Eligibility Checklist

| 414 | | and the second | | | | |
|-----|-----|----------------|--------|------|-------|---|
| * | ind | icates | a regi | urec | ltiel | М |

| Before proceeding with this application, please ensure you comply with all of the criteria below, in accordance with the Guidelines . If you cannot answer "Yes" to any of the questions below, it may indicate that you are ineligible to apply. If you are unsure about eligibility, please ring Business Tasmania on 1800 440 026. |
|--|
| Have you read and understood the Program Guidelines? O Yes |
| Do you comply with the Program Guidelines? * O Yes |
| Applicants that have previously been approved under this Program should pay particular attention to their eligibility. |
| Do you meet the definition of a Tasmanian Business as specified in the Program Guidelines? * O Yes |
| A business that has products and services produced, transformed or value-added in Tasmania and that are, or are intended to be, despatched from Tasmania. |
| At the time of applying are you a financially viable entity? * O Yes |
| A financially viable entity is one that is NOT under external administration, been appointed a liquidator, being wound up, dissolved or trading insolvent. |
| Please confirm that you do not have any overdue obligations, project deliverables, acquittals or activities from previous or existing government grants, activities or events. * O Yes |
| Do you confirm that, for the activity that is the subject of this application, you have not received or plan to make a claim for funding under the Australian Government's Export Market Development Grants (EMDG) Scheme or any other government or industry organisation assistance scheme. * Yes |
| Where did you hear about this program? * □ Tasmanian Government website or e-mails |
| □ Radio □ Newspaper |
| □ Social Media□ Another business |
| ☐ Other (please specify below). At least 1 choice must be selected. |

| _ | u have annual sales turnover (rev | _ |
|--|--|---|
| Curre | eater than \$150,000 in at least on nt financial year; OR have you bee nment-facilitated event (trade mi ssion of Interest process (or simila | n approved to partic ssion, trade show etc |
| AND | | |
| intere event | never exceeded \$10 million (unlesest process (or similar) to take pares, such as trade missions, trade sless case for funding, with highly li | t in Tasmanian Gove nows etc, or can pres |
| * | | |
| YeNo | | |
| | | |
| Appl | icant Details | |
| * indic | ates a required field | |
| Appl | cant Information | |
| | ess Name * sation Name | |
| | | |
| PriTriPa | of Entity * vate Company ust rtnership | |
| O Ot Ineligib | ner her le applicants include: any government boo ment Business Enterprises and consultants | |
| amen | licant is a Trust please attach a co dments. a file: | opy of the Trust Deed |
| | | |
| Multipl | e files can be attached. | |
| Appli | cant's 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.

| Informatio | on from the Australia | n Busir | ess Register | - | |
|----------------------------|-----------------------|---------|--------------|--------|--|
| ABN | | | | | |
| Entity nan | ne | | | | |
| ABN statu | S | | | | |
| Entity type | е | | | | |
| Goods & S | Services Tax (GST) | | | | |
| DGR Endo | rsed | | | | |
| ATO Chari | ty Type | | More informa | ation_ | |
| ACNC Reg | istration | | | | |
| Tax Conce | essions | | | | |
| Main busi | ness location | | | | |
| Must be an | ABN. | | | | |
| Business Address | s Address * | | | | |
| | | | | | |
| Must be a | Tasmanian Postcode | 9 | | | |
| Postal A Address | ddress * | | | | |
| | | | | | |
| | | | | | |
| Must be a | Tasmanian Postcode | 9 | | | |
| Business | S Phone Number | * | | | |
| | | | | | |
| | | | | | |
| Business | Email * | | | | |
| | | | | | |
| | | | | | |
| Website | | | | | |
| | | | | | |
| Project (| Contact * | | | | |
| Title | First Name | Last N | lame | | |
| | | | | | |
| Project (| Contact Position | * | | | |
| . roject c | Contact Position | | | | |
| | | | | | |
| Project C | Contact Phone N | umbe | r * | | |

