



## Expression of Interest

This *Expression of Interest* should be completed by a business applicant wishing to apply for funding from the InnovationConnect (ICon) Grant Program.

ICon is an ACT Government program and support may only be made available to Canberra-based businesses registered in the ACT.

### Applicant Details

1. Project Title:

2. Name of Applicant

Mr, Ms etc.      Given name/s

<input type="text"/>	<input type="text"/>
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Family Name (surname)

3. Contact Telephone Number:

4. Fax Number:

5. E-mail address:

6. Street address:

7. Business Name and ABN / ACN:

8. Date Registered

9. Are you registered for GST?

Yes / No

## Grant Details

Indicate the category of Grant for which you are applying:

- **Proof of Technology Grant**

OR

- **Accelerating Innovation Grant**

**Funding Amount Sought**

## Your Business

**Provide a short description about your business, when it was established, what it does and how it does it.**

## Project Description

**Provide a short project title and describe your project's goal or objective. (This information may be used by the ACT Government for public disclosures if the project is approved for funding.)**

Please identify how your project addresses the following six criteria.

1. What problem does your project address?

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2. What is the solution?

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3. What is the market?

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4. What is the route to market?

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5. What is your revenue model?

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6. What is your exit strategy?

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## Project Funding Summary

Total Project Cost	Grant Sought	Applicant contribution (cash / in-kind)*
\$	\$	\$

Expected start date	Expected completion date
...../...../.....	...../...../.....

How much has been spent to date on the project?

Cash	In-Kind
\$	\$

## Purpose for which grant is specifically required

### Grant funding activities

Please provide a summary of how you will use the grant funding eg. the tasks, activities and/or expenses etc for which you wish to use the grant funding.

## Business Record

### Past Business History

Please provide details of the past history of your business and or business skills preparation.

## Certification

You agree that by submitting this application you are indicating your understanding and acceptance of the following terms and conditions:

- I have read the ICon Guidelines and completed the Eligibility Checklist contained in the Expression of Interest form, and to the best of my knowledge this application is eligible under those criteria;
- I understand and accept that the ACT Government may be required to liaise with other organisations, including Commonwealth Government Departments, in relation to applications for assistance. I agree to the release of detailed information by these organisations to officers of the ACT Government;
- I understand and accept that should the application be successful, a formal agreement will need to be executed with the ACT Government prior to funding;
- I understand and accept that if the application is offered funding, the project title, project outcome, total cost, total eligible expenditure and details of the grant support offered may be published by the ACT Government in material for the promotion of its programs or in reporting requirements to the ACT Legislative Assembly; and
- The information provided in this application, including attachments, is true and correct to the best of my knowledge.

Name

Organisation Name

Position

Signature

Date

Please email your completed Expression of Interest to:  
[business.mailbox@act.gov.au](mailto:business.mailbox@act.gov.au)

On receipt of your Expression of Interest, a Client Manager from Business Development will contact you to arrange an appointment to discuss your proposal and its eligibility under the InnovationConnect program.

For further information on the InnovationConnect grant program please contact:

- Ms Sharyn Smith  
Email: [sharyn.smith@act.gov.au](mailto:sharyn.smith@act.gov.au)  
Phone: 6207 0165

OR

- Mr Ellis Maher  
Email: [ellis.maher@act.gov.au](mailto:ellis.maher@act.gov.au)  
Phone: 6207 5816

For further business advice and support or to speak to a business advisor:

- Contact the ACT Government's business support and advisory service Canberra BusinessPoint at [www.canberrabusinesspoint.com.au](http://www.canberrabusinesspoint.com.au) or phone 1300 648 641.

Expressions of Interest should be emailed to: [business.mailbox@act.gov.au](mailto:business.mailbox@act.gov.au)

### **Eligibility Checklist**

#### **Do you meet the following criteria?**

You must meet ALL of the following requirements to be eligible to apply.

The applicant must:

- have a turnover of less than \$2 million per annum;
- be a Canberra-based business;
- have an Australian Business Number (ABN) registered in the ACT;
- require relatively early stage support in taking an innovative product or service to investment readiness or commercialisation;
- have a proposal that represents a new and innovative product or service, with an identifiable point of difference from existing competitors;
- accept that all funding support is provided on a matched-funding basis
- have a proposal that can provide favourable economic outcomes for the ACT;
- and
- be prepared to enter into a formal agreement with the ACT Government that reflects the level and purpose of financial assistance.