

Before you start

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

DESBT will only accept submissions for this grant online through SmartyGrants.

Applicants cannot submit any additional information or evidence after submitting their application.

About this form

Before completing this application form, please review the **Business Growth Fund Round 6** [Guidelines](#) and [Terms and Conditions](#).

Icons Key

- ✓ Acceptable
- ⚠ Caution
- 📄 Evidence Required
- 💡 Hint

- ✗ Not acceptable
- 🟡 Notice
- 🚩 Please note
- ⚠ Warning

Tips for Completing this Form

As you fill out the form:

- Take your time to read each question and the accompanying information carefully before answering.
- Remember to click '**Save**' often as you progress; SmartyGrants won't save your progress automatically.
- Once you're done, click '**Submit**' to send the completed form to the Department for processing.
- If you are unsure how to respond to a question, please email your concerns or queries to grants@desbt.qld.gov.au.

Handling Validation Errors

Validation errors (red highlighted boxes) may appear as you work through this form.

If this happens, ignore them until you have finished your data entry and have clicked save.

The most common reason there may be error boxes include the following:

- you have not filled in a mandatory/required field, this can include a file upload question
- you have used letters in a number question field and/or
- you have gone over the word limit on a question.

Where errors persist, carefully read the error message and/or hint provided for completing the question or section before reviewing and updating your entry.

You must resolve all validation errors before you can submit this form.

Eligibility

* indicates a required field.

Confirmation of Eligibility

This section is designed to help you and DESBT determine if you are eligible to apply for this grant. Please complete this section before proceeding to ensure eligibility.

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

I confirm that the Applicant has read and understood the Guidelines and Terms and Conditions *

Yes No [Clear](#)

I confirm the Applicant at the time of submitting this registration has/is: *

- a minimum of 5 and a maximum of 49 employees (by headcount)
- an active Australian Business Number (ABN)
- registered for GST
- registered Queensland headquarters location (as per your Australian Business Register (ABR) record)
- a minimum trading history of five years at the time of applying for the grant
- a minimum turnover of \$500,000 for the last financial year (2022/23)
- competitive opportunities in domestic or international markets
- experienced two years of high-growth* and have clearly defined high-growth and employment opportunities in Queensland
- NOT received funding under Round 1 to 5 of the Business Growth Fund grants program
- NOT been insolvent or have owners/directors that are an undischarged or currently bankrupt

[Clear](#)

*High-growth is defined as an average annualised 20% increase in turnover and/or employment in the last 2 years.

▶ Please note: You must also maintain an active ABN, GST registration, QLD headquarters and not become insolvent or have owners/directors that are undischarged or currently bankrupt for the **duration** of the grant-funded activity.

I am authorised/delegated to apply on behalf of my organisation and I am NOT a third party *

Yes No [Clear](#)

Warning: Submission Alert

Before you submit, your application must:

- be complete, include all required supporting evidence and every question validated.
- include only realistic and probable answers.
- be submitted by the business, not a third-party.
 - Third parties can include a business or a financial advisor, such as an accountant, or the supplier mentioned in the grant funded activity.
- be the only application you submit - only **one application** is allowed per eligible **business or financial beneficiary** under each round.
 - DESBT considers a related party and/or financial beneficiary to be those who gain an advantage and/or profits from something including receipt or distribution from a trust, will or life insurance policy. This can include companies with common shareholdings, directors, employees, or immediate family.

Ineligible Applicant submissions will not be considered for a Stage 2 Full Application.

Applicant Details

* indicates a required field.

Privacy Statement

DESBT collects your personal information for the purposes of:

- managing the Business Growth Fund;
- 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.

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.

I confirm as the Applicant I have read and understood the Privacy Statement. *

Yes No [Clear](#)

Applicant Organisation Details

 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 unclear that the two entities are linked.

Applicant ABN *

[Lookup](#)

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	

Must be an ABN. The ABN lookup is extracted from the [Australian Business Register](#).


 Please check through your business' ABR record that appears in the grey box:

- Is the *ABN Status* active?
- Is the *Goods & Services Tax (GST)* active?
- Is the *Main business location* in **Qld**?


