Amex Shop Small Grants Program Application
Form Preview

Eligibility Assessment

* indicates a required field

Do you hold a valid Australian Business Number (ABN)? *
- ○ Yes
- ○ No

Are you 18 years of age or older? *
- ○ Yes
- ○ No

Is your business a for-profit business operating in Australia? *
- ○ Yes
- ○ No

Is your business independently owned and operated? *
- ○ Yes
- ○ No

Does your business operate from a permanent physical premises available to customers, located in Australia? *
- ○ Yes
- ○ No

Did your business commence trading on or before 1 January 2025? *
- ○ Yes
- ○ No

Does your business employ more than 20 Full-Time Equivalent (FTE) employees? *
- ○ Yes
- ○ No

Please refer to the FAQs for guidance on calculating your total number of FTE employees.

Is your business a franchise? *
- ○ Yes
- ○ No

Is your business currently in liquidation, administration, receivership, bankruptcy or insolvency proceedings? *
- ○ Yes
- ○ No

Does your business hold all licences, permits and approvals required to legally operate? *
- ○ Yes
- ○ No

Are you willing to enter into a Grant Agreement if successful? *

○ Yes
○ No

Are you willing to participate in program reporting and evaluation activities if successful? *
○ Yes
○ No

Have you read and understood the program guidelines and Terms & Conditions? *
○ Yes
○ No
Please refer to the Amex Shop Small Grants program guidelines for full details of the program including assessment criteria, and grant terms and conditions. Please also refer to the FAQs for additional program details.

Based on your responses, you appear to meet the eligibility requirements and may proceed to the full application form. *
○ Select to proceed with your application

Based on your responses, your business does not currently meet the eligibility requirements for the Shop Small Grants program. *

Applicant Details

* indicates a required field

Business Name *
Organisation Name

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.

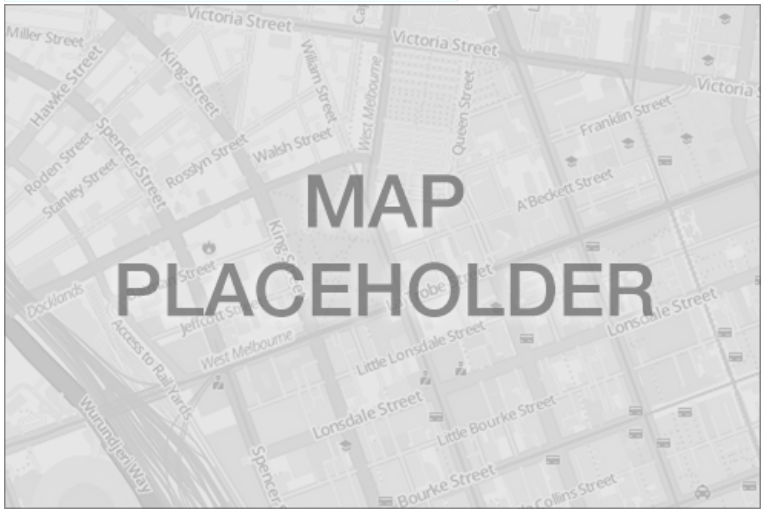
Information from the Australian Business Register	
ABN	
Entity Name	
ABN Status	
Entity Type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	

Main Business Location

Must be an ABN.

Business Address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Business Location Type *

- ○ Metro
- ○ Regional
- ○ Rural
- ○ Remote

Business Phone Number

Must be an Australian phone number.
If your business does not have a phone number, keep this field blank.

Business Website

Must be a URL.
If your business does not have a website, keep this field blank.

Contact Person Name *

Title | First Name | Last Name

Contact Person Email Address *

Must be an email address.

Contact Person Phone Number *

Must be an Australian phone number.

Business Details

* indicates a required field

Owner's Legal Name (as displayed in tax forms) *

Legal Entity Name *

Date of Establishment / Incorporation *

Must be a date and no later than 1/1/2025.

