



GOVERNANCE POLICY
Investment Support & Incentives Policy Form

Policy Number	G1.43
Version Number	1
Issued	June 2017
Last Review	August 2017
Next Review	December 2018
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 ceo@frc.sa.gov.au

PART A - ABOUT YOUR BUSINESS

1. PROJECT TITLE

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2. APPLICANT DETAILS

Applicant/Business Name	
ABN	
ACN	
GST registered	Yes / No
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. EXISTING BUSINESS DETAILS

Years of trading	Total:				By current owner:				
Employees	Full Time		Part Time		Total Full Time Equivalent				
Industry Sector <i>(eg Education, Health, Manufacturing, Renewables)</i>									
Business Nature <i>(eg core product or services)</i>									
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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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	Project Commencement Date		Project Completion 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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9. 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)				

10. 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

11. APPLICANT CERTIFICATION

I/We understand that:

- Submission of a signed application does not guarantee incentive approval for either all, or part of, the incentive being sought; and
- Terms and conditions of financial incentive will be strictly adhered to and no extensions of time for compliance will be granted under any circumstances.
- 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 provided in 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

<input type="checkbox"/>	Application form - completed and signed by the authorised person/s
<input type="checkbox"/>	Copy of Business Plan and Project Plan
<input type="checkbox"/>	Copies/evidence of business insurance for the business and the project
<input type="checkbox"/>	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 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: ceo@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 ELIGIBILITY 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	