

Application - Advanced Manufacturing Tender Incentive Grant 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 [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.

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

- ☐ Yes
- ☐ No
- ☐ Under development

Does the business have a succession management plan? *

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

If yes, do you hold all relevant licenses under the Food Standards Code (Food Act 2003 and Primary Producers Safety Act 2011) as relevant to your food production enterprise? Please detail.

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- ☐ 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.

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

- ☐ Yes
- ☐ No
- ☐ Under development

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

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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.

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

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 *

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Website

Must be a URL.

Business Contact *

Title First Name Last Name

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

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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? *

Word count:

Must be no more than 500 words.

Employment Structure

One person working 38 hours per week = 1 FTE full time. Four people working a combined 38 hours per week = 1 FTE (part time)

	30 June 2022	30 June 2023	Current
Full-Time FTE			
Part-Time FTE			
Apprentices FTE			
Total			
	Must be a number.	Must be a number.	Must be a number.

Exisiting National Markets

List of States and Territories	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	\$		\$

Exisiting International Markets

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

Evidence of Financial Position

Please provide Financial Statements for 2021-22, 2022-23, and YTD 2023-24. 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 Tender Incentive Project

* indicates a required field

About the project

Please provide details of the procurement tender you are proposing to apply for.

*

Word count:

Must be no more than 1000 words.

What is the estimated \$ value of the above tender project. *

Must be a dollar amount.

What professional support do you require to assist in completing the procurement tender? *

Word count:

Must be no more than 1000 words.

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What outcomes do you expect if the procurement tender is successful? Outcomes to discuss could include (but not limited to) the Tasmanian supply chain, employment growth, investment, export sales and business growth. *

Word count:

Must be no more than 1000 words.

Grant Project Start Date *

Must be a date.

Project End Date *

Must be a date.

How much funding do you wish to apply for?

Please indicate which tier of funding you are applying for. *

☐ Tier 1 - Procurement value \$3m - \$10m - max grant is \$20 000

☐ Tier 2 - Procurement value above \$10 m - max grant is \$40 000

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

Amount of funding requested - maximum grant value is \$40,000, up to 50 per cent of the total project cost. *

\$

Must be a whole dollar amount (no cents).

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 *

\$

Total Applicant Contribution *

\$

Total Cost of Activities *

\$

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This number/amount is calculated.

This number/amount is calculated.

This number/amount is calculated.

Declaration and Privacy Statement

* indicates a required field

Refer to the Advanced Manufacturing Tender Incentive Grant [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.
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 Tender Incentive Grant 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

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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.