Form Preview

Regional Queensland - Business Basics Grants - Round 3

* indicates a required field

Applicants: please note

Before completing this application form, you should have read the **Business Basics Grants, Round 3 guidelines** (Guidelines) and **Terms and Conditions**.

The **Applicant** and/or **You** mean/s the business entity submitting the Application to the Department of Employment, Small Business and Training (DESBT).

DESBT will only accept applications for this grant online through SmartyGrants. Posted, emailed, or PDF attached applications will not be accepted.

Applicants will not have an opportunity to submit any additional information or evidence after submitting their application (including correcting submitted documents).

Confirmation of Eligibility

This section of the application form is designed to help you, and DESBT, understand your eligibility for this grant.

If you have any questions regarding the eligibility criteria, please contact the DESBT **Small Business Hotline on 1300 654 687** or email basics@desbt.qld.gov.au.

I confirm the Applicant has read and understood the Guidelines and Terms and Conditions *		
○ Yes	○ No	
I confirm the Applicant at the time	of applying for this grant:	
is registered for GST;has a Queensland headqua	e Australian Business Number (ABN)	
I confirm the above * O Yes You must confirm that all statements a	○ No above are true and correct.	
I confirm the owners/directors ○ Yes	are NOT bankrupt or insolvent * O No	
I confirm that the Applicant ha Business Basics grant program • Yes	s NOT received funding under Round 1 or 2 of the *	

Form Preview

I am authorised/delegated to apply on behalf of my organisation and I am NOT a third party * O No

Yes

Notice: Answered No in Confirmation of Eligibility questions

You have answered No to a/some Confirmation of Eligibility question/s above.

~~*~*~*~*~*~* HELP *~*~*~*~*~*~*

Please check your responses before you proceed.

If you answer No to any, you will not be able to fill out the rest of the application.

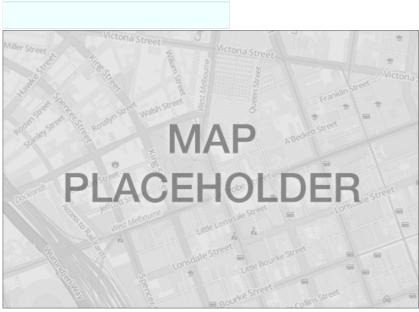
~~*~*~*~*~*~*~**

Business operating address

Please enter the Queensland street address location you operate your business from.

We use this address to determine what region your business is located in.

Street address * Address



Address Line 1, Suburb/Town, State/Province, and Postcode are required. Country must be Australia Must be a street address (not a PO Box).

~~*~*~*~*~*~* HELP *~*~*~*~*~*~*~*

Can't find your address?

Form Preview

- 1.Make sure you don't put in spaces on either side of a unit right-slash "/" or a dash "-".
- 2.If your address isn't in the lookup, first search for the street only and select that and then go back into the lookup and select "Can't find your address?".

3.You can then enter the rest of your address in the address fields. 4.Next, move the pin (by clicking and dragging) to the correct location.
Is the map pin in the right place?
If not, move it by clicking on the pin and dragging it to the right location on the map.
~~*~*~*~**
Street address checklist - please confirm you have checked the following * The Street address is entered correctly The map pin is in the right place At least 2 choices must be selected.
Is the above street address in Queensland? * ○ Yes
Notice: Ineligible business operating address
Based on the street address you entered above (and your confirmation), your business is not in Queensland .
~~*~*~*~*** HELP *~*~*~*~**
Please check the address you entered and ensure the pin is dropped on the map where your business operating address is.
A non-Queensland business operating address is ineligible for this grant and you will not be able to fill out the rest of the application.
~~*~*~*~*~*~*~**
Domina
Region
Based on the Street address you entered above, your business operates in the following Local Government Area:
Local Government Area
Please confirm the Local Government Area above *

Notice: Street address in South East Queensland

Form Preview

Based on the street address (and subsequent Local Government Area) you entered above (and your confirmation), **your business is in South East Queensland**.

~~*~*~*~*~*~* HELP *~*~*~*~*~*~*~*

Please check the address you entered and ensure the pin is dropped on the map where your business operating address is.

The list of LGAs by regional or South East Queensland is available in the program guidelines.

~~*~*~*~*~*~*~*

PLEASE GO TO THE **SEQ Business Basics Grants, Round 3 grant** AND APPLY THERE **You will not be able to fill out the rest of this application.**

Statutory declaration

Please upload a **signed and witnessed statutory declaration** from the business owner or director stating the business meets all grant eligibility criteria.

