

FDM Application Form

Form Preview

Welcome

* indicates a required field

Before proceeding with the application, please ensure that you meet all eligibility criteria in the Guidelines: https://www.stategrowth.tas.gov.au/about/divisions/ship/farm_debt_mediation_tasmania/farm_debt_mediation_grants_program

Applications will be assessed in order of receipt against the eligibility criteria. Incomplete applications or applications that do not include all requested supporting evidence will not be accepted.

Applicants may be contacted during the assessment process to provide further information and clarification.

Questions regarding the program or your eligibility can be directed to State Growth by emailing FDMTasmania@stategrowth.tas.gov.au or calling 1800 440 026 before the program closes.

Further information is also available in the [Frequently Asked Questions \(FAQs\)](#), and Applicant Checklist available on the Department of State Growth Farm Debt Mediation website: https://www.stategrowth.tas.gov.au/about/divisions/ship/farm_debt_mediation_tasmania

This program will be administered by the Department of State Growth on behalf of the Crown in Right of Tasmania.

Eligibility check

To be eligible for a grant, one of the following must apply.

I confirm that I have: *

- been registered for tax purposes in Australia with a continuously active ABN trading for at least 12 months
- purchased a business that was actively trading for at least 12 months
- changed my business structure which has resulted in a new active ABN, but have been in operation for at least 12 months

Please upload relevant evidence to support your application *

Attach a file:

I confirm that I am primarily involved in one or more of the following: *

- Agriculture
- Aquaculture
- Cultivation or harvesting of timber or native vegetation
- An activity involving primary production carried out in connection to the above

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A farming operation does not include a business undertaking that primarily involves wild harvest, fishing, or the hunting or trapping of animals, birds or reptiles in the wild.

I confirm that: *

- I have not previously received funding under this program

Please upload a signed statutory declaration of financial hardship confirming that you are unable to participate in mediation given the financial costs *

Attach a file:

Mediation

Who is your authorised mediator? *

- Rebecca Trowbridge
 Elizabeth Morley
 Rod Stumbles
 Patrick Black
 Mark Dean
 Katherine Johnson
 Vince Thorne
 Jo Ciach
 Douglas Shirrefs
 Nola Hennessy
 Alicia Hill
 Nick Terracall

Please upload evidence that a mediation process has commenced or is likely to commence under the Act with a copy of Form 8: Intake Agreement for Farm Debt Mediation signed by both parties and the mediator. *

Attach a file:

Confirm the date of the appointment with the nominated mediator *

Must be a date at least 14 calendar days after you submit this application form.

Applicant details

* indicates a required field

Name *

- Individual Organisation

Organisation Name

First Name

Last Name

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Street address *

Address

This must be a street address for contractual purposes.

Postal address *

Address

Website (if applicable)

Australian Business Number (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. You can use the [ABN Lookup website](#) to search for your ABN and related information.

Contact person

This person will receive correspondence relating to this application.

Contact person *

First Name

Last Name

Position *

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Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Is this application being submitted by a third party? *

- Yes
 No

Please upload evidence of permission from the applicant for this application to be submitted by a third party: *

Attach a file:

Tax requirements

Grants paid by the Department of State Growth may be considered part of your income in a financial year and may be subject to tax. You must determine your own taxation liabilities. We suggest you consult your financial adviser or contact the Australian Taxation Office on 13 28 66.

Bank details

Bank Name *

CBA, NAB, ANZ etc.

Name of bank account holder *

Bank account BSB number *

Must be a valid Australian bank 6 digit BSB. For example 123456

Bank account number *

Must be a valid Australian bank account number, excluding the BSB.

If the name of the bank account holder differs from the applicant name please provide an explanation.

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Declaration

* indicates a required field

Refer to the program guidelines (https://www.stategrowth.tas.gov.au/about/divisions/ship/farm_debt_mediation_tasmania/farm_debt_mediation_grants_program) for the full conditions to this grant.

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 [Right to Information Act 2009 \(Tasmania\)](#).

Personal information collection

You are providing personal information to the Department of State Growth, which will manage that information in accordance with the [Personal Information Protection Act 2004](#). 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.

Declaration

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.

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- 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.
- 11.the applicant agrees to indemnify the Crown in 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.
- 12.if a grant is awarded, the applicant acknowledges that the guidelines for this program and the information provided within this application will form an agreement between the applicant and the Crown in Right of Tasmania.
- 13.I am providing personal information to the Department of State Growth, which will manage that information in accordance with the *Personal Information Protection Act 2004*. The personal information collected here will be used by the department for the purpose of the grant approvals process and administering grants. Failure to provide this information may result in my grant application being unsuccessful 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. I have the right to access my personal information by request to the department and may be charged a fee for this service.
- 14.information you provide to the Department of State Growth and details of assistance may be subject to requests for public disclosure under the *Right to Information Act 2009*.

I agree *

Yes

Authorised person completing this application

Electronic signature *

First Name

Last Name

Position *