fishing

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- Mining
- Manufacturing
- Electricity, Gas, Water and Waste Services
- Construction
- Wholesale Trade
- Retail Trade
- Accommodation and Food Services
- Transport, Postal and Warehousing
- Information Media and Telecommunications
- Financial and Insurance Services
- Rental, Hiring and Real Estate Services
- Professional, Scientific and Technical Services
- Administrative and Support Services
- Public Administration and Safety
- Education and Training
- Health Care and Social Assistance
- Arts and Recreation Services
- Other Services

How many full-time equivalent employees does your business have? *

- 0 (Non-employed)
- 1-4 (Micro)
- 5-9 (Small)
- 10-14 (Small)
- 15-19 (Small)
- 20-99 (Medium)
- 100+ (Large)

Process Evaluation

* indicates a required field

How many hours did you spend on preparing this grant application? *

Must be a whole number (no decimal place).

How would you rate your overall satisfaction with the grant application process? (1 = low, 10 = high). *

- 0 1 2 3 4 5 6 7 8 9 10

Please let us know how you think we could improve the grant application process.

What other types of projects would you like to see funded through Council's Business Initiatives Grant program?

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy Statement

I, being the individual making this declaration, confirm and agree that:

- 1.all details supplied in this application and in any attached documents are true and correct to the best of my knowledge.
- 2.the application has been submitted with the full knowledge and agreement of the owners/managers of the business listed on this application.
- 3.I will contact Alexandrina Council immediately if any information provided in this application changes.
- 4.I understand that if successful I will be required to sign a Funding Agreement prior to funds being provided.
- 5.funding received from Alexandrina Council will be used for the approved activity or project and Council must approve any changes to the activity/project.
- 6.any moneys not expended on completion of the activity/project will be returned to Alexandrina Council.
- 7.Alexandrina Council will be acknowledged in any publications or publicity regarding the activity/project.
- 8.recipients must abide by the terms and conditions of the Funding Agreement or funds may be withdrawn.
- 9.an Evaluation/Acquittal report with receipts will be submitted to Alexandrina Council within two months of the project completion date.

Alexandrina Council respects all personal and confidential information received and will do everything possible to protect information from unauthorised access, loss or misuse. Information collected from you is required for the delivery of the services in accordance with the Council's powers, functions and purposes. It may also be used by the Council and their representatives to conduct research and customer satisfaction surveys so that we may better understand community needs and can improve service delivery. I understand that the information above will be used in accordance with relevant legislation.

I confirm that I accept the above Declaration and Privacy Statement on behalf of the business or association listed on this application. *

Yes

Name *

First Name

Last Name

Position *

Date of Declaration *

Must be a date and between 4/5/2026 and 30/6/2026.

