Shop Top Living Program

* indicates a required field

Before you continue:

You will need to fully understand the guidelines for the Shop Top Living Program to make sure your application has the best chance of getting funded.

The **Shop Top Living Program** is designed to provide financial support to building owners who have space above their business, which could be turned into residential accommodation.

In return of Council's financial assistance, applicants will be expected to:

- Progress towards submitting a Building Approval or Development Approval for their premises
- Understand realistic costs to retrofit an underutilised space
- Provide Ipswich City Council with an outcome of their project. This information will assist us with future planning

Who can apply?

- A property owner physically located in the eligible pilot area
- Have unused or underutilised floor space above the shop or premises
- Have an appropriate business registration (ABN) including that of a sole trader

Please review the <u>Shop Top Living Program Guidelines</u> before commencing your application. You may also like to look at the resources <u>Grant Writing Tips</u> and <u>Sample Budget Fact Sheet</u> available on Council's Funding and Support webpage.

Applicant Details

	s Name of Prop tion Name	erty Owner *	
			pelling and make sure you provide the same name the Australian Business Register and Australian Tax
Contact Title	Person * First Name	Last Name	
Position	*		
Contact	Phone Number	*	

○ Yes

Must be an Australian phone number. If not a mobile number, you must include	de the area code.	
Contact Email Address *		
Must be an email address.		
Postal Address * Address		
Click on Cannot Find My Address if you	r address does not come up in the lis	st.
Bank Account * Account Name		
DCD N		
BSB Number Account Number		
Must be a valid Australian bank accoun	t format	
Mast be a valid Australian bank decount	e formue.	
Applicant ABN *		
The ABN provided will be used to lo check that you have entered the Al		Click Lookup above to
Information from the Australian Busine	ess Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
	lore information	
ACNC Registration		
Tax Concessions		
Main business location		
Must be an ABN.		
Are any of your business's Boar Council staff? *	rd / Management Committee	members Ipswich City

Council collects this information in accordance with its Related Party Disclosure Policy

List of Board / Management Committee members who are Ipswich City Council staff

Name	Position on your business' Board / Management Committee (eg. Secretary, Committee Member, etc)
Does your business adhere to sound Wor ○ Yes ○ No	kplace Health & Safety practices? *
Does your organisation comply with all o Legislation including accounting and aud laws, privacy, confidentiality and freedor accredication of professional employees, annual reports? * Yes	liting requirements, antidiscrimination mof information laws, registration and
O No	
Project Details	
* indicates a required field	
What is the address of the premises? Address	
Click on Cannot Find My Address if your address do	es not come up in the list.
Which division is the property you want	to apply for Shop Top Living located in? *
Division 1Division 2	Division 3Division 4
Not sure which division the property is in	12
• • •	nsland website (go to the webpage and type in
Did you complete the Shop Top Living Ex ○ Yes	pression of Interest in 2023? * O No
Have you investigated Shop Top Living b ○ Yes	efore? * O No
Has the premises been used for resident please provide any evidence of this activ	

Please upload any attachments Attach a file:	
Has the Shop Top Living premises provisions? * Yes - State Yes - Local No Unsure At least 1 choice must be selected.	been recognised under Local / State Heritage
	ocated in an area recognised as being subject to
flooding? * O Yes Please check the Ipswich City Council Ipsw maps.ipswich.qld.gov.au/weave/HistoricalF	
	u prepared to provide Council with the progress op Top Living including, but not limited to, any
Please provide photos of the insid where the Shop Top Living may be Attach a file:	le and outside of the premises which shows e located *
How many dwellings or units do yo space? *	ou think you may be able to accommodate in the
Must be a number. Number of units/dwellings	
Number of units/dwellings	you may be able to accommodate in this space?
Number of units/dwellings	you may be able to accommodate in this space?
Number of units/dwellings How many bedrooms do you think * Must be a number. Number of bedrooms	you may be able to accommodate in this space? u may be able to accommodate in this space? *
Number of units/dwellings How many bedrooms do you think * Must be a number. Number of bedrooms	