| Project Contact Email * | |
|--|---|
| | |
| | |
| Details of the Business | |
| * indicates a required field | |
| with a description of future plans. If yo | ns of your business and your previous oment experience and successes, along ou have this information contained in a os plan, marketing strategy, export strategy |
| | |
| | |
| | |
| | |
| Word count: Must be no more than 500 words. | |
| Please attach any business plan, mark documents that are RELEVANT to your Attach a file: | eting strategy, export strategy or similar application. |
| Multiple files can be attached. | |
| • | |
| Is the business 50% First Nations Own ☐ Yes | ed * |
| □ No At least 1 choice must be selected. | |
| Employment Structure | |
| Total Headcount * | |
| | |
| Must be a number. | |
| Total Full Time Equivalents (FTE's) * | |
| Must be a guarde of | |
| Must be a number. | |

| Industry Sector * ☐ Food and Agribusin ☐ Advanced Manufac ☐ Science and Techn ☐ Resources and Ene ☐ International Educa ☐ Other: | turing ology ergy | | | |
|--|---|----------------------------|--|--|
| At least 1 choice must be Please select the sector t | e selected. That best describes your b | ousiness. | | |
| Sales by Region | | | | |
| List of markets | Current Financial Year (To Date) | Last Full Financia Year | l Previous Full Financial Year (-2) | |
| Tasmania | \$ | | \$ | |
| Australian Mainland | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ | | \$ | |
| | \$ \$ | | \$ | |
| List additional export markets (countries) above. | <u> </u> | Must be a dollar amou | int. Must be a dollar amount. | |
| Sales by Market | | | | |
| Total Current Financial Year | Total Last Full financ | ial Year Total F | revious Full Financial Year (-2) | |
| \$ | \$ | \$ | | |
| This number/amount is calculated. | This number/am calculated. | | number/amount is | |
| Proposed Activit | :y | | | |
| * indicates a required f | field | | | |
| About the project | | | | |
| Describe the activity for which funding is requested and demonstrate your capacity to complete it. You should be as specific as possible (for example, rather than 'event attendance' you should indicate where, when and what the event is). Activities should align with the Program Guidelines. * | | | | |
| Word count: | | | | |

Must be no more than 500 words.

| | | and/or on-ground expenses). |
|---|---|-------------------------------------|
| | | |
| Outline how the prop strategies and object | | your longer term business |
| Word count: Must be no more than 300 |) words. | |
| What geographic ma VIC NSW QLD SA WA ACT | rkets are being targeted b China and Hong Ko USA Japan Singapore Malaysia India Taiwan | oy this activity? * ong SAR |
| At least 1 choice must be Please select all that apply | | |
| ☐ Entering a new mar ☐ Entering an existing ☐ Undertaking new or At least 1 choice must be | market with a new product updated activities in an exist selected. | • |
| Word count: Must be no more than 300 Please outline any pomarket). | | stakeholders (in Tasmania or in- |
| markety. | | |
| Word count: Must be no more than 100 | | |
| | ed outcomes? (including spector). * | pecific opportunities for increased |
| Must be no more than 300 |) words. | |

Include estimated dollar amounts and timeframes for increased sales, and likely exposure/reach for increased brand awareness

| Project Start Date | * | | |
|---------------------------|----------------------------|------------------------------|--------------------------|
| | | | |
| Must be a date. | | | |
| | (3) weeks from applicatio | n date applications that d | o not provide 3 weeks |
| notice may be declined. | | in date, applications that a | o not provide 5 weeks |
| | | | |
| Project End Date * | | | |
| • | | | |
| NA 1 1 1 1 1 | | | |
| Must be a date. | tion more than 12 months | in advance of the applicat | ion data may be |
| considered ineligible. | tion more than 12 months | in advance of the applicat | ion date may be |
| considered mengione. | | | |
| List the tacks as | stivities and hudge | t for the project/a | stivity for which |
| | ctivities and budge | t for the project/at | Livity for writeri |
| you are applying | i for funding | | |
| | | | |
| | es for an indication of ex | | |
| program and the max | kimum claimable grant a | lmount for particular ex | pense items. |
| DO NOT INCLUDE a | ny on-ground expens | es including accomm | odation meals |
| | nsport (car hire, Uber | | |
| | the 'On-ground expe | | |
| | ill not be approved fo | | |
| , | | | |
| (A) Expense item | (B) Estimated Cost | Comments/Basis of | Grant Funding |
| (A) Expense item | of Expense Item | Estimate | Requested (50% of |
| | or Expense item | Estillate | column B) |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | \$ | | \$ |
| | Must be a dollar amount | | Must be a dollar amount. |
| | | | |

Budget Totals

Total Expenses (from above table)

\$
This number/amount is calculated.

