

# Storefront Excellence Program Application Form - May 2024

## Form Preview

## Welcome

\* indicates a required field

## Introduction

Before completing this application form, you should have read the Shopfront Excellence Program guidelines.

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

### About the program

There are 30 grants available to eligible City of Hobart businesses.

To be eligible for the reimbursement you must have been part of the physical store review and follow up report recommendations.

All reimbursement of funds can only be dated after receiving and discussing the report.

The reimbursement request must relate specifically to the recommendations listed in your report.

Please do not hesitate to contact the City Economy Team at [business@hobartcity.com.au](mailto:business@hobartcity.com.au) or on 03 6238 2711 if you have any questions.

More help is available to use this form, download the [Help Guide for Applicants](#) or check out [SmartyGrants applicant FAQs](#).

### Application Number

This field is read only.

The identification number or code for this submission.

**Privacy notice** We pledge to respect and uphold your rights to privacy protection under the [Australian Privacy Principles](#) (APPs) as established under the *Privacy Act 1988* and amended by the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. To view our privacy statement, go to <https://www.hobartcity.com.au/privacy>.

**Commercial in confidence** The information you provide as part of your grant application will be treated as commercial in confidence. This information will be used for the purposes of assessing your grant application and, if successful, it will also be used in the management of your grant agreement. The Council will not disclose this information unless required or permitted by law.

## Eligibility requirements

**Who can apply?** Applicants must:

- be a business physically located in the City of Hobart LGA with a permanent shopfront but is not part of a franchise or has a head office.
- be a small independent business (defined as employing fewer than 20 full-time equivalent staff) or a not-for-profit organisation, incorporated association or charity

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where trading activities within the local government area are a substantial part of the organisation's activities.

- have an active Australian Business Number (ABN) registered in Tasmania.
- be a business that retails goods that are not consumed or used onsite.
- be currently trading (as of 1 April 2024).
- not have received the grant funding as part of the Revive Your 9 to 5 Retailer Support Program in 2022 or 2023.
- not be a business owned or managed by the City of Hobart.
- not be a business owned or operated by Elected Members, employees of or staff contractors to the City of Hobart, or other government agencies.
- not have overdue debts owing to the City of Hobart.
- not be a premise exclusively used as a private residence.

**I confirm I have read and understood the guidelines and eligibility criteria, and this application meets all grant requirements. \***

☐ Yes

**Have you or your business applied for a grant from the City of Hobart before? \***

☐ Yes

☐ No

☐ Unsure

**Is your business located in the Hobart local government area? \***

☐ Yes

☐ No

## Applicant Details

\* indicates a required field

### Business details

**Business name \***

Organisation Name

**Business street address \***

Address

  

This address must be within the City of Hobart

**Website \***

Must be a URL.

If you don't have a website please include a link to your social media account.

**Facebook**

Must be a URL.

**Instagram**

Must be a URL.

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### Business 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

Must be an ABN.

### Business Industry Code (BIC) \*

A business industry code (BIC) is a five-digit code you include on relevant tax returns and schedules that describes your main business activity. For more information visit the [ATO's Website](#).

## Contact details

### Contact person \*

Title

First Name

Last Name

Applications must be submitted from the business owner/ manager/appropriate signatory and not a third party (such as an accountant).

### Position \*

### Mobile Phone Number \*

Must be an Australian phone number.

### Email address \*

Must be an email address.

## Current operating hours

Please provide a list of your current operating days and hours.

**Day(s) of the week**

**Opens**

**Closes**

Monday or Monday to Friday

10am

5pm

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### About your business

#### What is the main activity of your business? \*

Please provide a brief description of your business including products you retail within the City of Hobart local government area.

#### What are the biggest challenges for your business and what do you hope this program will assist with? \*

Describe the specific issue or need you want to address (200 words recommended)

#### Please provide a list of how your business is operating online and any associated websites, URL's or social handles.

#### Are there any special considerations in relation to your business that need to be considered?

As part of this Expression of Interest you have agreed to be mystery shopped for the purposes of development the free assessment.

## Declaration

\* indicates a required field

### Declaration

#### Declaration \*

- ☐ I am authorised to submit this application form.
- ☐ I acknowledge that in submitting this application I am agreeing for my business to receive an online store audit plus a one-hour physical store review.
- ☐ I acknowledge that I have read the eligibility criteria outlined in the Program Guidelines.
- ☐ I understand that I will need to submit my receipts through SmartyGrants for reimbursement of goods and materials..
- ☐ I acknowledge that all reimbursement of funds can be dated after receiving the report.
- ☐ I acknowledge that funding will only be provided for the purposes of undertaking the report recommendations.

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**Name of person completing this submission \***

**Position \***

**Date \***

Must be a date.

### Applicant feedback

You are nearing the end of the application process. Before you review your application and click the SUBMIT button please take a few moments to provide some feedback.

**Please indicate how you found the online application process: \***

☐ Very easy    ☐ Easy    ☐ Neutral    ☐ Difficult    ☐ Very difficult

**How many minutes in total did it take you to complete this application?**

Must be a number.

Estimate in minutes i.e. 1 hour = 60

**How did you find out about this program? \***

- |   |   |
|---|---|
| <input type="checkbox"/> Another Website (please tell us which site in the box below) | <input type="checkbox"/> Social Media                                       |
| <input type="checkbox"/> City of Hobart Website                                       | <input type="checkbox"/> Was told by a staff member from the City of Hobart |
| <input type="checkbox"/> Hello Hobart   | <input type="checkbox"/> Word of mouth                                      |
| <input type="checkbox"/> Received an email from the City of Hobart                    | <input type="checkbox"/> Other: <input type="text"/>                        |

You may select more than one option.

**I consent to be contacted by the City of Hobart via the City Economy newsletter to receive information about other grants and any other similar topics including the opportunity to register my business on Hello Hobart ([www.hellohobart.com.au](http://www.hellohobart.com.au))**

☐ Yes    ☐ No

**Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.**