

Advanced Manufacturing Quality Assurance Program (22/23)

Form Preview

Eligibility Checklist

* indicates a required field

Before proceeding with this application, please ensure you can comply with all of the criteria below in accordance with the Advanced Manufacturing Quality Assurance Program [Guidelines](#)

If the applicant's answer is different to any of the questions in the checklist below, it would indicate the applicant is ineligible to apply. If unsure about eligibility, please contact your client manager for clarification.

Do you comply with the Program Guidelines? *

☐ Yes

Where did you first hear about this program? *

- ☐ Department of State Growth Staff
- ☐ Business Tasmania Website
- ☐ Other (specify below)

At least 1 choice must be selected.

If OTHER, please specify

Are you a food manufacturer/processor? *

- ☐ Yes (please answer question below)
- ☐ No

At least 1 choice and no more than 1 choice may be selected.

If yes, do you hold all relevant licenses under the Food Standards Code (Food Act 2003 and Primary Producers Safety Act 2011)?

- ☐ Yes
- ☐ No

At the time of applying are you a financially viable entity? *

☐ Yes

A financially viable entity is one that is NOT under external administration, been appointed a liquidator, being wound up, dissolved or trading insolvent.

Are you an advanced manufacturing enterprise as defined in the program guidelines? *

☐ Yes

Do you have any overdue obligations, project deliverables, acquittals or activities from previous government grant programs? *

- ☐ Yes
- ☐ No

At least 1 choice and no more than 1 choice may be selected.

If Yes, please clarify

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Confirm the activity has not commenced prior to submission of this application. *
☐ The activity HAS NOT yet commenced.

Applicant Details

* indicates a required field

Applicant Information

Business Name *
Organisation Name

Type of Entity *

- ☐ Private Company
- ☐ Trust
- ☐ Partnership
- ☐ Sole Trader
- ☐ Other (specify below)

At least 1 choice and no more than 1 choice may be selected.

If OTHER, please specify

Applicant'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.

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.

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If a Trust please attach a copy of your Trust Deed and any ammendments.

Attach a file:

Please indicate which Local Government Area your business is located in: *

Business Address *

Address

Must be a Tasmanian Postcode

Postal Address *

Address

Must be a Tasmanian Postcode

Phone Number *

Email *

Website

Business Contact *

Title

First Name

Last Name

Business Contact Position *

Business Contact Phone Number *

Business Contact Email *

Banking Details

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* indicates a required field

PLEASE CHECK THESE DETAILS ARE TRUE AND CORRECT AS ONCE THEY ARE PLACED IN THE GRANT DEED THEY CANNOT BE ALTERED.

Name of Bank or Financial Institution *

Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

I declare the above details are accurate and are for the eligible business bank account. *

☐ Yes

☐ No

At least 1 choice and no more than 1 choice may be selected.

If the bank account details differ from the applicant's name, please provide an explanation or the application will be declined.

Details of the Business

* indicates a required field

Describe your business (date established, brief history, structure, business goals, the products you manufacture and any supporting services). *

Word count:

Must be no more than 1000 words.

What makes you an advanced manufacturer? *

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Word count:

Must be no more than 500 words.

Employment Structure

Full time equivalents. If one staff member works 38 hours per week = 1 FTE. If four staff members work 38 hours between them = 1 FTE

	30 June 2020	30 June 2021	Current
Full-Time			
Part-Time			
Apprentices			
Total			
	Must be a number.	Must be a number.	Must be a number.

Existing National Markets

List of States and Territories	Actual 2020-21	Actual 2021-22	Estimated 2022-23
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
Tasmania	\$		\$
Interstate	\$		\$

Existing International Markets

List Countries	Actual 2020-21	Actual 2021-22	Estimated 2022-23
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Evidence of Financial Position

Please provide Financial Statements for 2020-21, 2021-22 and 2022-23 (YTD). Financial Statements must include Profit and Loss Statements and Balance Sheets.

*

Attach a file:

If 2020-21 not yet finalised please upload management accounts for same period. Multiple files can be attached.

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Proposed Quality Assurance Project

* indicates a required field

About the project

What is the project you are proposing to undertake and why? *

Word count:

Must be no more than 750 words.

How are you intending to complete the project? *

Word count:

Must be no more than 500 words.

ie. Specific details regarding any consultants to be used, the scope of their work, quotations received.

What outcomes do you expect as a result of undertaking this project? *

Word count:

Must be no more than 500 words.

Grant Project Start Date *

Must be a date.

Grant Project End Date *

Must be a date.

How much funding do you wish to apply for?

Amount of funding requested - maximum grant value is \$20,000 based upon up to 50% of the project cost. *

\$

Must be a whole dollar amount (no cents).

Describe how the funding applied for will be spent.

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List the key tasks and activities which the grant will be spent on.

Tasks/Activities	Estimated Completion Date	Grant Amount	Applicant Contribution	Activity Cost
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
	Must be a date.	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Total Cost of Activities

Total Grant Amount *

\$

This number/amount is calculated.

Total Applicant Contribution *

\$

This number/amount is calculated.

Total Cost of Activities *

\$

This number/amount is calculated.

Declaration and Privacy Statement

* indicates a required field

Refer to the Advanced Manufacturing Quality Assurance 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.

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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 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 Advanced Manufacturing Quality Assurance Program.

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 the right of Tasmania.

I agree *

☐ Yes

Authorised Person Completing this Application *

Title First Name Last Name

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Position *

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Date you have made this declaration *

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Must be a date.