Statutory Declaration Checklist *

Statutory Deciaration enceknist
☐ The business owner or director (named in Applicant Details, on page 2) of the business
undertaking the business activity completed the Declaration
\square The declaration states that the business meets all eligibility criteria
\square The declaration has been signed and dated by the business owner or director
\square The declaration has been witnessed (including signature and date) by an approved
witness
At least 4 choices must be selected.
Please upload your statutory declaration Attach a file:

Applicant details

Privacy Statement

DESBT collects your personal information for the purposes of:

- managing the Business Basics Grants;
- promoting relevant issues and services to you; and
- researching and reporting on grant programs.

DESBT, including its employees, may use and disclose the personal information provided in the application to third parties for these purposes. Third parties include:

- Queensland government departments and agencies;
- Commonwealth government departments and agencies;
- other state or territory government departments and agencies; and
- non-government organisations.

Form Preview

DESBT or the Minister responsible for the Small Business portfolio may publish grant recipient information on government websites or in media releases while publicising the outcomes of the program. Published information may include business name, funding amount, suburb/postcode, and outcome details.

DESBT will only use your personal information for these purposes. DESBT will handle your personal information in accordance with the *Information Privacy Act 2009*. DESBT will not otherwise use or disclose the information unless authorised or required by law.

You may view the Queensland Government's privacy guide at www.qld.gov.au/legal/privacy.

Organisation details

Applicant business name Organisation Name
Does your business trade as a:
CooperativeTrustOther
Do you conduct this business under: O Your own name O A registered/trading business name
Registered / trading business name:
Provide a publicly reachable web presence to identify the business is operating
Must be a URL. This may be a business website or social media pages.
You can add more weblinks if you have more than one, by clicking Add More .

Responsible Person

This must be the business owner / director / shareholder / trustee of the business conducting the business activity

Form Preview

		s owner / directo		/ trustee
Titl	e	First Name	Last Name	
_				
	le in k Owne	ousiness applyin r	g for funding:	
_	Direct			
_	Share Truste	holder		
O	Hust			
Ow	ner-o	perator diversity	y	
		f the following b	est describes th	e owner operator/s gender identity?
	Man Woma	an.		
	Non-b			
0	I use	a different term		
0	l do n	ot wish to answer	this question	
		the owner opera	tor/s age range	?
		years		
		years years		
0	45-54	years		
		years		
		years years		
		ars and over		
0	Rather not say			
Do	es the	e owner operato	r/s speak a lang	uage other than English at home?
		speak a language	other than Englis	n at home
_	No I do n	ot wish to answer	this question	
			•	
	the ov Abori		of Australian Inc	ligenous decent?
		s Strait Islander		
		alian South Sea Isl	ander	
		of the above ot wish to answer	this auestion	
	1 40 11	or wish to answer	ans question	
Or	ganis	sation details -	ABN	

The ABN you enter below must be the ABN associated with the Business Name above.

If you enter a different ABN to the named business (e.g. a different legal entity such as a Trust) your application may be deemed ineligible if it is not clear that the two entities are linked.

Applicant ABN

Form Preview

The ABN provided will be used to look up the check that you have entered the ABN correct	following information. Click Lookup above to :ly.
Information from the Australian Business Register	r
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type More inform	<u>ation</u>
ACNC Registration	
Tax Concessions	
Main business location	
The ABN lookup is extracted from the Australian B	dusiness Register (https://abr.business.gov.au/)
business location in Queensland?	by searching for your ABN at https:// Business Register' box above, is the main
○ Yes	○ No
Please upload evidence that your business's main location is in Queensland Attach a file:	Acceptable evidence of Queensland Headquarters includes: • a copy of the applicant's Australian
	Securities and Investments Commission (ASIC) Company Statement listing a Queensland address as 'principal place of business', and • an accountant's letter confirming the business has changed to a Queensland main business location.

