



Digital Innovation Fund

**Connecting your business online!
Expression of interest form**

Contact Details:

Full Name:	ABN:
Business Name:	
Business Address:	
Phone:	Mobile:
Email:	
Signature:	Date:
Are you happy with your current branding? Yes No	
Has your business been affected by COVID-19? (provide more info)	

SUPPORTED BY BHP

Do you have the following? (select boxes)

Logo: Yes No	Photos: Yes No	Colours & Fonts: Yes No
Facebook: Yes No	Instagram: Yes No	Twitter: Yes No
Youtube: Yes No	Linked-In: Yes No	Mail Chimp: Yes No
Google My Business: Yes No	Pay Pal: Yes No	Website: Yes No

Other:

What does your business need?

Does your business need online ordering? Yes No
Does your business need a website? Yes No
Does your business need flyers? Yes No
Does your business need social media platforms? Yes No

Do you need assistance and/or support with any other business related activities?

Do you need a logo/colours/branding created/re-branding? (provide more info)