Is there, or will there be, onsite car parking facilities available for shop top living?			
○ Yes		○ No	
Car Parking			
How many spaces ar	e, or will be, availab	le? *	
Must be a number.			
Budget			
* indicates a required f	ield		
Budget			
This is a "double it" co-contribution funding program.			
Council will double the amount the building owner is willing to contribute up to a maximum of \$10,000.00 (exclusive of GST).			
All costs must be supported by CURRENT QUOTES.			
Example: The total cost of designs is \$15,000, The building owner contributes \$5,000 towards the cost, Council will double this amount and contribute \$10,000, so the total amount is \$15,000 towards the project.			
This is available once p	er business, per premis	ses, per annum through	the program.
Eligible costs:			
 Design and drawing Engineers and Heri Building certification Building / Labour comments 	tage consultants on (private)	uding, but not limited to	Architect, Designers,
Please contact the Concommunityfunding@ips			
Budget			
Expenditure	\$ Total cost of each item	Contribution (\$)	Council Contribution (\$)
List all expenditure items	Must be a dollar amount	Must be a dollar amount	Must be a dollar amount

Budget Totals

Total Amount	Business Contribution *	Council Contribution *		
This number/amount is calculated.	This number/amount is calculated. This is the amount the buildi owner is contributing to the project, supported by the expenditure and quotes attable below			
Please attach CURRENT QUO	TES ONLY for all expendit	ure items.		
DO NOT ATTACH INVOICES Attach a file:				
Wherever possible goods and servind an Ipswich based provider at I		m Ipswich based providers. You may n.au/.		
Certification				
* indicates a required field				
This section must be complete applicant / business (e.g. Owne		norised person on behalf of the		
If the application is not being submitted by the Property Owner, a letter from the owner confirming their support for the application must be attached.				
I certify that to the best of application are true and comproved for this funding, of the funding.	rrect, and I understand			
I agree *	○ Yes			
Name of Authorised Person *	First Name	Last Name		
Position				
Contact Number *	Must be an Australian pho	one number. ou must include the area code.		
Contact Email *	i noca mobile number, y	ou must metade the area code.		

Must be an email address.

Date *	Must be a date.
Letter from Property Owner (if applicable)	Attach a file:
Privacy Statement	
•	ting your personal information so that we can proc

Ipswich City Council is collecting your personal information so that we can process your request for the Shop Top Living Program. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to relevant Council Committees, which may be recorded in meeting agendas and formal minutes, which are accessible to the public. Further, your personal information, such as your name, may be discussed at the meetings of Council and its committees which are open to the public. Please also note that, as per the Community Funding and Support Policy, applicants are required to give permission for Council to publish the name of the recipient and the funding amount in accordance with Council's requirements under the Local Government Act 2009 and the Local Government Regulation 2012. By completing and signing this form and returning it to Council, we will consider that you have given us your consent to manage your personal information in the manner described in Council's Privacy Statement, Personal Information Digest and this collection notice.

Checklist and Feedback

* indicates a required field

Have you attached copies of all documents as required to support your application? Incomplete applications will not be considered.

Checklist - these documents are required * ☐ Photos of the inside and outside of the premises ☐ Current QUOTES ONLY for goods and/or services Council funds will be used towards
Checklist - these documents may be required
☐ Evidence of previous accommodation activity (if applicable)
☐ Letter from Property Owner (if applicable)
If these documents are required and not attached, your application may not be considered.

Applicant Feedback

Council invites feedback from applicants to improve future community funding programs and processes. Before you review your application and click the **SUBMIT** button, please take a few moments to provide some feedback.

Out of 5, how would you rate the complexity of this application form?

1 = Very Difficult, 5 = Very Easy

Would you like to provide feedback about the application process to assist us improve the application process and to inform future funding and support programs?						

We thank you for your feedback.