Please explain the relationship between the trust and the business carrying out the business activity:	Acceptable evidence includes:
	 a copy of the applicant's Australian Securities and Investments Commission (ASIC) Company
Word count: Must be no more than 200 characters.	Statement listing both entities, and
Provide evidence of the two entities being clearly related and operated by the same parties: Attach a file:	 an accountant's letter confirming the two entities are operated by the same parties and outlining the business
	relationship.
Postal Address Address	
Address	
Click in the box and select "Can't find my address"	to enter a PO Box address
Organisation - primary contact det	ails
. ,	
Primary phone number	
Must be an Australian landline with area code or m	nobile number
Secondary phone number	
Must be an Australian landline with area code or n	nobile number
Primary email address	
Must be the primary email address of the business application will be sent to this email address.	s applying for the grant. The outcome of your
Business contact details	
business contact details	
Please provide contact details of a suitable rethe grant.	epresentative from the business applying for
Business contact name Title First Name Last Name	
THE THIST NAME LAST NAME	
Business contact position	

Form Preview

Business contact phone number			
Business contact email			

Bank details

To streamline the processing of grant payments if your application is successful, please add the Applicant's bank details in the section below.

Please note:

- Adding your bank details in this section is optional.
- If you don't provide your details now, **DESBT will request your bank details** if your application is successful.
- Providing **incorrect** bank details could **delay your grant payment**. Please double check your bank details before submitting.

BSB Number		
Must be six digits exactly	- enter the BSB without	spaces or dashes
Account Number		
Account Number		
Must be no more than 9 c	haracters.	
Account Name		
Name of your bank accou	nt	
ivallie of your balls accou	TIL	

Business details

Industry and sectors

Below is a guide on **how to select your industry** below:

- Start typing a keyword into the box below.
- A list of matching industries will show.
- Please select the most indented matching industry.
- If you can't find anything that matches, try using the <u>Australian Bureau of Statistics</u> (ABS) <u>ANZSIC search</u> to find out the likely industry.
 - On the results page of the ABS ANZSIC search, copy the name of the **class name** into the below box.
 - A list of matching industries will show.
 - Select the most indented industry that matches the class name you copied.

Which industry sector (ANZSIC code) does your business fall under

Form Preview

Type a keyword in the box and select the applicable industry at the lowest level (most indented)			
Does your business identify as working within the following sectors ☐ Tourism ☐ Social Enterprise (business exists to benefit the public and community rather than only shareholders) ☐ National Disability Insurance Scheme (NDIS) This question is for reporting purposes only.			
Years trading, busi	ness stage and (employee headcoun	t
How many years has t	the business been	trading for?	
Must be a number. Format	X.X		
How many employees (by headcount	t) does the business have?	Please note, to be eligible	e:
A whole number and betwe	een 0 and 19.	 you must have an e of fewer than 20 er 	
		Definitions:	
		 Employee headco owners, directors of t contractors. 	
What stage is your bu Seed and developme Start-up Growth Established Expansion Mature Exit Not sure			
About your busines	SS		
Describe your busines target market.	ss including the pro	oducts or services it pro	ovides and your
Must be no more than 100	words.		

Financial details expected for this financial year (2021-22)

Form Preview

Expected Turnover 2021-22	Please note, to be eligible:
Must be a dollar amount and no more than 300000.	 you must have an expected turnover for this financial year of \$300,000 or less.
	Definitions:
\$ Must be a dollar amount.	 Turnover - gross turnover, actual plus estimated, to be earned by the business at the conclusion of the current financial year (2021-22). Gross profit - business's turnover less the cost of goods sold (or cost of sales).
Diversity	
Is the business 50% or more owned by A ○ Yes	Aboriginal or Torres Strait Islander people?
Is the business registered with Supply N ○ Yes www.supplynation.org.au	lation? ○ No
Is the business registered on Black Busi O Yes www.bbf.org.au	ness Finder? No
Grant-funded activity	
Title	
Give the work to be undertaken a title to make it e	easier to reference. Must be no more than 15 words.
I acknowledge that if the Applicant is su Grants Round 3 funding, the Applicant n	ccessful in receiving the Business Basics
	one month of entering into the grant funding
agreement; • complete their grant-funded activity with	nin four months of receiving their approval
letter;	- ,,
 not pay for grant-funded activities before deliver the grant-funded activity as per t 	re entering into the funding agreement; and he funding agreement.

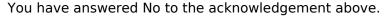
Notice: Answered No to the acknowledgement above

You must confirm that you acknowledge all statements above

I acknowledge the above

○ No

Form Preview



~~*~*~*~*~*~* HELP *~*~*~*~*~*~*~*

Please check your response before you proceed.

If you answer No, you will not be able to fill out the rest of the application.

~~*~*~*~*~*~*~*~*~*~**

What priority area most accurately describes the majority of your proposed grantfunded activities?