 If the answer to any of these questions is No:

1. Apply to update your ABR record. It only takes 24-hours to update.
 - <https://www.abr.gov.au/business-super-funds-charities/updating-or-cancelling-your-abn/update-your-abn-details>.
2. Wait 24-hours, re-enter your application and click 'save' on the page. This should refresh the form with the updates from your ABR record.

Applicant Business Name *

 Please enter your *entity name* (associated with your ABN above) using **capitalisation for the first letter of each word**.

- Avoid using *all* uppercase or *all* lowercase letters.

 By following this guideline, applicants can ensure clarity and consistency in their submissions.

Proper case not only enhances readability but also reflects professionalism. Thank you for your attention to detail!


Primary phone number *

Must be an Australian phone number.

Secondary phone number

Must be an Australian phone number.

Primary email address *

 Please note: the outcome of your application will be sent to this email address. Must be an email address.

Primary website *

 Must be a working URL

Organisation Details - Business Entity

Do you conduct business under a business name or trading name? *

- Yes - Your own name
- Yes - A registered business name
- No

[Clear](#)

Does your business trade as a: *

- Sole Trader
- Company
- Partnership
- Trust
- Not for Profit

[Clear](#)

Registered / Trading business name: *

Organisation Details - Trust (Not Applicable)

This section is not applicable because of your response to question: "Does your business trade as a:" on page 3

Please explain the relationship between the trust and the business carrying out the business activity: *

Must be at least 10 words.

How is the Registered/Trading business name, the name of the business carrying out the business activity linked to the trust entity?

Caution - Trust Link Evidence Required (Not Applicable)


This section is not applicable because of your response to questions:

- "Does your business trade as a:" on page 3
- "How is the Registered/Trading business name, the name of the business carrying out the business activity linked to the trust entity?" on page 3

If you nominate an ABN of trust in your application, you will need to provide evidence of the two entities being clearly related and operated by the same parties.

Acceptable evidence of Trust Link includes

Acceptable evidence includes:

- a copy of the applicant's **Australian Securities and Investments Commission (ASIC) Company Statement** listing both entities, or
- an **accountant's letter** confirming the two entities are operated by the same parties and outlining the business relationship.
 -  The accountant **must not be** a current employee of the business.

Evidence Required

Please provide evidence of the two entities being clearly related and operated by the same parties: *

A minimum of 1 file must be attached.

Business Operating Address

Please enter the **Queensland** address location where you operate your business.

Applicant Primary Address *

Search

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



💡 Can't find the address?

1. Don't put 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, select that, click back in the lookup box and select "*Can't find your address?*".
3. You can then enter the rest of your address in the address fields.
4. Please check that your address is *correct* and that it is in **Queensland**.

Postal Address

Postal address *

Address line 1

Search

Address line 2

Suburb

State

▼

Postcode

Must be an Australian post code

Responsible Person

💡 The Responsible Person is who we talk to regarding your Business Growth Fund application. They must be either:

✔ an owner	✔ a trustee
✔ a business partner	✔ a public officer
✔ a director	✔ an office bearer of an association
✔ an employee	✔ a company secretary

Name *

Title

▼

First name

Last name

Position Title *

Role in business applying for funding: *

Phone Number *

Must be an Australian phone number.

Mobile Number *

Must be an Australian phone number.

Primary Email *

Must be an email address.

Is the responsible person listed in your Australian Business Register record? *

Yes No [Clear](#)

Caution - Responsible Evidence Required (Not Applicable)

This section is not applicable because of your response to questions:

- "Role in business applying for funding:" on page 3
- "Is the responsible person listed in your Australian Business Register record?" on page 3

You must prove that the authorised contact is linked to the business. Your Australian Business Register record in most cases will be able to show the link between the Responsible Person and the business with the Responsible Person listed as an:

- Authorised Contact with the appropriate Position Held (as listed above)
- Associate with the appropriate Relationship Type

If none of the above linkages are in place for your business, you will be asked to provide one of the following acceptable evidence documents.

? Acceptable evidence of Responsible Person link includes

Evidence Required

Please upload your evidence of Responsible Person *

Provide either of the following documents:

- A letter on the Applicant's business letterhead confirming the Responsible Person's position and authority to act on behalf of the business, or
- A copy of the applicant's **Australian Securities and Investments Commission (ASIC) Company Statement** listing both entities.
 -  Ensure the Responsible Person is listed in the documentation.

