

# Application - 2020 Small Business Emergency Support Grant

## Form Preview

### Eligibility Checklist

\* indicates a required field

**Before proceeding with the application, please ensure that you comply with 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](mailto:ask@business.tas.gov.au)**

**Please confirm by checking the following eligibility criteria that your business: \***

- ☐ Employed fewer than 20 Full-Time Equivalent Employees (including Part-Time & Casual Staff) on or before 31 January 2020
- ☐ Was operating on or before 31 January 2020 (and is not a hobby or charity)
- ☐ Is registered in Australia for taxation purposes and has an active ABN

At least 3 choices must be selected.

**To which eligible sector specified in the program guidelines does your Tasmanian owned and operated business belong? \***

- ☐ Seafood
- ☐ Tourism and accommodation
- ☐ Hospitality
- ☐ Retail
- ☐ Arts and entertainment
- ☐ Fitness

At least 1 choice must be selected.

### Applicant Details

\* indicates a required field

**Trading Name of Business \***

Organisation Name

**Please provide a brief description of your business.**

**Type of entity \***

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

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**If you are a trust please attach a copy of your Trust Deed and any amendments.**

Attach a file:

**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](#)

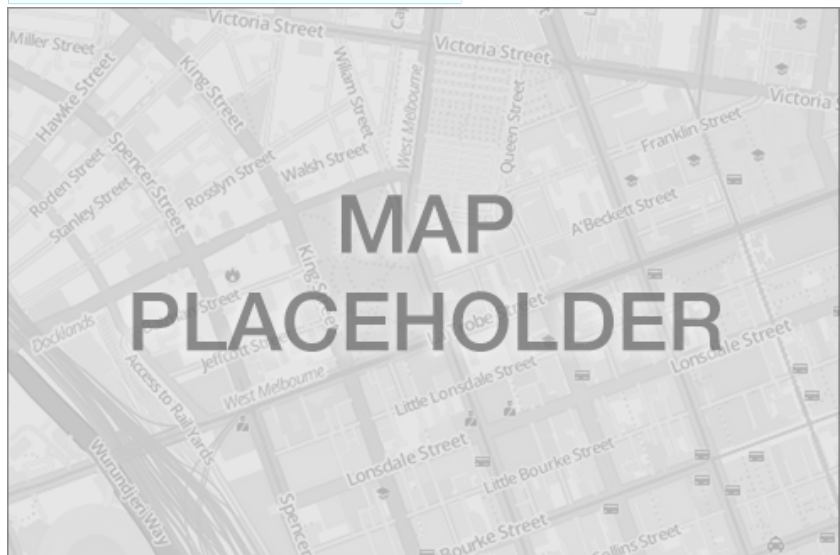
ACNC Registration

Tax Concessions

Main business location

**Business Address \***

Address

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

**Postal Address \***

Address

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

**In which Local Government Area is your business located? \***

**Applicant Contact \***

Title

First Name

Last Name

**Contact Position \***

**Contact Phone Number \***

**Contact Email \***

Must be a valid email address.

## Employment Impacts

Employment Category	On or before 31 January 2020	Number of Staff Employed Today - Application Date
Full-Time Staff Employed		
Part-Time Staff Employed		
Casual Staff Employed		
Total Staff Employed		
	Must be a number.	Must be a number.

## Bank Details

\* indicates a required field

**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

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### Grant Application Details

\* indicates a required field

#### Grant application details

**Please briefly describe how the Covid-19 event has impacted your business? \***

Word count:

Must be no more than 200 words.

**From which date was your business impacted? \***

Must be a date.

**Is your business closed as a result of COVID-19? \***

- ☐ Yes  
☐ No

#### Financial impact and grant amount applied for

**What is your estimate of the financial impact of Covid-19 on your business? \***

\$

Must be a dollar amount.

Please estimate from the date you were first impacted to the date of your application.

#### Application Amount

**By submitting this application you acknowledge the amount you are applying for is \$2500**

This number/amount is calculated.

### Declaration and Privacy Statement

\* indicates a required field

#### Declaration and Privacy statement

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:

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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 2020 Small Business Emergency Support Grant 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 \***

