

# TWSA - Grant recipient details form (Recipient to complete)

## Form Preview

### Contact details

\* indicates a required field

**These details will be used to create the funding agreement for your grant.**

#### Project Title \*

### Grant recipient

If you are registering on behalf of an organisation, select organisation.

#### Name \*

Individual       Organisation

Organisation Name

First Name

Last Name

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

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

#### Street address \*

Address

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This must be a street address for contractual purposes.

### Postal address \*

Address

  

## 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 advisor or contact the Australian Taxation Office on 13 28 66.

## Contact person

This person will be the nominated contact for the grant.

### Name \*

First Name

Last Name

  

### Position \*

### Phone \*

### Email \*

## Signing your grant agreement

\* indicates a required field

### How do you sign legal agreements? \*

- Local government authority
- Company not using a common seal
- Company using a common seal
- Incorporated association using a common seal
- Individual
- Partnership
- Trust

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Unsure

Other:

## Trust

### Who is the trustee? \*

Individual  Organisation

Organisation Name

First Name

Last Name

### Please attach a copy of your trust deed and any amendments \*

Attach a file:

## Bank account details

\* indicates a required field

The bank account details you provide must be for the applicant named in this application form.

The bank details will be used to make the payment for this grant.

### Name of bank or financial institution \*

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 above is different from the recipient's name, please provide an explanation.**

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### Email to receive remittance advice

Remittance advice is a notification that a payment has been made.

### Financial statements

Provide your organisation's most recent financial statements.

This may include:

- audited financial statements
- financial statements prepared for your board
- financial statements submitted at your last annual general meeting
- management prepared financial statements
- independently prepared financial statements.

### Upload a copy of your financial statements

Attach a file:

This information is used for due diligence for appropriate management of grant funds. If you have any questions, please contact us.

### Additional documents

If requested, additional documents can be provided below.

### Attachments

Use the + and - buttons at the right hand side to add and remove rows.

| Attachment | Description |
|------------|-------------|
|            |             |

### Declaration

\* indicates a required field

### 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

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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.

Declare

**I declare that**

- **all the details supplied in this form are correct**
- **the named organisation will take legal and financial responsibility for the grant**

**I agree \***  Yes

Authorised person completing this registration

**Electronic signature \***

First Name

Last Name

**Position \***

**Press the 'Next Page' button to review your registration.**

**Once your registration is complete and you do not wish to make any further changes press 'Submit'.**

**You will receive a confirmation email which lets you know we have received your registration. If you do not immediately receive this email please contact us.**

**You can print or download a copy of your registration after it has been submitted.**