Owner-operator Diversity

The following questions apply to the owner-operator of the business, the person nominated as the **Responsible Person** above.

Which of the following best describes the owner operator/s gender identity? *

- Man
 Woman
 Non-binary
 I use a different term
 I do not wish to answer this question

[Clear](#)

What is the owner operator/s age range? *

- 15-24 years
 25-34 years
 35-44 years
 45-54 years

Does the owner operator/s speak a language other than English at home? *

- Yes, I speak a language other than English at home
 No
 I do not wish to answer this question

[Clear](#)

Is the owner operator/s of Australian Indigenous descent? *

- Aboriginal
 Torres Strait Islander
 Australian South Sea Islander
 None of the above
 I do not wish to answer this question

[Clear](#)

- 55-64 years
- 65-74 years
- 75-84 years
- 85 years and over
- Rather not say

[Clear](#)

No more than 3 choices may be selected.

Does the owner operator/s have a disability? *

- Yes
- No
- I do not wish to answer this question

[Clear](#)

Business Details

* indicates a required field.

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 [Australian Bureau of Statistics \(ABS\) ANZSIC search](#) 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 (ANZSIC code) does your business fall under? *

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
- National Disability Insurance Scheme (NDIS)
- Social Enterprise (business exists to benefit the public and community rather than only shareholders)

[Clear](#)

Please note: This question is for reporting purposes only.

Business Metrics

What year did the business commence trading? *

Must be a year between 1800 and 2019. Refer to [Page 4 of the FAQs](#) for more information.

Years trading

Please note: This number/amount is calculated '2024 - Year commenced trading'.

How many employees (by headcount) does the business have? *

Must be a whole number (no decimal place) and between 5 and 49.

What stage is your business at? *

Please note, to be eligible you must meet the below criteria at the time of applying for the grant:

- your business must have a trading history of a **minimum of five years**, and
- you must have an employee headcount of **between 5 and 49 employees**.

Definitions:

- **Employee headcount -**
 - includes all full-time, part-time and casual employees including Non-Executive Directors.
 - excludes owners, directors of the business and contractors.

Refer to [Page 5 of the FAQs](#) for more information.

Aboriginal or Torres Strait Islander business

Is the business 50% or more owned by Aboriginal or Torres Strait Islander people? *

- Yes
 - No
- [Clear](#)

This section is not applicable because of your response to question: "Is the business 50% or more owned by Aboriginal or Torres Strait Islander people?" on page 4

Is the business registered with Supply Nation? *

💡 Visit www.supplynation.org.au to check.

Is the business registered on Black Business Finder? *

💡 Visit www.bbf.org.au to check.

About your business

Describe your business including the products or services it provides and your target market. *

Word count:

Must be between 25 and 150 words.

🟡 **Notice:** you must have the potential to fund the entire cost of this project either through debt or equity financing. Your business' financial position will affect your eligibility or the grant funding awarded.

Business Plan

? Acceptable Business Plan includes:

Included in the business plan should be:

1. **✓ Executive Summary:** An overview of the business plan, highlighting key points such as business concept, target market, selling proposition and financial projections.
2. **✓ Business Description:** Detailed information about the business including its mission, vision, values, legal structure, location and history.
3. **✓ Market Analysis:** Research and analysis of the industry, target market, competitors, and market trends.
4. **✓ Projects or Services:** Description of the products or services offered by the business.
5. **✓ Marketing and Sales Strategy:** Plan for reach and acquiring growth, including market channels, promotional strategies, sales tactics and customer acquisition costs.
6. **✓ Operations and Management:** Overview of the business operations, organisation structure, management team, advisory boards, and key personnel.
7. **✓ Financial Projections:** Forecasted financial statements, including income statement, balance sheet, and cash flow statement, for the next three to five years.
8. **✓ Funding Request:** Clear explanation of the funding request, including the amount requested, how the funds will be used, and the expected return on investment.
9. **Appendix:** Additional supporting documents, such as market research reports, legal documents, and other relevant information.