Company Structure *

- ○ Company ACN
- ○ Cooperative
- ○ Incorporated Association
- ○ Partnership
- ○ Sole Trader
- ○ Other:

Please select the industry sector that best describes your business type: *

Other:

Number of Full-Time Equivalent (FTE) Employees *

Must be a number and no more than 20.
Please note: this funding is only available to small businesses who employ up to 20 Full-Time Equivalent (FTE) employees. Please refer to the FAQs for guidance on calculating FTE.

Provide a brief summary of your business activities including core products and services offered: *

Word count:
Must be no more than 150 words.

Please share a bit about yourself as an owner. How did you become a business owner and why? *

Word count:
Must be no more than 150 words.

How does your business contribute to a thriving community? *

Word count:
Must be no more than 150 words.
Please see the FAQs for more details on how to respond to this question.

Does your business have significance to your local community? If so, please explain. If not, please enter "N/A". *

Word count:
Must be no more than 150 words.
Please see the FAQs for more details on how to respond to this question.

Project Proposal & Supporting Information

* indicates a required field

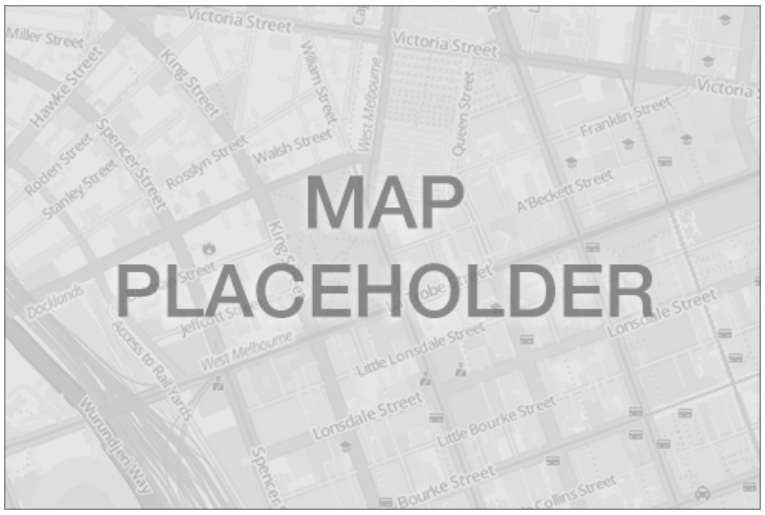
Project Overview

Project Title *

Must be no more than 250 characters.

State / Territory Location *

Physical Address of Project Site
Address



If your project spans an area larger than a single address, please include a brief description in the following prompt.

Brief Project Summary

Please communicate the following in your brief summary:

- What your project will entail
- The intended benefit / impact of the project for your small business and continued or new support for the local community.

Please describe your project in 1-2 sentences *

Word count:
Must be no more than 50 words.

Detailed Project Proposal

The purpose of this grant is to help small businesses grow and/or innovate while supporting local communities. Applicants with established community engagement efforts may use grant funds solely for business growth and innovation. Applicants without existing community-focused programs must dedicate a portion of the grant funds to a community benefit initiative, in addition to proposed growth and innovation activities.

How will you use the grant funds? *

Word count:
Must be no more than 200 words.

How does your project align with the following program objectives?

- Drive business growth and/or innovation (e.g. investment in new ideas, products, services, technology, equipment, business improvements, shopfront improvements, etc), **and/or**
- Support local communities (e.g. supporting local events or activities and enhancing the attractiveness and vitality of local centres)

Please provide your response: *

Word count:
Must be no more than 200 words.

Which partners, if any, will you be working with in the design and implementation process? *

Word count:
Must be no more than 200 words.
If you're not working with any partners, please enter "N/A".

How will you measure the success and impacts of your project? *

Word count:
Must be no more than 200 words.

