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|   |   | Policy Number | G1.43 |
|  | **GOVERNANCE POLICY** | Version Number | 2 |
|   | Issued | June 2017 |
|   | Last Review | June 2023 |
| **Investment Support & Incentives Policy Form** | Next Review | June 2028 |
|   |   | GDS | 9.63.1.1 |

**Before you complete this form, please ensure you have reviewed the Investment Support & Incentive Policy and followed the application process outlined.**

**Once you have done so, please complete all sections of this form in full and submit together with electronic copies of supporting documents by email to** **council@frc.sa.gov.au**

**PART A - ABOUT YOUR BUSINESS**

**1. PROJECT TITLE**

**2. APPLICANT DETAILS**

Yes / No

Applicant/Business Name

ABN

ACN

GST registered

Registered Trading Name

Alternate Name

Street Address

Postal Address

Locations

Website Address

**3. CONTACT DETAILS**

Salutation *(eg. Mr, Mrs, Dr)*

First Name

Surname

Position Title *(eg. CEO, Manager)*

Email Address

Contact Numbers

|  |
| --- |
| **4. NEW/EXISTING BUSINESS DETAILS** |
| Years of trading | Total: |   | By current owner: |   |
| Employees | Full Time |   | Part Time |   | Total Full Time Equivalent |   |
| Industry Sector*(eg Education, Health, Manufacturing, Renewables)* |   |
| Business Nature*(eg core product or services)* |   |
| Key Persons |   |   |
|   |   |
|   |   |
| Please select states to which your products and services are currently sold | QLD | NSW | VIC | WA | TAS | VIC | NT | SA | ACT |

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| **Investment Support & Incentives Policy Form** | Next Review | December 2018 |
|   |   | GDS | 9.63.1.1 |

**PART B** – **PROJECT DETAILS**

|  |
| --- |
| **5. PROJECT OVERVIEW** |
| Describe the overall project and/or development. |   |

|  |
| --- |
| **6. PROJECT DETAIL** |
| Total Project Cost excl. GST | $ |
| Project Location*(eg Street Address or CT reference)* |   |
| Project Timeframe | ProjectCommencement Date |   | ProjectCompletion Date |   |

|  |
| --- |
| **7. BUSINESS BENEFITS** |
| What benefit will the project generate for your business? |   |
| What other benefits will the project generate for the Council economy? |   |
| Are there any other regional benefits will this project generate? |   |

|  |
| --- |
| **8. PARTNERS / SUPPLIERS AND SUPPLY CHAINS** |
| Who are your key project partners and suppliers? |   |
| What % or $ of local suppliers and contractors will be used in the project? | % Local Suppliers |   | $ local suppliers inputs |   |
| Provide details of any supply chain opportunities |   |

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| --- |
| 1. **PROJECT OUTCOMES**
 |
|   | Current/ Actual Position | Increase after 1 year | Increase after 2 years | Increase after 3 years |
| New Investment $ |   |   |   |   |
| Number of new jobs created (FTE) |   |   |   |   |

|  |
| --- |
| 1. **JOB CREATION/RETENTION BREAKDOWN**
 |
| **Job Classification** | Estimated Initial | Estimated On-Going |
| Managers and Administrators |   |   |
| Professionals and Associated Professionals |   |   |
| Trade Persons and Related Workers |   |   |
| Clerical, Sales and Service Workers |   |   |
| Production and Transport Workers |   |   |
| Labourers and Related Workers |   |   |
| Other |   |   |

**PART C – CERTIFICATION**

|  |
| --- |
| 1. **APPLICANT CERTIFICATION**
 |
| I/We understand that:1. Submission of a signed application does not guarantee incentive approval for either all, or part of, the incentive being sought; and
2. Terms and conditions of financial incentive will be strictly adhered to and no extensions of time for compliance will be granted under any circumstances.
3. Project costs incurred prior to the date the final signed application form is lodged with the Council are not eligible for

reimbursement and are incurred at the applicants own risk.I/We, the undersigned, authorise Council to undertake any necessary due diligence and hereby certify that all details providedin this application are true and correct. I/We understand Council’s privacy statement and policy on confidentiality and commercial-in-confidence. |
| Name |   | Signature |   |
| Position |   | Date |   |

**DOCUMENT REQUIREMENTS**

|  |
| --- |
| * Application form - completed and signed by the authorised person/s
* Copy of Business Plan and Project Plan
* Copies/evidence of business insurance for the business and the project
* Any other documentation to support the application
 |

All information provided with this application will be treated as commercial-in-confidence by The Flinders Ranges Council. The Council and its officers are subject to the State Records Act 1997 and the Freedom of Information Act 1991.

**Submit applications to:**

**Chief Executive Officer, The Flinders Ranges Council, PO Box 43, QUORN, SA 5433 or**

**Email:** **council@frc.sa.gov.au**

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| --- | --- |
| **OFFICE USE ONLY** |   |
| Application Reference |   | Date Received |   |
| Receiving Officer Name and Signature |   |
| **ASSESSMENT CRITERIA** |
| **INCENTIVE OR SUPPORT ELIGIBILTY ASSESSMENT** |
| Targeted Industry |   |
| Targeted location or precinct |   |
| Number of new jobs |   |
| Investment $ |   |
| % and / or $ local suppliers |   |
| Economic Multiplier Assessment |   |
| Completion Timeframe |   |
|   |
| **ASSESSING OFFICER RECOMMENDATION** |
| Level of assistance / support |   |
| Total Indicative $ cost to Council |   |
| Assessing Officer Name and Signature |   |
|   |
| **APPROVAL** |
| Level of assistance / support |   |
| Mayor |   | Date |   |
| Chief Executive Officer |   | Date |   |
| Finance & Administration Manager |   | Date |   |
|   |

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