Are you eligible to apply?

* indicates a required field

Information notes

Northern Beef Development (NBD) is assisting WA pastoralists in the Kimberley and Pilbara regions to work with consultants to identify and implement changes to their business to better meet export market demand and specifications, and increase profitability of their cattle herd.

The Program has two parts. Part one is a business improvement review through engagement with a consultant. This provides a reimbursement up to a maximum of \$10 000 (ex GST) in consultation fees, to develop a business management plan. Participants/ consultants are required to provide an executive summary of the business plan with essential key performance indicators with two subsequent annual reviews (milestone's two and three).

Part Two is the business improvement implementation phase. \$15 000 (ex GST) is available to each participant to implement prioritised strategies that are identified by them and outlined in the business improvement plan.

Primary Business Details

Is your pastoral busi	ness a *
☐ Family business ☐	Indigenous corporation □ Corporate □ Family
Number of seasonal	staff employed?
Must be a number.	
Number of permaner	nt staff employed?
Must be a number.	
-	ness within the district boundaries used for the 2010 Pastora
Industry Survey? *	
YesIf your pastoral business i	No s not situated within these boundaries please contact us on 9194 1442.
If you answered 'Yes	' what is your primary lease?
Do you have a sublea	ase/s?
○ Yes	○ No

If you answered 'Yes' what sublease/s do you hold?

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Are you and your pastoral busines	ss eligible for this program?
answer yes or you are unsure, pleas email us at nbdgrants@dpird.wa.gov.au	ess Improvement Grants Program must be
Criteria for Family Business	
Has your pastoral lease been operating (2) years?	g as a pastoral enterprise for the past two
○ Yes	○ No
Has your pastoral business earned a grover the last two (2) years?	ross income of at least \$50 000 per annum
Yes	○ No
Does at least one member of the pasto income from the business?	ral business derive at least 50% of their
○ Yes	○ No
Has at least one member of the pastor working hours over the last two (2) yes ○ Yes	al business spent more than 50% of their ars working in the business? No
Has at least one member of the pastor their capital to the business? ○ Yes	al business contributed more than 50% of ○ No
Criteria for Corporate	
Has your pastoral lease been operating (2) years?	g as a pastoral enterprise for the past two
○ Yes	○ No
Has the pastoral business earned a groover the last two (2) years?	oss income of at least \$50 000 per annum
○ Yes	○ No
Does the pastoral business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (2) years working in the business employ a mathelast two (3) years working in the business employ a mathelast two (4) years working in the business employ a mathelast two (5) years working in the business employ a mathelast two (6) years working in the business employ a mathelast two (6) years working in the business employ expected the business employed in the busines	nanager for 50% of their working hours ove usiness?
Criteria for Indigenous Corporation	ns

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Has your pastoral lease been operating as a pastoral enterprise for the past two (2) years?					
○ Yes		○ No			
Has the pastoral business ear	ned a gros	s income of	at least s	50 000 per annum	
over the last two (2) years? ○ Yes		○ No			
Does the pastoral business enthe last two (2) years working Yes			0% of the	ir working hours over	
Details of your current of	consultar	nt (if appli	cable)		
If you do not employ a consultant	t on a regula	r basis, pleas	e leave thi	s section blank.	
Name of Consultant	Title	First Name		Last Name	
Consultant's Business Name					
Member of (e.g. AAAC, CPA)					
Employed/engaged since					
	Must be a da	te			
Details of the proposed	consulta	ncy			
* indicates a required field					
The professional I would I	ike to em	ploy			
 We request you employ an in assessment and business pla Please note that your appethe commencement of the 	n. olication m u	ust be subm			
Name of proposed consultant Title First Name	* Last Nam	10			
Title First Name	Last NaM	i c			
Consultants Business Name *					

Form Preview

Member of (e.g. AAAC, CPA) *	
Qualifications *	
Qualifications	
Number of years experience *	
Must be a number	
Phone Number	
Must include area code	
Must include area code	
Mobile Number *	
Fax Number	
Must include area code	
Email *	
Additional comments	
Assessment proposal	
Estimate of costs to complete the in	itial Business Plan (Milestone 1)
\$ Must be a dollar amount	
mase se a donar amount	
	al Business Reviews (Milestone 2 and 3)
\$ Must be a dollar amount	

The consultant's Executive Summary, including specific KPI's and strategies to improve your business (Part two) prepared from your completed business plan, will need to be submitted when seeking the approved reimbursement grant.

NOTE: Approval must be sought before any consultancy costs are incurred by your pastoral business. When approved, you will receive a Letter of Approval to engage your consultant to do the work agreed above.

Form Preview

The following is the best estimate of the Business Improvement Grants Program Part One cost (Milestone 1, 2 and 3), excluding GST:

Consultant fee for consultations including professional costs, travel, etc agreed to by all parties *
\$ Must be a dollar amount
Business Improvement Grant requested * \$ Must be a dollar amount
Applicant business details
* indicates a required field
Applicant business details
Business entity name *
Postal Address * Address
Suburb State Postcode
Primary Phone Number *
Must include area code
Mobile Phone Number *
Fax Number
Must include area code
Email *
ABN *

Form Preview

Email

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 Aust	ralian Business Registe	r	
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GS	T)		
DGR Endorsed			
ATO Charity Type	More inform	<u>ation</u>	
ACNC Registration			
Tax Concessions			
Main business location			
Must be an ABN			
Pastoral husiness r	member nomina	ted to act (on behalf of the business
i astorar basiness i	member nomina	ted to det	on behalf of the business
Name *			
Title First Name	Last Nan	ne	
Must provide name in full			
Must provide name in full			
			nted/authorised contact (e.g.
Family member or ma	anager) if they are	aiπerent tro	m the information above.
Altenate contact nam			
Title First Name	Last Name		
Preferred method of	contact *		
	Contact • Contac	○ Email	○ Fax
Preferred contact tim	e, if mobile or land	lline	
Phone			
- Hone			
Must include area code			
Mobile			

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BANK DETAILS				
	red as all grant payments are via Electro ount details are correct before you submi			
Account name *				
BSB *				
Account number *				
Bank name (include branch name if known) *				
Certification of informat	ion provided			
* indicates a required field				
NOTE:				
I declare the information shown in this application and attachments, and any details subsequently provided, is true and correct * ○ I confirm				
I certify that the pastoral business listed as 'The Applicant' meets the eligibility criteria detailed in this application * ○ I certify				
I authorise the Department of Primary Industries and Regional Development to seek any additional relevant information it may require to process this application * ○ I consent				
I hereby request and authorise any parties to supply such information as requested by the Department of Primary Industries and Regional Development *				
I confirm I am authorised to m ○ I confirm	nake this certification *			
I confirm I have uploaded all r	relevant documents as requested *			

Form Preview

I confirm I understand that any personal or confidential information collected as a part of this program by NBD it will be treated as commercial-in-confidence and will not be disclosed, however, all documents created or held by NBD in relation to the program may be subject to the Freedom of Information Act (1982).

○ I confirm

I confirm I understand that in consultation, and with agreement from successful applicants, activities undertaken as part of this program may be profiled and used as case studies by the project for the advancement of the northern beef industry e.g. field days for surrounding stations on intervention results.

○ I confirm

Name of person making the certification *
Title First Name Last Name

Contact us at NBD

Broome: Phone: 9194 1442 Email: nbd@dpird.wa.gov.au