

## 1.6 Exploration Grant

This form contains two parts. Part A acts as a 'referral' to an IBN approved business advisory service to develop a business plan and budget. Part B is completed once the business plan is finalised. Members may then apply for up to \$2,000 to develop a new or existing Pilbara-based business or social enterprise.

**Need help with this form?** Freecall 1800 014 401

### Returning this form

Email: applications@ibngroup.com.au  
 Post: PO Box 2390, South Hedland, WA, 6722  
 Fax: (08) 9140 0998  
 In person: 3 Brand Street, South Hedland  
 973 Central Road, Tom Price  
 Unit 3, 4 Welcome Road Karratha

### Benefits, exclusions and conditions

Refer to the Community Programs Handbook or visit [ibngroup.com.au](http://ibngroup.com.au)

### Required documentation

See 'Attachments' check box. Applications cannot be processed until all required documentation is provided.

### Processing time

3-5 working days once all required documentation is received.

## PART A: REFERRAL TO IBN APPROVED BUSINESS ADVISORY SERVICE (IF REQUIRED)

### IBN Community Member applying for assistance

1 Mr Mrs Miss Ms Other  
 Snr Jnr  
 First given name

Second given name

Last name

2 Have you been known by any other name?

No

Yes ▶ Provide name

3 Your date of birth

 /  / 

4 Your gender

Male

Female

5 Language group

Yinhawangka

Banyjima

Niyaparli

6 Mobile phone number

(to be used to advise you of the progress of your application)

7 Email address

8 Current home address

_____ _____ _____
Postcode

9 Is your current address the same address you registered with IBN?

No ▶ You will need to complete an 'Update personal details form' and attach it to this application.

Yes

10 Is your business Pilbara-based?

No ▶ IBN only funds Pilbara-based businesses.

Yes ▶ If you have completed Part A please submit your application. Part B will be completed once you have created a business plan.

## PART B: APPLICATION FOR FUNDING TO ESTABLISH OR EXPAND A PILBARA-BASED BUSINESS OR SOCIAL ENTERPRISE

### Assistance requested

11 Expense 1

Name of supplier to be paid

Amount required

 \$

Expense 2

Name of supplier to be paid

Amount required

 \$

Expense 3

Name of supplier to be paid

Amount required

 \$

Expense 4

Name of supplier to be paid

Amount required

 \$

Expense 5


Name of supplier to be paid

Amount required

 \$

## Attachments

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- 12**  To enable IBN to assess your application quickly and accurately you must provide the following documents when submitting your application.

Supplier quotes(s) including payment details

Business plan and budget

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## Declaration

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**13 I declare that:**

- the information I have provided in this form is true and correct.
- the assistance requested is for my own use.

**I agree to:**

- my information being shared with or checked by other organisations for application assessment purposes.

Signature

Date

**Office use only**

Date received  CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240