

## 1.8 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 detailed business plan prepared by a qualified business consultant, including cash flow and capability statements.

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 'Required Documentation' check box. Applications cannot be processed until all required documentation is provided.

### Processing time

Up to 7 working days once all documentation is received.

## IBN Community Member applying for assistance

1 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 Other

5 Language group

Yinhawangka Banyjima Nyiyaparli

6 Mobile phone number

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

This is my current number, please update my record

This is a temporary number, please do not update my record

7 Email address

8 Current home address


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 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

 \$

### Office use only


Date received  /  /  CP#

Received by

IBN Corporation Pty Ltd | ACN 093 140 240

## Required Documentation

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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.

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Supplier quote(s) including payment details

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

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Evidence of appropriate bookkeeping and accounting arrangements

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

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Evidence of ABN / ACN registration

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Business bank account statements

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

Signature

Date

/  /
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