💡 Please refer to the [Business Plan Template](#) as a reference for what the Department requires for assessment purposes.

📄 Evidence Required

Please upload your Business Plan *

Attach a file: No file chosen

💡 You can upload multiple files here one at a time but are required to upload a minimum of one file.

Business Turnover

Please provide financial details for the last financial year (FY 2022-23).

Last Financial Year Turnover *

💡 Must be a whole dollar amount (no cents) and at least \$500,000.

▶ **Please note**, to be eligible you must meet the below criteria at the time of applying for the grant:

- a **minimum turnover of \$500,000** for the last financial year (2022/23)

Definitions:

- **Turnover** - amount of money or sales (revenue) that passes through a business entity in a financial year.

Project Details

* indicates a required field.

Project Title *

💡 Provide a title that associates with the work to be undertaken to make it easier to reference. Must be no more than 15 words

I acknowledge that if the Applicant is successful in receiving the Business Growth Fund Round 6 funding, the Applicant must:

- start their project within **one month** of entering into the grant funding agreement
- complete their project within **twelve months** of receiving their Funding Agreement letter
- **not pay** for project activities before submitting the Stage 2: Full Application*
- deliver the project as per the funding agreement

*The project must not have commenced substantially.

I acknowledge the above *

Yes No [Clear](#)

Proposed start date *

▶ **Please note:** Your propose start date must be at least 3 months away. Funding **will not be approved** for work already started or completed.

What is your proposed project, the purchases to be funded and how they will be implemented? *

Word count:

Must be between 75 and 250 words.

How is your project innovative? *

Word count:

Must be no more than 75 words.

In simple terms, how is your equipment specialised? *

Word count:

💡 Consider this in terms of your industry. Must be no more than 75 words.

What is the high growth opportunity for the business and how will this project assist the business to achieve it? *

💡 Describe the specific issue or need you want to address (200 words recommended). Must be between 75 and 250 words.

Expected Project Outcomes

Twelve months after completing the project, 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 *

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.

What are the expected outcomes of the project? *

Word count:

💡 Describe the business improvements you want to achieve. Your application will be assessed on this question so be very clear. Must be between 75 and 250 words.

Funding Summary

* indicates a required field.

Total Project Cost and Requested Funding

What is the estimated total cost of your project? *

💡 Must be a dollar amount and at least \$83,333.

The Total Project Cost can be more than \$125,000, but the maximum amount DESBT will contribute is \$75,000 (ex GST).

Total Amount Requested (excluding GST) *

Must be a dollar amount and between 50000 and 75000.

▶ **Please note**, if the total amount requested is less than \$50,000 (ex GST), you will not be able to proceed with the application.

Co-contribution

Applicant Contribution

▶ **Please note:** This number/amount is calculated 'Total Project Cost - Total Amount Requested'.

Calculated co-contribution percentage *

▶ **Please note:** This number/amount is calculated '100 - (Total Amount Requested/Total Project Cost x 100)'.

Applicants must co-contribute at least 40% of the total project costs for this grant.

If the Co-contribution is less than 40%, then you cannot proceed with the application.

💡 **For example** (all dollar amounts are excluding GST):

- The total project cost is \$95,750 and you are requesting \$57,450 in grant funding.
- You must contribute \$38,300 to the project.
- If successful, you would receive \$57,450 paid over three (3) milestone payments with the final payment paid on acquittal at 12-months.

Certification and submission

* indicates a required field.

Applicant declaration

I certify that: *

- 1. I am authorised/delegated to make this declaration on behalf of my organisation; and
- 2. The statements made within this application are true and correct; and
- 3. I have not provided false or misleading information or documentation within this application; and
- 4. I have read and understand the eligibility requirements for Business Growth Fund Round 6 grant as specified in the Guidelines and Terms and Conditions; and
- 5. All matters that would affect the funding allocation decision have been disclosed; and
- 6. I am not a third party as defined in the Business Growth Fund Round 6 Guidelines; and
- 7. I acknowledge that limited funding for this round does not guarantee progression to stage 2, and submitting an application does not ensure grant acquisition.

[Clear](#)

Application Outcomes

▶ **Note:** You will be notified via email of the outcome of your Expression of Interest Application.