- Training and coaching
- Website build/upgrades
- Professional business advice
- Strategic marketing services
- O Business continuity and succession

Note: all proposed grant-funded activities must be eligible as stated in the Guidelines

Short description of the grant funded activity

Word count:

no more than 200 words

How will the grant funded activities enhance the core skills of the business and make it more competitive

Word count:

Must be no more than 200 words.

Expected outcomes - next 6 months

Six months after completing the grant-funded activity, what do you **expect the growth** in the following to be?

- revenue
- gross profit
- employees (by headcount)

Applicants must only submit answers that are:

- original DESBT considers answers from third parties ineligible.
- **realistic** and **probable** Unrealistic answers may weaken the strength of your application.
- **true** and **accurate** You may be required to provide evidence of your responses at any time.

Revenue growth

Form Preview

\$

Must be a dollar amount.

This is the expected increase, not the total revenue.

Gross profit growth

\$

Must be a dollar amount.

This is the expected increase, not the total gross profit.

Additional employees (by headcount)

Must be a whole number (no decimal place).

This is the expected increase, not the employee headcount.

How will the grant funded activity assist your business to grow revenue, profit, and create jobs.

Word count:

Must be no more than 200 words.

Suppliers and total amount requested

Please note:

- Upfront fixed grant funding of \$5,000 (excluding GST) is available.
- If your **Total supplier costs** (excluding GST) are less than \$5,000, **you will not be able to proceed in the application**.

Please complete the details for each supplier to be engaged.

You can add a **maximum of two suppliers** (one supplier per row in the table below).

Note: If you add more than two suppliers, those suppliers will not be assessed.

Supplier details

Below is a guide on how to fill out the supplier details:

- Supplier name as appears on the corresponding quote.
- Additional information any helpful information regarding the details of the quote.
- **Quote amount (excluding GST)** be careful to only input the GST exclusive amount. This is usually the subtotal.
- Supplier attachments quotes must include:
 - Supplier details supplier's name, ABN (if Australian), contact details and website URL.
 - Details of the grant-funded activity, description of services and outline key activities.
 - Where possible, **quotations** must be a formal quote on business letterhead.

Form Preview

• A shopping cart print-out (including suppliers name) for online purchases is acceptable where a formal quote is not possible.

Please note: each row of the below table corresponds to one supplier.

Supplier name	Supplier ABN	Any additional information about the quote	(excluding GST) attachments
		Must be no more than 25 words. This is to help with assessment Must be no more than 25 words.	Must be a dollar amount.
			\$

Total amount requested

Total supplier costs (excluding GST)

This number/amount is calculated.

If the amount is incorrect, please check the amounts in the Supplier section/s. If your Total supplier costs (excluding GST) are less than \$5,000, you will not be able to proceed in the application.

Total amount requested

This number/amount is calculated.
This grant is a set amount of \$5,000

Certification and submission

Certification

I certify that:

- 1.to the best of my knowledge, the statements made within this application are true and
- 2.all matters that would affect the funding allocation decision have been disclosed;
- 3.submitting an application does not guarantee that I receive a grant;
- 4.I have read and I accept the <u>Business Basics Grants</u>, <u>Round 3 Terms and Conditions</u>;
- 5.I accept that no changes can be made to this application and if changes are required, I will submit a new application
- 6.I am authorised/delegated to make this declaration on behalf of my organisation and I am NOT a third party; and
- 7.if I am successful in receiving grant funding, I am accepting the grant funding agreement (Letter of Approval, Terms and Conditions, Guidelines and this application).

I agree to the above certifications	
○ Yes	\circ No

Form Preview

I am submitting the application from my:

- business' premises
- home office
- shared workspace
- o accountant's / business consultant's office
- supplier's premises

Application Alert

You have answered No to one or more confirmation, acknowledgement or agreement question/s earlier in the application.

~~*~*~*~*~** HELP *~*~*~*~*~*~*

This means if you submit this application, it will be incomplete and it won't be assessed.

Please go back and read the Notices warning you about not being able to complete the rest of the application and resolve those notices if you can.

~~*~*~*~*~*~*~*

- Pressing the **submit** button lodges your application.
- Review your application before you submit it as you **cannot change** it after lodgement.
- You will receive an email receipt after submitting the application (please check your junk folders).
- DESBT hasn't received your application until you have received an email receipt.
- If you do not receive an **email receipt** within two business days of submitting your application, please contact DESBT.

Enquiries

For further enquiries on this application form please email basics@desbt.qld.gov.au or call DESBT **Small Business Hotline on 1300 654 687.**