

# Application - Small Business Advice for Recovery Program

## 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 regarding eligibility, please contact Business Tasmania on 1800 440 026 or [ask@business.tas.gov.au](mailto: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 applications for support.**

**If a third party is submitting this application on behalf of the business please contact Business Tasmania to obtain an identification number.**

**PLEASE CONFIRM THAT YOUR BUSINESS MEETS THE FOLLOWING ELIGIBILITY CRITERIA:**

**If a third party is submitting this application on behalf of the business please provide the unique identification number provided by Business Tasmania.**

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

- Yes  No

**Does your business (the applicants business) have an Australian Business Number (ABN) which has 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? \***

- Yes  No

**If Yes, to the previous question, is your organisation trading or have financial activities that are a substantial part of your organisation's activities?**

- Yes  
 No

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

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Yes

No

**Is your business under External Administration or bankruptcy? \***

Yes

No

**How many FTE's did your business employ as at 29 February 2020? \***

Must be a number.

Refer to Page 1 of the Guidelines regarding eligibility.

**How many FTE's does your business currently employ? \***

Must be a number.

**What was your business's annual turnover for the year to 30 June 2019? \***

\$

Must be a dollar amount.

Refer to Page 1 of the Guidelines regarding eligibility.

**What was your business's annual turnover for the year to 30 June 2020? \***

\$

Must be a dollar amount.

Refer to Page 1 of the Guidelines regarding eligibility.

**Please upload supporting documents to validate the above answer (on annual turnover). Examples of documents could include Profit and Loss statements or Quarterly BAS. \***

Attach a file:

A minimum of 1 file must be attached.

**For newer business's how have you calculated an indicative \$50,000 turnover?**

## 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

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ABN
Entity name
ABN status
Entity type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type <a href="#">More information</a>
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.

**In which local government area is your business located? \***

Business contact

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### Applicant's authorised person contact \*

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

### 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 of Applicant Business

\* indicates a required field

### Name of bank or financial institution \*

### Business bank account \*

Account Name

BSB Number

Account Number

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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, there will be no opportunity 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.

**Please describe the planned activity/activities that will be conducted by the consultant and the outcome you want to achieve? \***

**Were you funded under either Round 1 or Round 2 of the Business Continuity Program? \***

- Yes - Round 1  
 Yes - Round 2  
 No

At least 1 choice must be selected.

**If you answered YES to the above question, please describe how the business recovery advice you are seeking under this grant program differs from the advice provided under the Business Continuity Program.**

Details of Consultant

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### Name and organisation of Consultant who will undertake Business Recovery Advice for your business. \*

### Provide details about why you have chosen the above person. Please include their qualifications (CPA, CA, IPA) \*

### Please provide the website for your nominated consultant.

Must be a URL.

## Confirmation Checklist

### I acknowledge/agree that: \*

- |   |   |
|---|---|
| <input type="checkbox"/> by submitting this application, the amount I am applying for is \$750.         | <input type="checkbox"/> any project cost overruns will be my responsibility.   |
| <input type="checkbox"/> upon approval, I will undertake the agreed project with the stated consultant. | <input type="checkbox"/> 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 Small Business Advice for Recovery 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 \***