Additional Supporting Information

Attach project plans, timelines, supplier quotations, letters of support/ testimonials, evidence of previous community involvement, or photos of your business to support your application.

Please note that supporting documentation is not mandatory. Applications will be assessed on the information provided within the application form, however supporting documentation may assist assessors in understanding the project, its feasibility and its proposed impact.

Provide any supporting information here (optional):
Attach a file:

A maximum of 5 files may be attached.
Please do not upload anymore than 25MB total. Acceptable file types: .doc, .docx, .pdf, .jpg, .png

Budget & Additional Information

* indicates a required field

Project Costs

Please provide an estimated itemised budget using the below budget template.

IMPORTANT: Refer to the listed eligible and ineligible grant uses in the program guidelines to ensure that ALL of the expenses that the grant would cover are eligible grant uses.

Category	Description	Number of Units / Quantity	Unit Cost	Price
		Enter the total amount of units / total quantity of a product or service. Must be a number.	Enter the total expenditure for a single unit of a product or service. Must be a dollar amount.	Enter the total amount to be expended on this budget item. This number/ amount is calculated.
Other:				
Other:				
Other:				

Total Project Cost

This number/amount is calculated.
Must not exceed $20,000.

Additional Information (Not Scored)

Your responses to the following questions will not affect your eligibility or application score. Your responses to the following questions will not be shared with reviewers during your application's assessment.

Does your business accept American Express payments? *
- ○ Yes
- ○ No

Please confirm that you agree to be contacted for, and to participate in, publicity, media coverage and/or public communications (including being available for interviews, quotes, and other press related matters) coordinated by Mainstreet Australia and/or American Express and its PR agency relating to the Amex Shop Small Grants program. If you do not agree, you acknowledge that if you are a grant recipient, you and your business may still be included in promotional, marketing and other publicity materials related to the Program; however, by checking "I do not agree" Mainstreet Australia and/or American Express will not conduct any media outreach without your consent. *

○ I agree
○ I do not agree

Privacy & Declarations

* indicates a required field

Privacy Statement

Mainstreet Australia is committed to protecting your privacy. The information requested on this form is being collected by Mainstreet Australia for the purpose of assisting with the management of applications for the Amex Shop Small Grants program. All information collected is securely stored in SmartyGrants and Mainstreet Australia's computer systems.

The personal information may be disclosed to:

- Assessment panel members for the purpose of assessing your application; and
- American Express, as a program partner, for purposes related to the administration, evaluation and promotion of the Amex Shop Small Grants program.

It will not otherwise be disclosed to third parties without your consent, unless required or authorised by law. If the personal information is not collected, Mainstreet Australia may have difficulties in contacting you in a timely manner in relation to your application. If you wish to alter any of the personal information you have supplied to Mainstreet Australia, please contact us via amexshopsmallgrants@mainstreetaustralia.org.au

By submitting an application, you consent to American Express and Mainstreet Australia publishing the successful applicant's business name, business location, project name and description and amount funded on our website. This information may also be used for case study purposes and promoting the grant program more generally. *

**The Amex Shop Small Grants program is administered by Mainstreet Australia, and supported by American Express. Your business or personal information received from your application to the Amex Shop Small Grants program may be shared with American Express for the purposes described above. Please review the Mainstreet Australia privacy policy here and American Express privacy disclosures here. By submitting this application, you agree to the Terms & Conditions found in Section 9 of the program guidelines.*

Declaration

I hereby apply for funding for the Amex Shop Small Grants program and acknowledge that I agree to comply with the program guidelines. If successful in this application, I agree to submit necessary financial report documentation when the project has been completed.

I also acknowledge that all details supplied in this application form and in the attached documents are true and correct and that the application has been submitted with the full knowledge and support of the applicant organisation.

I agree to the above Terms & Conditions and the program guidelines. *
○ Yes

Name *
First Name Last Name

Position *

Business Name
Organisation Name

Date *

Must be a date.