IBN Charitable Foundation

Minor Enterprise Grant

Freecall 1800 014 401

1 First name

2 Last name

3 Date of birth / /

Vehicle registration number

4 Language group (tick one box only)

☐ Yinhawangka ☐ Banyjima ☐ Nyiyaparli

5 Postal address

6 Phone

( )

7 Email address

8 How do you prefer to be contacted?

☐ Phone ☐ Email ☐ Postal address

9 Do you receive Family Payments for any children?

No ☐

Yes ☐ For how many children?

10 Do you have a current Centrelink Pension card or Health Care card?

No ☐ Yes ☐ Please provide the card number and expiry date

/ /

11 Have you received financial assistance from any other trust(s) within the past three months?

No ☐ Yes ☐ Please tell us how much you received

Name of organisation	Amount

12 The Minor Enterprise Grant is for people who are just starting out in business, and looking for a small amount of funding to prove their idea to take it to the next level.

Returning this form

Post: PO Box 2390 South Hedland WA 6722
Fax: (08) 9172 1136
Email: applications@ibngroup.com.au

In person: 3 Brand Street, South Hedland • 973 Central Road, Tom Price • 7/18 Hedland Place, Karratha.

13 To be eligible, you need to show us how you have made an effort yourself in starting your business. Please explain what steps you have taken so far.

Please attach a business plan if you have one.

14 Expenses requested **Please attach bills, quotes or other documents to help IBN assess your application.**

Description (What is the money for?)	Name of supplier (Who is being paid?)	Amount required
Example: Microsoft Office Suite	Harvey Norman	$300

15 I declare that the above information is true and the items above are for my own use. I agree to my information being shared with or checked by other organisations for application assessment purposes.

Signature 7 Date / /

Office use only

Date received / /

Received by

IBN Corporation Pty Ltd
ACN 093 140 240

CP#

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