

SRED-B Application Form

Form Preview

Eligibility Criteria

* indicates a required field

Introduction

This application is for a grant of \$300 for small business electricity customers who are in a metered embedded network* and consume less than 150MWh per year. Examples of these could be:

- shops in a shopping centre
- businesses operating within airports
- tenants in managed office accommodation
- leaseholders at a business estate/industrial parks.

Businesses that receive their electricity through an authorised retailer (meaning you are not in an embedded network) will receive a direct credit to their eligible electricity accounts from their providers.

If you operate your business from a residential property, you are not eligible for the program. You will receive your dividend via your residential electricity account from your authorised retailer.

For embedded network residential household grants of \$250, please refer to [ReCFIT](#).

Before proceeding with the application, please ensure that you meet all eligibility criteria in the [Guidelines](#) and are able to provide the required supporting documents. This application must be made and lodged by the business owner.

If you have any questions about this program or the eligibility criteria, please read the [Frequently Asked Questions \(FAQs\)](#) or contact Business Tasmania on 1800 440 026 or via email ask@business.tas.gov.au prior to the program closing date and time. Applications close **2pm on 31 October 2024**.

Eligibility

PLEASE CONFIRM THAT YOU ARE APPLYING FOR THE GRANT OF \$300 ON BEHALF OF YOUR BUSINESS, SATISFYING THE FOLLOWING ELIGIBILITY CRITERIA: *

- ☐ I am lodging this application as the owner-applicant of a small business electricity customer that has an active Australian Business Number (ABN) and consumes less than 150MWh per year.
- ☐ The electricity connection of my business is metered in an embedded network*, and I do not get a bill directly from an electricity retailer such as Aurora Energy, 1st Energy, etc.
- ☐ My business has not received any other small business payment under the Supercharged Renewable Energy Dividend Program.

***Embedded network customers are those businesses that get their power from a landlord or building owner like shops in a shopping centre, tenants in managed office accommodation or leaseholders at a business estate.**

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

- An applicant or one who intends to apply in respect of residential (household) premises in an embedded electricity network under this program.
- Any public company as defined in the *Corporations Act 2001*.
- A government body, government agency and government business enterprise.
- A business that is under external administration or bankruptcy.

*

☐ Yes, I confirm that my business is NOT any of the above.

About your business

* indicates a required field

Business owner's details

This person will receive all correspondence relating to this application.

Name *

First Name

Last Name

Position title *

Phone *

Include area code if landline.

Email *

Business details

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	

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Goods & Services Tax (GST)

DGR Endorsed

ATO Charity Type [More information](#)

ACNC Registration

Tax Concessions

Main business location

Must be an active ABN. You can use the [ABN Lookup website](#) to search for your ABN and related information.

Business/trading name *

Organisation Name

Business operating address

Unit/Building/Shop number, Building/establishment name

Street address *

Address

Begin with street number, street name, suburb, post code

Postal address *

Address

Website

Please upload a copy of your current lease agreement or other suitable supporting documentation showing business name and address. *

Attach a file:

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.

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Employees

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

- ☐ Yes
☐ No, I am a self-employing business (sole operator)

Employee details

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

What is an FTE employee? A Full-Time Equivalent employee is one or more employees who work the equivalent of 38 hours each week. The FTE count includes full-time, part-time and casual employees.

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 *

Decimal points accepted. Enter the value of 0 if NIL.

About your embedded network operator

* indicates a required field

Name of embedded network operator (the entity that sends you your invoice) *

Organisation Name

Address of embedded network operator (not the site where you are connected) *

Address

Email address of embedded network operator (if known)

Please attach your most recent invoice from your embedded network operator indicating a metered electricity supply at your principal place of business. *

Attach a file:

Your invoice should include the following information:

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- Invoice date, unique invoice number; and the business name and ABN of the embedded network operator (the invoice issuer)
- Your business name and business address as the entity connected to the embedded network
- Power consumption for a specified billing period, unit cost of the electricity supply and total invoice amount.

Your business bank details

* indicates a required field

Your bank account details

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

The bank details you provide must be in the same name of the business applying for the grant.

Please 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 your grant payment or an inability to make the grant payment.

Name of bank or financial institution *

You business account name *

BSB number *

Must be 6 digits, no space or dash. For example 123456

Account number *

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

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

☐ Yes

Please attach your latest bank statement or a letter from your bank as confirmation with business address matching the one on this application. *

Attach a file:

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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.

Declaration

* indicates a required field

Refer to the [program guidelines](#) for the full conditions applicable 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.
- 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 *Supercharged Renewable Energy Dividend Program 2024 - small businesses in embedded networks*.

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12. If a grant is awarded, the applicant by signing below, enters into a legal agreement with the Department in order to receive the grant. This agreement will be on such terms and conditions as the Department determines and, together with this application form and any applicable program guidelines, will form the whole agreement.

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.

I agree *

☐ 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

Business owner completing this application

Electronic signature *

First Name

Last Name

Position *

Date signed *