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Small Business Emergency Response Grant Application Form Tier One

* indicates a required field

Introduction

The objective of this assistance measure, jointly funded by the Australian and Tasmanian Governments under the Disaster Recovery Funding Arrangements, is to assist with the costs of clean-up and reinstatement of small businesses that have suffered direct damage as a result of the severe weather event that commenced on 26 August 2024.

The maximum grant amount available is \$25,000.

In the first instance, applicants apply for Tier One using this application form.

Applicants assessed as eligible for a Tier One grant will be notified via email. The email will include a link to the Tier Two application form.

Grants are available in two tiers:

- **Tier One:** an initial one-off amount of \$2,500. To support an initial claim applicants will be required to describe and provide evidence of the direct damage from the event on the business and demonstrate with evidence they were actively trading immediately prior to 26 August 2024.
- **Tier Two:** a subsequent one-off amount of up to \$22,500. To support a subsequent claim, applicants are required to provide evidence of payments made directly relating to eligible recovery activities. The evidence provided must also cover the amount claimed under the Tier One application.

Applications for Tier one close at 2:00 pm on Wednesday 15 January 2025.

Applications for Tier two close at 2:00 pm on Tuesday 15 April 2025.

Please make sure that you have included all the required information before you submit your application. Late or incomplete applications will not be considered.

The Department of State Growth may contact you for additional information about your application and to verify the information you've provided. You may be asked to supply supporting documentation to demonstrate your eligibility claims either during or after the assessment of your application for auditing purposes.

If successful, applicants will receive their grant payment into their nominated business bank account within five business days of the applicant being notified by email.

Unsuccessful applicants will be notified by email.

If you have any questions about this program or the eligibility criteria, please read the Program <u>Guidelines</u> and <u>Frequently Asked Questions</u> (FAQs) or contact Business Tasmania on 1800 440 026 (9:00am to 5:00pm, Monday to Friday) or email <u>ask@business.tas.gov.au</u> prior to the program closing date and time.

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Are you a primary producer or Non-Profit Organisation?

If you are a Primary Producer or Non-Profit Organisation, there are separate grant programs to assist with the cost of clean-up and restoration.

Please view the program guidelines here:

Primary Producers

Non-Profit Organisations

How to fill in this form

For some questions in this form, you are required to upload documents as evidence to support your claims.

Acceptable formats include Word, Excel, PDF or Images.

DO NOT provide web address links unless asked to.

Red Warning Instruction

If you see a red warning instruction you need to input the requested information and then refresh the page as follows:

- 1.Click **Previous Page** button at the bottom of this page.
- 2.Once you are on the Previous Page, click **Next Page** at the bottom of the page to return and confirm the red warning instruction is no longer displayed.

Any required information that you miss will be flagged with you at the end of the application process before you can submit your application form.

Small Business Eligibility

Please review the following list and confirm that you meet these criteria:

- My business is a small business with 19 or less full-time equivalent employees, or
 - I am a sole operator with no paid employees and at least 50 per cent (50%) of my income (minimum of \$40,000) is from my business.
 - I am a sole operator and less than 50 per cent (50%) of my income is from my business, but I meet Item 7.3 in the Program Guidelines.
- My business was engaged in carrying on its business when affected by the event.
- My business holds an Australian Business Number (ABN) and held that ABN at the time of the event.
- My business suffered direct damage to the premises and/or tools of trade and/or stock as a direct result of the event.
- I am primarily responsible for meeting the costs claimed in this application.
- Yes I confirm that I meet these criteria

Please confirm that your business is NOT one of the following:

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- A business with 20 or more full time equivalent employees.
- A business that was not open for business immediately prior to 26 August 2024.
- A not-for-profit organisations, incorporated association or charity unless the organisation is operating as a business employing paid staff and/or selling goods and services that make up more than 30 per cent of their income.
- A public company as defined in the Corporations Act 2001.
- A business that is trading insolvent, under external administration or bankruptcy.
- An investment entity including unit trusts that solely generate passive turnover from residential and commercial property investment rentals.
- A government body, government agency or government business enterprise.
- A business that is eligible to apply for the Primary Producers Emergency Response Grant and/or a Non-Profit Organisation Emergency Response Grant (applicants can only apply for one program).

O Yes I confirm that my business is NOT any of the above

About your business

* indicates a required field

Business details

Details you provide below will be used for any correspondence relating to this application.

