

Application - Advanced Manufacturing Productivity Program

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 [Program Guidelines](#).

Where did you first hear about this program? *

- ☐ Department of State Growth Staff
- ☐ State Growth Website

Have you received funding under this grant program this financial year? *

- ☐ Yes
- ☐ No

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

- ☐ Yes

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.

If you are a food manufacturer, please confirm that you hold all relevant licenses under the Food Standards Code (Food Act 2003 and Primary Producers Safety Act 2011).

- ☐ Yes
- ☐ No

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

- ☐ Yes
- ☐ No

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

Application - Advanced Manufacturing Productivity Program

Form Preview

Type of Entity *

- ☐ Company not using a common seal
- ☐ Company using a common seal
- ☐ Incorporated association using a common seal
- ☐ Individual
- ☐ Partnership
- ☐ Trust

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:

Business Address *

Address

Must be a Tasmanian Postcode

Postal Address

Address

Must be a Tasmanian Postcode

Application - Advanced Manufacturing Productivity Program

Form Preview

Phone Number *

Email *

Website

Business Contact *

First Name

Last Name

Business Contact Position *

Business Contact Phone Number *

Business Contact Email *

Banking Details

* indicates a required field

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.

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

- ☐ Yes
☐ No

Application - Advanced Manufacturing Productivity Program

Form Preview

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:
Must be no more than 1000 words.

What makes you an advanced manufacturer? *

Word count:
Must be no more than 500 words.
Refer to the Program Guidelines. ###ADD LINK###

Advanced Manufacturing - Employment Structure

Full time equivalents. If one staff member works 38 hours per week = 1 FTE. If four staff members work 38 hours between them = 1 FTE.

Employment type	30 June 2023	30 June 2024	Current - YTD
Specify Full Time, Part-Time or Apprentices.	Must be a number.	Must be a number.	Must be a number.

Advanced Manufacturing - Existing National Markets

Location	Actual 2022-23	Actual 2023-24	Estimated 2024-25
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Application - Advanced Manufacturing Productivity Program

Form Preview

Only specify Intrastate (Tasmania) or Interstate (combined)	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Advanced Manufacturing - Existing International Markets

List Country	Actual 2022-23	Actual 2023-24	Estimated 2024-25
	Must be a dollar amount.	Must be a dollar amount.	Must be a dollar amount.

Financial Statements

Please provide Financial Statements for 2022-23, 2023-24 and 2024-25 (YTD). Financial Statements must include **Profit and Loss** Statements and **Balance Sheets**.

Evidence of Financial Position *

Attach a file:

If 2023-24 not yet finalised please upload management accounts for same period. Multiple files can be attached.

Proposed Productivity Project

* indicates a required field

Type of project

Which of the following categories does your project fall into? *

- ☐ Business Improvement activities
- ☐ Quality Assurance activities
- ☐ Unaccredited Training activities

Grant Project Start Date *

Must be a date.

Grant Project End Date *

Must be a date.

About the project

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

Application - Advanced Manufacturing Productivity Program

Form Preview

Word count:
Must be no more than 500 words.

How are you intending to complete the project? *

Word count:
Must be no more than 500 words.
ie. Specific details regarding any consultants to be used, the scope of their work, quotations received.

What outcomes do you expect as a result of undertaking this project? *

Word count:
Must be no more than 500 words.

Unaccredited training question only: Is accredited training currently available in Tasmania for your proposed activity? How many staff will be trained?

Word count:
Must be no more than 250 words.

How much funding do you wish to apply for?

Amount of funding requested - maximum grant value is \$20,000 based upon up to 50% of the total project cost. *

\$

Must be a whole dollar amount (no cents).
What is the total financial support you are requesting in this application?

Advanced Manufacturing - Funding Expenditure

Describe how you will spend the funding you are applying for. For example, what key tasks and activities will you spend the grant on.

**Expense/activity
breakdown**

Estimated completion date

Activity cost

	Must be a date.	Must be a dollar amount.
		\$

Total Cost of Activities

Application - Advanced Manufacturing Productivity Program

Form Preview

Total Cost of Activities *

\$

This number/amount is calculated.

Declaration and Privacy Statement

* 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

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.

Declaration

Refer to the Advanced Manufacturing Business Improvement 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).
- 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.

Application - Advanced Manufacturing Productivity Program

Form Preview

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 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.
12. if a grant is awarded, the applicant must enter 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.
14. 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*.

I agree *

☐ Yes

Authorised Person Completing this Application *

First Name

Last Name

Position *