

Application - Accelerating Growth Program - Round 5

Form Preview

Eligibility Checklist

* indicates a required field

Caretaker Conventions

The Tasmanian Government has assumed a caretaker role ahead of the March 2024 State Election. Applications for this program are still being accepted and will be assessed during this period, however no funding decisions will be made until considered by an incoming government following the election.

Please Note:

Before proceeding with this application, please ensure you can comply with all of the criteria below in accordance with the Advanced Manufacturing Accelerating Growth Program (Round Five).

[Guidelines](#)

If you do not meet all eligibility items within this section, it would suggest that you are potentially not an eligible applicant - please contact the Senior Program Manager for further clarification if required (Sharron.yaxley@stategrowth.tas.gov.au)

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 an advanced manufacturing enterprise as defined in the program guidelines? *

- Yes
- No

If you are a FOOD manufacturer do you hold all relevant licenses under the Food Standards Code (Food Act 2003 and Primary Producers Safety Act 2011)? Click Not relevant if you are not a food manufacturer.

- Yes
- No
- Not relevant

If no, please clarify

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Confirm the activity has not commenced prior to submission of this application. *

The activity HAS NOT yet commenced.

At the time of applying are you a financially viable entity? *

Yes

No

A financially viable entity is one that is NOT under external administration, been appointed a liquidator, being wound up, dissolved or trading insolvent.

For the 2022/2023 Financial Year, what was the sales income for the applicant business? *

Must be a dollar amount and between 300000 and 50000000.

This figure must correspond with the Financial Statements that are attached to this application - please note if the reported figure is less than \$300,000 your application will be deemed ineligible and Smarty Grants will not allow you to submit the application.

Do you have any overdue obligations, project deliverables, acquittals or activities from previous government grant programs? *

Yes

No

If Yes, please clarify

Evidence of Financial Position

Please provide each of the following Financial Statements (Accounts): **Profit and Loss** and **Balance Sheet**.

Note: Failure to upload all requested financial statements (profit and loss and balance sheet) means that your application cannot be assessed fully.

2021-2022 Financial Statements *

Attach a file:

2022-2023 Financial Statements *

Attach a file:

Year to date Management Accounts *

Attach a file:

Reports from your internal accounting system (eg Quicken, MYOB etc) are acceptable

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Applicant Details

* indicates a required field

Applicant Information

Business Name *

Organisation Name

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

Attach a file:

If OTHER, please specify

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	

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Must be an ABN.

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 *

Website *

Business Contact *

Title First Name Last Name

Business Contact Position *

Business Contact Phone Number *

Business Contact Email *

Banking Details

* indicates a required field

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PLEASE CHECK THESE DETAILS ARE TRUE AND CORRECT AS ONCE THEY ARE PLACED IN THE GRANT DEED THEY CANNOT BE ALTERED.

1. Grant payments will be made via Electronic Funds Transfer (EFT) to the nominated bank account and the department is hereby authorised to make such payments.
2. The Department is under no obligation to verify the authority of the undersigned on the bank account details.
3. 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.

Name of bank account holder *

Name of Bank or Financial Institution *

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.

Proof of bank account name *

Attach a file:

Please upload the masthead of your bank account confirming the above

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

Describe your business (date established, brief history, structure, business goals, the products you manufacture and any supporting services). *

Word count:

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Must be no more than 1000 words.

Employment Structure

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

	30 June 2022	30 June 2023	Current
Full-Time FTE's			
Part-Time FTE's			
Apprentices FTE's			
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
	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
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

Proposed Project

* indicates a required field

About the project

What is the project you are proposing to undertake and why? *

Word count:

Must be no more than 1000 words.

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Please provide one sentence that describes the project that would be used in the Grant Deed documentation and any media release. Eg. This funding supports the development of or This funding supports the expansion of ... *

Please provide details of the capital equipment you are seeking a grant for. *

Word count:

Must be no more than 1000 words.

Grant Project Start Date *

Must be a date.

This needs to be after the grant notification date of 26/4/2024

Grant Project End Date *

Must be a date.

How much funding do you wish to apply for?

Amount of funding requested- minimum grant request is \$10 000 and a maximum of \$50 000 available *

\$

Must be a whole dollar amount (no cents).

Note, a minimum 67% contribution is required from the applicant.

Describe how the funding applied for will be spent.

List the key tasks and activities which the grant will be spent on.

Project costs - list	Grant Amount Requested	Applicant Contribution	Total Cost
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Project costs can include equipment, freight, installation	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Project Funding

Explain why grant funding is required for this project to proceed. *

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If approved, how will the balance of the project be funded *

Total Cost of Activities - Summary

Total Grant Amount *

\$

This number/amount is calculated.

Total Applicant Contribution *

\$

This number/amount is calculated.

Total Cost of Equipment Purchases *

\$

This number/amount is calculated.

Grant Criterion Assessment - this grant program is competitively assessed on the stated and weighted criterion

*** indicates a required field**

Criterion 1 - Weighting 15% - Current advanced manufacturing capabilities and processes, or the potential to become a more advanced manufacturer with the proposed project. If you are a high tech business that provides inputs to Tasmanian advanced manufacturers, detail how your products support advanced manufacturing.

Please detail the manufacturing processes and capabilities undertaken *

Criterion 2 - Weighting 25% - Market driven off island expansion opportunities or substantial import replacement

Please detail and demonstrate the new off island expansion opportunity that could be undertaken if a successful grant recipient, or the substantial import replacement opportunity *

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Significant import replacement opportunities may also be considered - if so, please detail above.

If available, please upload demonstration of the market demand/support for the off island growth opportunity

Attach a file:

Criterion 3 - Weighting 15% - Increased employment opportunities

Please detail new employment that could be generated with the proposed capital equipment and off island growth opportunity - please detail the positions by job title and how many. *

FTE and head count are different measurement tools - please include information on both. If workers are employed seasonally, please ensure you talk about the seasonality of employment above

Total FTE for new positions *

Must be a number.

Total headcount for new positions *

Must be a number.

Grant Request

This number/amount is calculated.

Grant Value

This number/amount is calculated.

Criterion 4 - Weighting 15% - Competitive Neutrality

Please advise how your project would not be to the economic detriment of any other Tasmanian based advanced manufacturer. *

Do you have competitors in Tasmania who manufacture similar products? If so, identify them and state why you believe if you were awarded a grant it would not impact on their businesses.

Criterion 5 - Weighting 15% - Level of innovation and project uniqueness

Please detail the level of innovation and uniqueness of the proposed project *

Criterion 6 - Weighting 15% - Other potential outcomes, benefits and beneficiaries

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Please detail any other benefit not addressed in the above five criterion *

Declaration and Privacy Statement

* indicates a required field

Refer to the [Guidelines](#)- Advanced Manufacturing Accelerating Growth Program 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 Accelerating Growth Program.

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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.