



Spark Tank Business Innovation

2022/2023 Application Form

Important Dates

	Round 1	Round 2
Applications Open	18 February 2022	TBC 6 June 2022
Applications Close	1 April 2022	TBC 22 July 2022
Applicants Notified	28 April 2022	TBC 5 August 2022
Project Completion	23 December 2022	5 May 2022

Instructions to Applicants

Supported by the Victorian State Government, Council invites applications for funding of grants of up to \$5,000 are available from the new Spark Tank Business Innovation Funding Program.

With COVID-19 placing significant pressure on business due to restrictions and lockdowns, there has never been a better time to recognise and support business innovation in regional areas. Providing opportunities for concepts to be developed and communication channels to be opened has the potential to stimulate the local economy through new ventures and potential production.

Please complete the following form or alternatively submit a video application addressing the questions. Applications can be submitted via the Yarriambiack Shire Council Facebook Messenger or email info@yarriambiack.vic.gov.au.

Getting Support

Contact the Manager of Community & Economic Development at Council on 0437 009 185 during business hours or Email: mferguson@yarriambiack.vic.gov.au

Submitting Your Application

You can submit your application either in person at the Yarriambiack Shire Council located at 34 Lyle Street, Warracknabeal or by email at info@yarriambiack.vic.gov.au

When you submit your application, you will receive a confirmation email that we have received your application. All applications must provide a valid email address for all correspondence.

Attachments and Supporting Documents

You may need to submit attachments to support your application. You are required to submit all supporting documentation at the time you submit your application. Once you have submitted your application, no further editing or submission of support materials is permitted.



Eligibility

Before completing this application form, you should have read the Spark Tank Business Innovation Program Guidelines.

Incomplete applications and/or applications received after the closing date will not be considered.

All sections marked with * require a response.

Confirmation of Eligibility*

I confirm that the applicant ...

- has read and understood the program guidelines
- is able to demonstrate alignment between their project and the aims of this program
- is a recreation, service, community, volunteer group or business which are formally constituted organisations

I agree* YES ☐ NO ☐

Applicant Business/Organisation Details

Organisation Name:*

Primary (physical) Address:*

Postal Address (if different to above):

Applicant Email:*

Primary Contact Person:*

Primary Contact Phone Number:*

Position Held in Organisation: *

Will you require an auspice arrangement for the purposes of this grant? Yes ☐ No ☐

Auspice Business/Organisation Details

Organisation Name:*

Primary (physical) Address:*

Postal Address (if different to above):

Applicant Email:*

Primary Contact Person:*

Primary Contact Phone Number:*

Position Held in Organisation: *

Business/Organisation Details

Briefly describe your Organisation's Purpose or Mission? *

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Australian Business Number: *

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Project Details

Project Title *

Anticipated Start date: *	Anticipated End Date: *
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Please provide a summary of your project/innovation/new product: *

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Innovation

Tell us why your project/innovation/new product is needed. How will your business and or community benefit from your project. *

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Project Budget

What is the total grant amount requested?

\$

What is the total project cost?

\$

Please outline your project budget in the income and expenditure tables below, including details of other funding that you have applied for, whether it has been confirmed or not. All amounts should be GST exclusive.

Provide clear descriptions for each budget item in the 'Income' and 'Expenditure' columns.

Total Income must equal Total Expense.

Income Description	Confirmed Y/N	Income Amount
Total Income		

Expense Description		Expense Amount
Total Expense		

Certification

This section must be completed by an appropriately authorised person on behalf of the applicant organisation (it may be different to the contact person listed earlier in the application form)

I certify to the best of my knowledge the statements made within this application be true and correct, and I understand that if the applicant organisation is approved for this grant, we will be required to accept the terms and conditions of the grant as outlined in the letter of approval.

I agree* YES ☐ NO ☐

Authorised Person Details

Name:* _____

Position :* _____

Email:* _____

Primary Contact Phone Number:* _____