

Eligibility Declaration

* 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

Providing false or misleading information will result in the grant being repayable upon demand, and jeopardise any current or future application for support.

PLEASE CONFIRM THAT YOU ARE APPLYING FOR THE GRANT ON BEHALF OF YOUR BUSINESS SATISFYING THE FOLLOWING ELIGIBILITY CRITERIA.

I am lodging this application as the Business Owner or direct employee/staff of the Applicant-business. *

Yes

With regard to electricity or water supply, one of the following circumstances apply to my business: *

- a. My electricity/water connection is through an embedded network, that is, they are supplied by the property or shopping centre/mall owner and that I do not pay these utilities directly to any service provider (regardless if the bill is under the name of the property owner or my business).
- b. My business has its own meter connection, is paying energy bill under a "shop/business" connection type or under business tariff, e.g. 22, 94, 82, 75, and has not had the energy bill waived within the period April to June 2020. Registered business address must be the same address in the energy bill.

Embedded network customers are those businesses that get their power from a landlord or building owner like shops in a shopping centre, tenants in managed office accommodation or leaseholders at a business estate.

Please attach the following documents to support the above claim: For item a, Lease Agreement with property management company or mall/shopping centre owner, and rental receipts from April to June 2020. For item b, copy of immediate next energy bill and receipt after 1 April 2020. *

Attach a file:

Please attach all pages of your supporting documents.

I did not have any business electric or water bill waived by a provider anytime between 1 April and 30 June 2020.

Yes

If you answered Yes to the above preceding question, please outline why you did not receive the Waiver from your utilities provider.

ESGP Application Form

Form Preview

My business currently employs staff (excluding the business owner such as sole trader, business partner, trustee or Company Director) of up to 19 FTE (full-time equivalent). *

Yes

The number of FTE employees (excluding owner/s) my business has is: *

Must be a whole number (no decimal place) and at least 1.

My business has an Australian Business Number (ABN), which have been active on or before 12 March 2020, and continues to be active. *

Yes

My business is registered for GST and attached below is the most recent Business Activity Statement (BAS). *

Yes

Please attach most recent BAS here. *

Attach a file:

A minimum of 1 file must be attached.

My business is physically located in Tasmania and the owner/s reside in Tasmania. *

Yes

My business is not a government body, government agency, a government business enterprise; or public company under the meaning as defined in the Corporations Act 2001. *

Yes

My business is a not-for-profit / incorporated or charity organisation. *

Yes, and the organisation is trading and/or No
its financial activities are a substantial part of
the organisation.

If you answered Yes to the above preceding question, please attach evidence of trading/substantive financial activities here (e.g. Income Statement).

Attach a file:

My business is not under External Administration or bankruptcy. *

Yes

My business had an aggregated annual turnover of below \$10 million for 2018-19 or 2019-20 financial year; OR if a recently established business, estimates that annual turnover will be under \$10 million for 2020-21 financial year. *

Yes

ESGP Application Form

Form Preview

Please attach latest audited Income Statement or Business Tax Returns. If business is relatively new, provide calculations showing a projected gross income of under \$10 million for the business' first year of operations. *

Attach a file:

A minimum of 1 file must be attached.

I acknowledge that by submitting this application, the amount I am applying for is \$1 000.00. *

Yes

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

Business/trading name *

Organisation Name

Type of entity *

- Sole Trader
 Partnership
 Private Company
 Trust
 Other:

ESGP Application Form

Form Preview

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.

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?

ESGP Application Form

Form Preview

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 *

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.

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.

ESGP Application Form

Form Preview

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 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 *

