



NIUE CHAMBER OF COMMERCE BUSINESS DEVELOPMENT FUND

**APPLICATION FORM 2021**

**CLOSING DATE: 30<sup>TH</sup> APRIL**

Applicant(s) Details			
<b>Business Name</b>			
<b>Contact Person/Applicant</b>		<b>Government of Niue Employee</b>	Yes/No
<b>Position in Business</b>			
<b>Address</b>			
<b>Telephone</b>	<b>Work:</b>	<b>Home:</b>	<b>Mobile:</b>
<b>Email Address</b>			
<b>Year Business Established/ Year Trading Commenced and month if under two years</b>			
<b>Employees</b>	___ Number of Full Time Employees (including owner/owners) – over 30 hours per week ___ Number of Part Time Employees (including owner/owners) – less than 30 hours per week		
<b>Business and Applicant (Tick those applicable)</b>	<input type="checkbox"/> I am a current member of the Niue Chamber of Commerce <input type="checkbox"/> I am currently actively trading <input type="checkbox"/> Other than Subsistence Grant applicants all businesses must have a current Business License with the Government of Niue <input type="checkbox"/> I am Niuean and live in Niue <input type="checkbox"/> At least 50% of the business is owned by a Niuean living in Niue <input type="checkbox"/> I am a Niuean Permanent Resident (have Permanent Residency) and live in Niue <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Other – Please specify _____		
<b>Details of Previous BDF Grants</b>	Year:..... Amount: \$..... Year:..... Amount: \$.....		

## Business Activity Details

<b>Business Description</b> (What does your business do?)		
<b>Background to Funding Request</b> (What opportunity or issue does your business face that this funding would help address?)		
<b>Benefits</b> (How will your business benefit as a result of this funding?)	Tick boxes that apply. <input type="checkbox"/> Increase our business income. <input type="checkbox"/> Broaden the products or services our business offers. <input type="checkbox"/> Create new jobs. <input type="checkbox"/> Increase our profile amongst our target market and customers. <input type="checkbox"/> Make our business more sustainable. <input type="checkbox"/> Improve our ability to access new markets. <input type="checkbox"/> Mitigate risks from climate change. <input type="checkbox"/> Other (specify below) _____	
<b>Grant Applying for:</b> See <b>Grant Criteria and Eligibility</b>	<input type="checkbox"/> Subsistence Grant – Registered or Non-registered business/trader/farmer/market stallholder – up to \$1000 <input type="checkbox"/> Business Assistance Grant – up to \$4000 <input type="checkbox"/> Business Diversification Grant – up to \$4000 <input type="checkbox"/> Business Exports/Import Substitution – up to \$4,000	
Funding Details		
<b>Expenditure</b> (List what you will use the grant for.)	<i>Expenditure Item</i>	<i>Estimated Cost \$\$\$</i>
	Amount of personal/business funding being contributed	\$
	<b>Business Development Grant amount requested.</b>	<b>\$</b>
<b>Further Information</b> Please provide any further information or explanation that you think is required in support of this grant application.	<input type="checkbox"/> Business Plan - required for Business Assistance, Business Diversification, Business Exports/Import Substitution Grants. <input type="checkbox"/> Financials – if separate from your Business Plan	

Supporting Information  Attached: (Tick those that apply)	<input type="checkbox"/> Budget and Cash Flow Forecast – if separate from your Business Plan  <input type="checkbox"/> Quotes - must be less than 30 days old.  <input type="checkbox"/> Copy of your current business license – for all except Subsistence Grants  <input type="checkbox"/> Other – please specify: <hr/>
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**DECLARATION**

I, ..... hereby declare that I am authorised to make this declaration on behalf of myself, or the applying business. I confirm that:

1. The information contained in this Grant Application and supporting material is accurate and accept that if any information given, or representations made in this request, or subsequent correspondence, is found to be misleading or inaccurate in any material respect; then the Business Development Fund Secretariat or Grants Committee may at its discretion withdraw the grant.
2. That the business owners reside in Niue and meet all the necessary eligibility criteria.
3. I, or my business, am currently trading.
4. I understand that the Fund may request other information that may be required to assess my application. I understand that in the event that we do not supply the requested information, or that this application form is incomplete, then this application will not be assessed.
5. Summary information about the application and any resulting grant (including applicant name, purpose of the grant and level of funding) may be made publicly available.
6. I, as the signatory, have the authority to commit the applicant to this application/contract.
7. In submitting this application, myself as the applicant and if applicable the named business acknowledges that the assessment of applications will be a subjective and relative process, and that the BDF Grants Committee has final decision-making authority in this process.
8. If I am successful in my Business Development Grant Application, I agree to enter into a Business Development Grant Funding Agreement with the Niue Chamber of Commerce.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Important Notes:**

1. You can include additional pages to support your BDF Application. Please ensure these pages are numbered and have your company name at the top of each page.
2. Please read the eligibility criteria and the grant requirements for each grant carefully to ensure you comply with the requirements. Applications that do not meet the criteria or are incomplete will not be assessed.
3. All applications will be sent an acknowledgement within 24 hours of your application being received by the BDF Secretariat.
4. Please allow up to 2 to 4 weeks from submitting your application. All applicants will be advised of the outcome of their application whether successful or not successful and the reason within 7 working days of the Grants Committee meeting.
5. The Niue Chamber of Commerce, wherever possible, will provide the grant payment direct to the supplier for capital expenditure, equipment and assets. This arrangement will be outlined in the Grant Funding Agreement between the Niue Chamber of Commerce and the successful applicants.
6. Business Development Grants must be used within six months of the Business Development Grant Agreement being signed. Grants that have not been utilised within six months will go back into the Business Development Fund and applicants will be required to reapply in future funding rounds.

7. Electronic/emailed files must be no larger than 1MB. If your file is larger than 1MB please deliver it to the NCOC office in hard copy or on a USB stick.

**NEXT STEP**

Completed applications may be provided in either hard copy or electronic copy to:

**BDG Secretariat**  
**Business Development Grants Committee**  
**Niue Chamber of Commerce**  
**PO Box 213, Alofi, Niue**  
**Swanson's Development, Fonuakula**  
**Phone: 4399      Email: bdm@niuechamber.com**

For BDF Secretariat Use Only	
Date application received	
Acknowledgement receipt sent	
Signature of Secretariat	
Applicant meets eligibility requirements	Yes / No
Sector	
Comments from Grants Committee	
Decision of Grants Committee	
Outcome Advised	
Grants Funding Agreement Signed	
Grants Payment Details	
Grant Follow Up Meeting	