Business name (the Organisation Name	applicant	business)	*
Business address * Address			
This must be a street add	dress for con	tractual purp	oses.
Postal address * Address			
Name of business or First Name	wner * Last Name		
Enter the name of the pe	rson who is t	the majority	owner of the business
Email *			

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Phone *
Include area code if landline.
include area code il landline.
Business website
A
Australian Business Number (ABN)
Eligibility Note: To be eligible for a grant under this program, your business must have had an active ABN at the time of the severe weather event on 26 August 2024.
What is your 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 <u>More information</u>
ACNC Registration
Tax Concessions
Main business location
Must be an ABN. You can use the <u>ABN Lookup website</u> to search for your ABN and related information.
Which Council or Local Government Area is your main business location? *
Which industry does your business operate in? *
Choose the industry that best describes your main business operation.
Is your business home-based? * O Yes O No
Briefly describe your business and its activities. *

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Must be no more than 1000 words.

Employees

Does your business currently have paid employees (excluding the business owner/s) *

- O Yes, my business currently has paid employees
- O No, I am a sole operator with no paid employees where more than 50% of my total income comes from my business
- O No, I am a sole operator with no paid employees where less than 50% of my total income comes from my business

Important notes for Sole Operators with no paid employees

To be eligible you must meet one of the following:

1. Derive more than 50 per cent of your total income from your business in either the 2022-23 or 2023-24 financial year with sales turnover of at least \$40,000 in one of those nominated years

OR

- 2. For sole operators who derive less than 50 per cent of your total income from your business:
 - be a business that was in start-up mode at the time of the weather event, but the intent is that your business will become your primary source of income, or
 - be a business that had been your primary source of income and would have become so again in a relative short period of time had the weather event not occurred, or
 - have made significant capital investment into building up your business and it was close to becoming a viable commercial operation immediately prior to the weather event, or
 - be operating more than two separate and distinct business entities. For example, three businesses each providing 33 per cent of your income.

If you apply for a Tier Two grant, you will be required to provide evidence to verify your eligibility of the above.

Please see section 7 of the Program Guidelines for more detail.

Employee details

How many Full-Time Equivalent (FTE) employees do you employ (excluding the business owner/s)?

What is an FTE employee?

A **F**ull-**T**ime **E**quivalent employee is one or more paid employees who work the equivalent of 38 hours each week. The FTE count includes full-time, part-time and casual employees.

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For example, if one employee works 18 hours per week and another employee works 20 hours per week, then the total FTE = 1. In another example, if one employee works 30 hours a week and another employee works 38 hours per week, then the total FTE = 1.8.

Number of FTEs *
This figure must be FTE as defined above. Decimal points accepted.
Do you operate in the transport sector as a truck driver, taxi driver, ride share business, uber driver or food delivery business? * Yes No
Tasmanian Driver's licence
Upload a copy of the front and back of your current valid Tasmanian driver's licence. The image you upload must be in colour. * Attach a file:
A minimum of 1 file must be attached.
Impact of the event on your business
* indicates a required field
Operation prior to the event
To be eligible for this grant, please attach evidence to confirm that your business was operating immediately prior to 26 August 2024 .
For example, any of the following clearly showing your business address and the period of at least 25 July 2024 to 26 August 2024 :
 Evidence of recent sales of goods and/or services to customers. For example, business bank account statement with transactions highlighted A current business lease agreement A recent utility account covering the period to at least 30 July 2024. For example,
Aurora Energy statement • Evidence of recent online business activity. For example, promotion on Facebook showing date the promotion was posted. If your business address is not visible, add another form of evidence
 Any other suitable evidence that demonstrates the business was operating in Tasmania immediately prior to 26 August 2024.
Upload your business operation evidence here * Attach a file:
Multiple files can be uploaded.

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How was your business impacted?

To be eligible for a Tier One grant you must tell us how your business was directly impacted by the event that commenced on 26 August 2024.

Grants are provided to help pay for the costs of the clean-up and reinstatement of small businesses.

Grants cannot be used for:

- Loss of income as a result of the severe weather event
- Payment of employee salaries that would have ordinarily been incurred if the weather event had not occurred
- Any works, projects, initiatives or purchased equipment prior to 26 August 2024
- Any items listed below that have already been approved to receive funding from another government assistance scheme or program that utilises government funding
- Refer to section 5 in the Program Guidelines for the full list of ineligible items

Grants can only be used for one or more of the following.

