

# Application - Skills 2 Manufacturing Program (23/24)

## 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 Skills 2 Manufacturing 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.

**Have you read and understood 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 201) as relevant to your food production enterprise? Please detail.**

**Can you comply with the Program Guidelines? \***

Yes

**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.

**Has the business implemented a cyber security risk management plan? \***

- Yes
- No
- Under development

**Does the business have a succession management plan? \***

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- Yes
- No

**Has strategic business advice been sought in the last five years? \***

- Yes
- No

**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**

**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 \***

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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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

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

Attach a file:

**Please indicate in 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**

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### Business Contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Business Contact Position \*

### Business Contact Phone Number \*

### Business Contact Email \*

## Banking Details

\* 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

<input type="text"/>	<input type="text"/>
----------------------	----------------------

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

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**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? \***

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 (full time column). If four staff members work 38 hours between them = 1 FTE (part time column)

	30 June 2022	30 June 2023	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 2021-22      Actual 2022-23      Estimated 2023-24**

	Actual 2021-22	Actual 2022-23	Estimated 2023-24
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
Tasmania	\$		\$
Interstate	\$		\$

### Existing International Markets

**List Countries      Actual 2021-22      Actual 2022-23      Estimated 2023-24**

	Actual 2021-22	Actual 2022-23	Estimated 2023-24
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

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	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

### Evidence of Financial Position

Please provide Financial Statements for 2021-22, 2022-23 & 2023-24 (YTD). Financial Statements must include **Profit and Loss** and **Balance Sheets**.

\*

Attach a file:

If 2022-23 not yet finalised please upload management accounts for same period. Multiple files can be attached.

### Proposed Project

\* indicates a required field

### Training Objectives

**Identify the non-accredited training that the grant funding will help deliver in Tasmania. \***

Word count:

Must be no more than 750 words.

**Indicate why this training is not achievable through accredited training (i.e. through a Training Package qualification or skills set). \***

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.

Industry need, engagement and support.

**What is the current need for the identified training? \***

Word count:  
Must be no more than 500 words.

**Please detail what the funding will deliver. Your response should include (a) how many people will participate in the training (b) what skills will be gained and (c) what the outcomes/s will be for the individual and the business. \***

Word count:  
Must be no more than 500 words.

Project implementation and organisational capacity.

**Please provide a brief summary of how the project will be delivered including:**

- a. Expected milestone timeframes**
- b. Who will manage the project**
- c. How participants will be recruited**
- d. Specific service delivery methods**
- e. The capacity of the training organisation to deliver the project - most notably experience in relevant training delivery; or relevant project experience, existing resources and infrastructure.**

\*

Word count:  
Must be no more than 1000 words.

How much funding do you wish to apply for?

**Amount of funding requested \***

\$

Must be a whole dollar amount (no cents).

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Describe how the funding applied for will be spent.

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.

**Please attach a detailed budget for the training including any participant costs. \***

Attach a file:

multiple files can be attached.

**Please provide supporting evidence such as quotes from the training deliverer. \***

Attach a file:

Multiple files can be attached.

## Declaration and Privacy Statement

\* indicates a required field

Refer to the Advanced Manufacturing Skills 2 Manufacturing 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).



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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 Advanced Manufacturing Skills 2 Manufacturing 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Position \***

**Date you have made this declaration \***

Must be a date.