

Lockhart Shire Council

Investment Attraction Incentives Scheme

APPLICATION FORM



PART A – BUSINESS

1. PROJECT TITLE

2. APPLICANT DETAILS

Applicant/Business Name	
ABN/ACN	
Are you registered for GST	
Street Address	
Suburb and Postcode	
Postal Address (if different to above)	
Website address	

3. CONTACT DETAILS

First Name	
Surname	
Position Title	
Telephone Number	
Mobile Number	
Email Address	

4. EXISTING BUSINESS DETAILS

Years of Trading	Number of Years Trading		Years of Trading under Current Owner	
Number of Employees	Full Time Employees		Part Time Employees	Total Full Time Equivalent
Industry Sector (e.g. Agriculture, Education, Health, Manufacturing)				
Business Nature (e.g. Core product and services)				
Interstate Markets (e.g. NSW, VIC)				

PART B – PROJECT DETAILS

5. PROJECT DETAILS	
Describe the overall project and/or development.	

6. PROJECT DETAILS			
Project Cost (\$)			
Industry Sector (e.g. Agriculture, Education, Health, Manufacturing)			
Project Location (e.g. StreetAddress)			
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 Lockhart Shire economy?	
Are there any other regional benefits that this project will generate?	

8. PARTNERS/SUPPLIERS AND SUPPLY CHAINS

Who are your key project partners and suppliers?	<hr/> <hr/> <hr/>		
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	<hr/> <hr/> <hr/>		

9. PROJECT OUTCOMES

	Current	Increase after 1 Year	Increase after 2 Years	Increase after 3 Years
Investment \$				
Number of new jobs (FTE)				

PART C – CERTIFICATION

10. APPLICANT CERTIFICATION

I/We understand that:

- Submission of a signed application does not guarantee financial 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.

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	

DOCUMENTATION REQUIREMENTS

<input type="checkbox"/> Application form – completed and signed by authorised persons/s
<input type="checkbox"/> Copy of Business and Project Plan
<input type="checkbox"/> Any other documentation to support the application

Submit applications to:

General Manager, Lockhart Shire Council, PO Box 21, Lockhart NSW 2656 or email mail@lockhart.nsw.gov.au

OFFICE USE ONLY

Application Reference		Date Received	
Receiving Officer Name and Signature			

ASSESSING OFFICER RECOMMENDATION	
Level of Assistance	
Assessing Officer Name and Signature	

ASSESSMENT CRITERIA

DIRECT FINANCIAL INCENTIVE ELIGIBILITY ASSESSMENT	
Targeted Industry	
Target location	
Number of new jobs	
Capital Investment \$	
% and/or \$ local suppliers	
Economic Multiplier Assessment	
Does the project have the ability to leverage additional economic growth in the future?	
Does the project add to economic diversity?	
Is the project economically sustainable?	
Is the project environmentally sustainable?	
Does the project involve newly researched and innovative processes or techniques?	
Does the project have the potential to grow?	
Is there evidence of competing locations?	
Completion Timeframe.	

RECOMMENDATION	
Level of Assistance	
General Manager	

COUCIL RESOLUTION	
Approval / Refusal	
Council Meeting / Minute No.	