2026/2027 - Business Innovation Grant
Form Preview

Application Form

* indicates a required field

Business Innovation Grants

The City of Rockingham recognises that innovation and technology are essential for small businesses to stay competitive, adapt to change and thrive in dynamic markets. Supporting local small businesses through the development of this Business Innovation Grants Program is in accordance with the City's Economic Development Strategy 2025-2030.

Applications will be accepted on an ongoing basis until the funding pool is exhausted. Please read the City of Rockingham's Community Grants Program Policy and Business Innovation Grants Guidelines carefully and speak to the City's Economic Development team prior to completing an application.

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

Confirmation of Eligibility

Before proceeding, please confirm the following:

The applicant:

- Is a business or project located in the City of Rockingham
- Holds a valid ABN and minimum tenure of 12 months at the time of applying
- owns or has a lease of premise(s) within Rockingham
- Meets the definition of small business (i.e. less than 20 employees, less than $10 million turnover)
- has current public liability insurance, workers compensation insurance, and other relevant insurances and/or business licenses
- has supplied quotes for all purchases in accordance with the application guidelines
- will remain in the City of Rockingham for a minimum of 24 months after acquittal
- has consulted with a City staff member about the project prior to submitting the grants application

Grants will NOT be considered if:

- the business/applicant is operating outside of the City of Rockingham
- the applicant is a not-for-profit (NFP) or incorporated association
- the applicant is a school, government department or agency
- the applicant is a trust fund, frachisee or subsidiary of larger companies
- the applicant does not supply all supporting documentation, or the application is incomplete
- the applicant is seeking funds for a project outside of those described in the eligibility streams
- the applicant is requesting funding for retrospective payments

- budget items listed include travel expenses, employee salaries/wages, consumables, or any other costs considered to be general operating costs for the business.

You must confirm that all statements above are true and correct. *
☐ Yes

Contact Details

* indicates a required field

Privacy Notice

The City of Rockingham is collecting your personal information for the purpose of administering and assessing grant applications, including eligibility checks, assessment, monitoring, and reporting. It may also be used for secondary purposes which would be reasonably expected. Your personal information will not be disclosed to any other party without your consent unless required or authorised by law.

If you choose not to provide your personal information, we will not be able to assess your application or approve a reimbursement.

To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.

Applicant Details

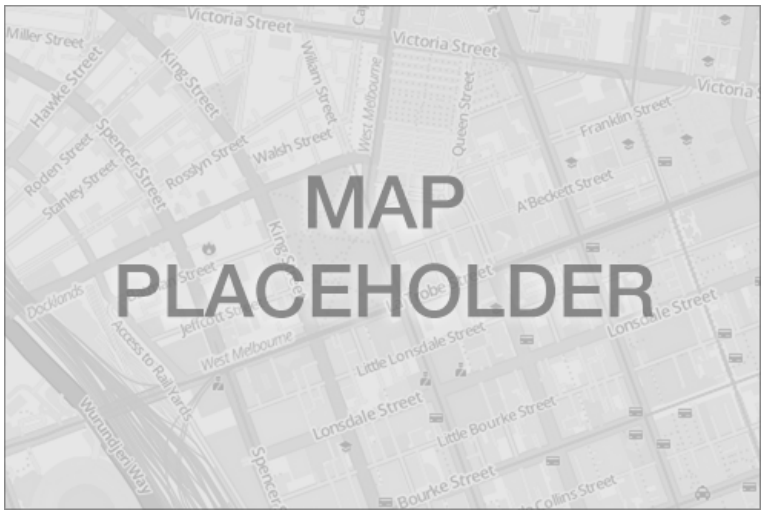
Applicant
○ Individual ○ Organisation
Organisation Name

First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant Position

Applicant business primary address
Address



Applicant primary phone number *

Must be an Australian phone number.

Applicant email address *

Must be an email address.

Applicant website

Must be a URL.
Must be a URL.

GST Registration *

☐ Yes ☐ No

Date of Establishment *

Must be a date.

Organisation Details

* indicates a required field

Registered Business Name *

Organisation Name

Registered Business Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Trading Name
Organisation Name

Business Premise Address *
Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Business Premise *
☐ Own ☐ Lease

End Date of Lease

Must be a date.

Business or Industry Type *

(i.e. construction, hospitality, retail, tourism, etc.)

Number of current employees *

Must be a number.

Full Time Employees *

Must be a number.

Part time Employees *

Must be a number.

Casual Employees *

Must be a number.

