

## 1.7 Development Grant

**Development Grants of up to \$20,000 are available to develop or expand a new or existing Pilbara-based ABN registered business or social enterprise. Grants are only available to members who have completed a business plan and budget with an IBN approved business advisory service.**

**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.

### 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

Nyiyaparli

**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 ▶ Please provide your Australian Business Number (ABN) or Australian Company Number (ACN).

### 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

- 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

Detailed business plan prepared by a qualified business consultant, including cash flow and capability statements

Bank statements and proof of appropriate bookkeeping and accounting arrangements

Contracts, letter of support from new / existing customers (if required)

Evidence of ABN / ACN registration

## Declaration

**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.
- provide a progress report at the end of the first year of business.

Signature

Date

**Office use only**

Date received  CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240