

Shop Top Living Program

Form Preview

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 [Shop Top Living Program Guidelines](#) before commencing your application. You may also like to look at the resources [Grant Writing Tips](#) and [Sample Budget Fact Sheet](#) available on Council's Funding and Support webpage.

Applicant Details

Business Name of Property Owner *

Organisation Name

Please use your business' full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the Australian Business Register and Australian Tax Office.

Contact Person *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Position *

Contact Phone Number *

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Must be an Australian phone number.
If not a mobile number, you must include the area code.

Contact Email Address *

Must be an email address.

Postal Address *

Address

Click on Cannot Find My Address if your address does not come up in the list.

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

Applicant 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.

Are any of your business's Board / Management Committee members Ipswich City Council staff? *

- ☐ Yes
☐ No

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

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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 Workplace Health & Safety practices? *

- ☐ Yes
☐ No

Does your organisation comply with all other Australian and Queensland Legislation including accounting and auditing requirements, antidiscrimination laws, privacy, confidentiality and freedom of information laws, registration and accreditation of professional employees, and preparation and dissemination of annual reports? *

- ☐ Yes
☐ No

Project Details

* indicates a required field

What is the address of the premises?

Address

Click on Cannot Find My Address if your address does not come up in the list.

Which division is the property you want to apply for Shop Top Living located in? *

- ☐ Division 1
☐ Division 2
- ☐ Division 3
☐ Division 4

Not sure which division the property is in?

Find out on the [Electoral Commission of Queensland website](#) (go to the webpage and type in the address).

Did you complete the Shop Top Living Expression of Interest in 2023? *

- ☐ Yes
☐ No

Have you investigated Shop Top Living before? *

- ☐ Yes
☐ No

Has the premises been used for residential previously? If yes, what dates and please provide any evidence of this activity.

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Please upload any attachments

Attach a file:

Has the Shop Top Living premises been recognised under Local / State Heritage provisions? *

- ☐ Yes - State
☐ Yes - Local
☐ No
☐ Unsure

At least 1 choice must be selected.

Is the Shop Top Living premises located in an area recognised as being subject to flooding? *

- ☐ Yes ☐ No

Please check the Ipswich City Council Ipswich Planning Scheme Flood Map <https://maps.ipswich.qld.gov.au/weave/HistoricalFloodMap.html>

If you receive this funding, are you prepared to provide Council with the progress of your property's potential for Shop Top Living including, but not limited to, any barriers or challenges faced? *

- ☐ Yes ☐ No

Please provide photos of the inside and outside of the premises which shows where the Shop Top Living may be located *

Attach a file:

How many dwellings or units do you think you may be able to accommodate in the space? *

Must be a number.
Number of units/dwellings

How many bedrooms do you think you may be able to accommodate in this space? *

Must be a number.
Number of bedrooms

How many people do you think you may be able to accommodate in this space? *

Must be a number.
Number of People

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Is there, or will there be, onsite car parking facilities available for shop top living?

*

☐ Yes

☐ No

Car Parking

How many spaces are, or will be, available? *

Must be a number.

Budget

* indicates a required field

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 per business, per premises, per annum through the program.

Eligible costs:

- Design and drawings - professionals including, but not limited to Architect, Designers, Engineers and Heritage consultants
- Building certification (private)
- Building / Labour costs

Please contact the Community Funding and Support Team at communityfunding@ipswich.qld.gov.au if you require assistance.

Budget

Expenditure	\$ Total cost of each item	Business Contribution (\$)	Council Contribution (\$)
List all expenditure items	Must be a dollar amount	Must be a dollar amount	Must be a dollar amount

Budget Totals

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Total Amount

This number/amount is calculated.

Business Contribution *

This number/amount is calculated.
This is the amount the building owner is contributing to the project, supported by the expenditure and quotes attached below..

Council Contribution *

This number/amount is calculated.
Must be no more than \$10,000.

Please attach **CURRENT QUOTES ONLY** for all expenditure items.

DO NOT ATTACH INVOICES

Attach a file:

Wherever possible goods and services should be purchased from Ipswich based providers. You may find an Ipswich based provider at <https://www.shopipswich.com.au/>.

Certification

* indicates a required field

This section must be completed by an appropriately authorised person on behalf of the applicant / business (e.g. Owner, Real Estate Agent).

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 my knowledge the statements made within this application are true and correct, and I understand that if the applicant is approved for this funding, we will be required to accept the Terms and Conditions of the funding.

I agree *

☐ Yes

Name of Authorised Person *

First Name

Last Name

Position

Contact Number *

Must be an Australian phone number.
If not a mobile number, you must include the area code.

Contact Email *

Must be an email address.

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Date *

Must be a date.

Letter from Property Owner (if applicable)

Attach a file:

Privacy Statement

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

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☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

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.