Business Structure *
☐ Company ☐ Partnership ☐ Other:

(Other, please specify)

Public Liability Insurance *
☐ Yes ☐ No
(No, the application will be deemed ineligible)

Copy of Public Liability Insurance certificate *
Attach a file:

Current Financial Statement *
☐ Yes ☐ No
(No, the application may be deemed ineligible)

Copy of Current Financial Statement *
Attach a file:

Copy of your Incorporation Certificate
☐ Yes

Website

Bank Account *
Account Name

BSB Number Account Number

Must be a valid Australian bank account format.

Bank Statement Details
Attach a file:

Need a snippet of bank Statment showing name, BSB and account details

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
ACNC Registration	
Tax Concessions	
Main Business Location	

Program, Project or Product Details

* indicates a required field

Program, Project or Product Details

Program/Project/Product Name *

Expected Commencement Date *

Must be a date.

Expected Completion Date *

Must be a date.

Program/ Product/ Project Summary

Please provide a brief summary of your proposed program, project or product, and how it aligns with the specified funding stream. *

Word count:
Must be no more than 250 words.
If successful, this will be used for media and marketing purposes.

Estimated Total Cost (ex GST) *

Must be a dollar amount.

Clearly identify what the grant finds will be used for in the program, project or product. *

Project Outcomes

* indicates a required field

Productivity

Explain how the proposed program, project or product complements or improves your current business activity. *

Capacity

Describe how received funding will illicit changes to the project, capability and product implementation, (timing, scale or delivery), and identify any key financial or operational barriers preventing previous capability uplift. *

Innovation

Describe how the program, project or product to be funded demonstrates uniqueness and/or a strong point of difference in your business market. *

Budget Details

* indicates a required field

Please list the whole project cost, including all income and expenses (not just what is to be funded)- GST Exclusive. If the below table is insufficient, please upload the budget as a separate attachment.

Ensure the following details are included:

- Amount requested by the City (as per Business Innovation Grants Guidelines, the maximum funding amount from the City will be matched funding of up to 50% of the total project cost).
- Organisation contribution
- List of suppliers who will be engaged for the project, and reference to any local providers (note: utilising local providers will be favourable for the application)

- Itemised quotes have been provided in line with the Business Innovation Grants Guidelines

Income

Income	Amount ($)
Other (please list all)	
Requested funding from City of Rockingham	
Organisation contribution	

Expenses

Expenditure	$

Budget Totals

Total Expenditure Amount

This number/amount is calculated.

Budget Totals

Total Income Amount

This number/amount is calculated.

Items to be funded by the City's Business Innovation Grants Program

Please specify the items to be funded by the City's Business Innovation Grants Program.

Do not include GST (where appropriate, 10% will be added to successful grants).

Quotes must be supplied for all items that require funding as per Business Innovation Grants Guidelines.

Items to be Funded

	$	Attach Quote	

Has your organisation previously received funding from the City of Rockingham

○ Yes ○ No

Please list:

- Title of funding program and name of program/project/product the funding was used for
- Date of funding received (DD/MM/YY)
- Amount of funding received AU$
- Acquittal Status * Completed/Not Required or In Process

Note*

Completed: You have provided the detailed report to the Grants Officer and have received an email from the Grants Officer confirming completion.

In Process: Grant requires an acquittal but is not due yet.

Not Required: Grant not required to be acquitted.

*

Conflict of Interest

* indicates a required field

Please declare any Conflict of Interest that may arise int he event the Grant is awarded
☐ Yes ☐ No

If yes, please provide explanation of the nature of conflict *

Declaration of Application Section

By submitting this application, I confirm that:

- I am authorised to submit this application on behalf of the organisation
- The information provided is true and correct to the best of my knowledge
- All previous City of Rockingham grants have been acquitted (where applicable)
- All other sources of funding have been disclosed
- I will notify the City of any changes to this application or project
- I have read and agree to the Business Innovation Grant Guidelines

I understand that providing false or misleading information may result in the application being declined, funding being withdrawn, and/or repayment of funds.

Collection Notice

*
☐ Yes ☐ No

Name *

Position *

Organisation Name *
Organisation Name

*Acknowledged on behalf of the organisation

Application Checklist

☐ Completed all the applicable steps

☐ Kept a copy of all attachments for your records

Have you included the following documents with your application:

Please submit only copies of original documents.

☐ A copy of your Incorporation Certificate

☐ Proof of business location in Rockingham municipality (e.g. proof of business premise ownership or commercial lease agreement for a minimum length of 12 months).

☐ Supplied written quotes

☐ Copy of your Financial Statement

☐ Organisational Chart (with indication of total number of FTE employees)

☐ Copy of any other supporting documents/ information (e.g. training program, product manual).

☐ A copy of Public Liability Certificate