This number/amount is calculated.

EXCLUDING any per day allowance, to be claimed below

On - Ground Expenses - Per Day Allowance

If you intend claiming the on-ground expenses – per day allowance you should ensure you have included an itinerary, in the 'About the project' section above, detailing the relevant activities to be undertaken (e.g. Day 1: fly to destination, meet with 3 potential clients ABC, XXX and XYZ; Day 2: attend trade show, present to 5 distributors; Day 3: exhibition pack-up and return travel to Tasmania).

| Do you wish to claim the on-ground expense | Total on-ground expenses claimed | |
|--|---|-----------------------------------|
| per day allowance? * □ Yes | outside of Tasmania in conducting the activity for which you are applying? | \$ |
| At least 1 choice and no more than 1 choice may be selected. | The maximum number of nights away that can be claimed is seven (7). | This number/amount is calculated. |

How much funding do you wish to apply for?

Total Grant Amount Requested *

\$

This number/amount is calculated.

Up to a maximum of \$10,000. This amount should total the grant funding requested from the task, activity and budget table plus the total on-ground expenses claimed.

Declaration and Privacy Statement

* indicates a required field

Please refer to the program Guidelines for the full conditions to this grant

The term 'Application' means this on-line form and all attached documents.

For and on behalf of the applicant detailed in this application, I, the undersigned, acknowledge and warrant (as the case may be) that:

- 1.I have authority to provide the information contained in this application and to execute (by completion of details below) this application for and on behalf of the applicant.
- 2. The department can rely upon the information and representations contained in this application (including these acknowledgements).
- 3.I have read, understood and I am able to comply with all criteria, terms and conditions contained in the guidelines and application form.
- 4.I have read and understood the eligibility requirements and assessment criteria for this program and declare to the best of my information, knowledge and belief, the applicant is eligible under those criteria and the information provided is true and correct.
- 5. The department may undertake all necessary credit checks, organisational searches and any other checks and enquiries on the applicant as the department determines and is hereby authorised to do so.
- 6. The application is made at the applicant's own cost and risk, the selection of the applicant for program funds is at the absolute discretion of the department and this application remains the property of the department.
- 7. The applicant will be responsible for notifying the department in writing of any changes relating to information provided in this application. Until receipt of such notification, the department shall process the application in accordance with the information provided.
- 8.Grant payments will be made via Electronic Funds Transfer (EFT) to a nominated bank account and the department is hereby authorised to make such payments.
- 9. The department is under no obligation to verify the authority of the undersigned on the bank account details.
- 10. The department will not be held responsible for delays of payment, or errors due to factors outside their reasonable control. The department reserves the right to terminate

or suspend an EFT and to pay by cheque or any other manner which the department may determine.

- 1The applicant agrees to indemnify the Crown in the Right of Tasmania, against all present and future legal liability, claims or proceedings for financial loss arising from, or attributable to the provision and use of the information contained in this application and/or receipt and use of grants from the Accelerating Trade Grant Program.
- 12f a grant is awarded, the applicant acknowledges that the guidlelines for this program and the information provided within this application will form an agreement between the applicant and the Crown in the right of Tasmania.

Right to information

Information you provide to the Department of State Growth and details of assistance may be subject to requests for public disclosure under the <u>Right to Information Act 2009</u> (<u>Tasmania</u>).

Personal information collection

You are providing personal information to the Department of State Growth, which will manage that information in accordance with the <u>Personal Information Protection Act</u> <u>2004</u>. The personal information collected here will be used by the Department for the purpose of assessing your application and related activities. Failure to provide this information may result in your application not being assessed or records not being properly maintained. The Department may also use the information for related purposes, or disclose it to third parties in circumstances allowed for by law. You have the right to access your personal information by request to the Department and you may be charged a fee for this service.

| O Yes | • | | |
|----------|---|--------------------------------------|---------------|
| | | ompleting this <i>A</i> Last Name | Application * |
| | | | |
| Position | * | | |