

Round 2 Continuity Program Application Form (FINAL)

Form Preview

Eligibility Checklist

* indicates a required field

Before proceeding with the application, please ensure that you meet all eligibility criteria in the [Guidelines](#).

If you are unsure about your eligibility, please contact Business Tasmania on 1800 440 026 or ask@business.tas.gov.au

If any information supplied is incorrect your application will be deemed ineligible.

PLEASE CONFIRM THAT YOUR BUSINESS MEETS THE FOLLOWING ELIGIBILITY CRITERIA:

Are you lodging this application as the Business Owner or direct employee/staff of the Applicant-business? *

- Yes No

Has your business received a grant under Round 1 of this program? *

- Yes No

Does your business employ fewer than 20 Full-Time Equivalent Employees (FTEs) as at 29 February 2020? *

- Yes No

Does your business have an Australian Business Number (ABN) which must be for the Applicant-business, have been active on or before 29 February 2020, and continues to be active? *

- Yes No

Does your business predominantly operate in Tasmania and business owner/s also reside in Tasmania? *

- Yes No

Is your business considered a government body, government agency or a government business enterprise? *

- Yes No

Is your business a not-for-profit / incorporated or charity organisation, but trading or whose financial activities are a substantial part of the organisation's activities? *

- Yes No

Does your business operate in the Accounting or Financial Advising professional services sector? *

- Yes No

Does your business operate as an investment entity (such as a unit trust) for residential and commercial property investments/rentals? *

- Yes No

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Is your business under External Administration or bankruptcy? *

- Yes No

Has your business had an annual turnover of more than \$50 000 for 2018-19 or 2019-20 financial year; OR if a recently established business, estimates that annual turnover will exceed \$50 000 in the 2020-21 financial year? *

- Yes No

Please upload supporting documents to validate the above answer (on annual turnover). *

Attach a file:

A minimum of 1 file must be attached.

Please provide additional information, if required, as to how you have calculated an indicative \$50,000 turnover for newer businesses.

Important

- Applicants must certify that they meet the eligibility criteria using the above checklist. **Providing false or misleading information will result in the grant being repayable upon demand, and jeopardise any current or future applications for support.**
- If an applicant has multiple business ownerships under different ABNs, such applicant can apply for a maximum of 2 grants under this program.

Applicant Details

* indicates a required field

Business registration and location

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

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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Business/trading name *

Organisation Name

Type of entity *

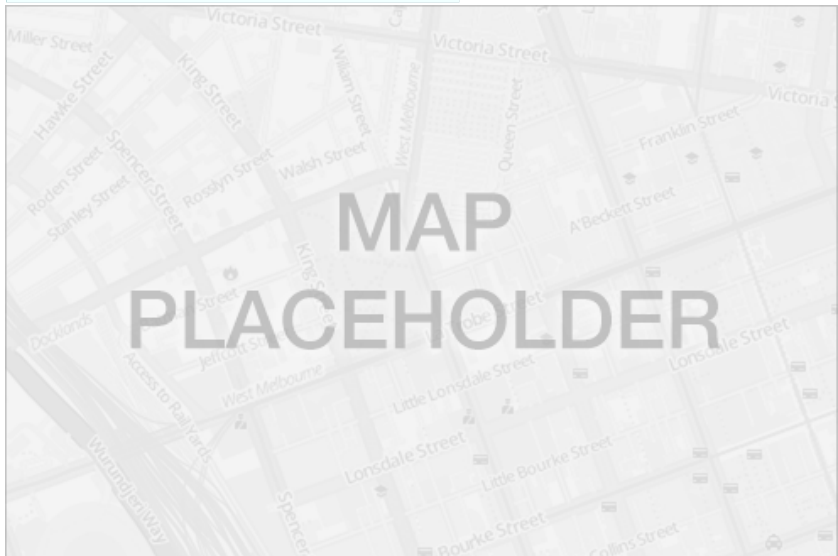
- Sole Trader, Self Employing, Owner Operator
- Partnership
- Private Company
- Trust
- Other:

Business website

Must be a URL.

Business address *

Address



Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Must be the street address of the business.

Postal address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

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In which local government area is your business located? *

Business contact

Applicant's authorised person contact *

Title First Name Last Name

Contact position *

Contact phone number *

Contact email *

Must be a valid email address.

Business details and description

Which industry does your business operate in? *

Choose the industry that best describes your main business operation.

Is there a better description of your business industry or operation?

Must be no more than 5 words.

Example: Oysters, Vineyard, Brewery, Hair Salon, Art Sculptures or Cycle tours, etc.

Please provide a brief description of activities that your business undertakes. *

Word count:

Must be no more than 50 words.

Bank Details

* indicates a required field

Name of bank or financial institution *

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Business bank account *

Account Name

BSB Number

Account Number

Please ensure that your bank account details are accurate as these will be used to process your payment if your application is successful

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

Yes

If the bank account details differ from the applicant's name, please provide an explanation or the application will be declined.

Grant Application Details

* indicates a required field

Provision of adequate information will assist in the assessment of your application, noting that there will be no opportunity for applicants to provide additional information once your application is submitted.

Please describe how the COVID-19 event has impacted your business. *

Word count:

Must be no more than 200 words.

Details of Consultant

Name and organisation of Consultant who will undertake Business Continuity Planning for your business. *

Qualifications of Nominated Consultant *

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Please describe from the options below how the Consultant will assist the continuity of your business. *

- Maintain solvency Managing financial risks Adding value to products and services produced by the business
- Cash flow projection Diversifying / pivoting the business enterprise

At least 1 choice must be selected.

Please explain why the business requires the Consultant's assistance and what is the desired outcome for the business? *

Confirmation Checklist

I acknowledge/agree that: *

- by submitting this application, the amount I am applying for is \$750. any project cost overruns will be my responsibility.
- upon approval, I will undertake the agreed project with the stated consultant. that the Department has the right to request supporting documentation on the approved project within an 18 month period.

At least 4 choices must be selected.

Declaration and Privacy Statement

* indicates a required field

Declaration and Privacy statement

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.

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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 2020 Small Business Continuity 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 am authorised to complete this application and have read and understood the declaration and privacy statement. *

Yes

Authorised Person's Name *

Title

First Name

Last Name

Position held *

Date of declaration *