Please indicate how you will use this grant: *

☐ To engage a tradesperson to conduct a safety inspection of the damage to my business,
premises or equipment
$\ \square$ To hire and/or lease equipment or purchase materials to clean my business, premises or
equipment
☐ Paying additional wages to existing employees or to employ people to clean my
business, premises or equipment (that would not ordinarily have been incurred)
 Removing and disposing of debris, damaged goods or material
 Removing and disposing of spoiled goods and stock due to power outage
 Essential repairs to my business and internal fittings
□ Purchasing, hiring or leasing equipment or materials that are essential for immediately
resuming operation of my business
 Replacing lost or damaged stock if the replacement is essential for immediately
resuming operation of my small business
\square Leasing temporary premises in the same impacted municipality for the purpose of
resuming operation of my small business
Provide a detailed description about how your business was directly impacted. *
Word count:

Must be no more than 1000 words.

To be eligible you must provide evidence to demonstrate your business was directly impacted by the severe weather event that started on 26 August 2024.

The evidence you upload must prove/reflect what you have indicated above as the impact to your business.

Any of the following are acceptable forms of evidence:

- Information that demonstrates the financial impact, such as:
 - Quotations to repair/restore your business
 - Damage assessments
 - Quotes or invoices/receipts to replace spoiled stock

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- Note The above evidence must include the business name, address, date and ABN of the entity that has issued the quote, assessment, invoice or receipt with information clearly identifying the work required.
- Photographic evidence, time stamped and clearly showing damage to your business
- Evidence to demonstrate utilities (electricity, gas) were cut to your business
- Evidence to demonstrate you were not able to access your business
- Any other suitable evidence that demonstrates your business was directly impacted

Upload your evidence of how your busi Attach a file:	ness was impacted here *
A minimum of 1 file must be attached.	

Your business bank account details

* indicates a required field

Your bank account details

If your application is successful, the Department of State Growth will deposit your grant payment/s into your nominated business bank account.

The bank details you provide here must:

- be in the same name of the entity / applicant / business applying for the grant,
- be the same as those you included on your invoices to the Department of State Growth,
- be the same as the business bank account statement you upload.

Check carefully to make sure your bank account details are correct before submitting your application.

Incorrect bank account details may result in significant delays in grant payments or an inability to make the grant payment.

Name of bank or financial institution *	
You business bank account name *	
BSB number *	
	Must be a valid Australian bank six (6) digit BSB. For example 123456 (DO NOT INCLUDE A SPACE)
Account number *	
	Must be a valid Australian bank account number, excluding the BSB.
l declare the above details are accurate	○ Yes○ No

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and are for the eligible business bank account. *
Is your business bank O Yes account name different No No from your business/trading name? *
Provide an explanation as to why your business bank account name differs from your business/trading name or the application will be ineligible. *
Bank Statement Evidence
To be eligible for a grant, you must upload a copy of your most recent business bank statement. It will be used to confirm the bank account details you entered above.
This must be for the same account you have nominated above.
The following details must be visible on your uploaded statement:
 business name and address name of bank/financial institution BSB and account number of the bank account the funding will be deposited into recent transactions (no more than three months old)
Upload your business bank statement here: * Attach a file:
Is the address on your bank statement the same as your business address on this application form? * O Yes No
Explain why your bank statement address is different from you business address.
Additional Information
If you have any further information to add or upload use the space below. This is optional.

Add any additional information here:

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Upload any additional information her Attach a file:

Tax requirements

GST will not apply to this Tier One grant.

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 (8:00am and 6:00pm, Monday to Friday).

Declaration

* indicates a required field

Refer to the Program Guidelines for the full terms and conditions that relate to this grant program.

The Program Guidelines can be downloaded here.

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.

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- 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.
- 10The 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 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.
- 12f 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.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.
- 14nformation 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 *	O Yes
	For and on behalf of the applicant detailed in this application, I, the undersigned, acknowledge and warrant (as the case may be) that:
	 I may be subject to a random spot audit in relation to this application, and I may be asked to provide further information to substantiate my claims.
I agree *	 Yes Information from this grant application may be accessed and used in future grant programs delivered by the Department of State Growth.
I agree *	○ Yes

Feedback Survey

As per section 13 in the program guidelines, successful grant recipients will be emailed a monitoring and evaluation survey.

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Do you consent to r ○ Yes ○ No	eceiving a short feedback survey? *
Authorised perso	n/business owner completing this application
Name * First Name	Last Name
Position *	