

Before you start

⊖ Before completing this application, please read the Small Business Exceptional Assistance Grant [Terms and Conditions](#) and [Guidelines](#), which outline the defined disaster area and other eligibility criteria. These are available on the [Business Queensland website](#).

If you have any questions regarding your eligibility, please contact **DESBT Small Business Hotline** on 1300 654 687 or email disastergrants@desbt.qld.gov.au

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

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

Before you start, please make sure you have:

- read the Grant Guidelines and Terms and Conditions and meet the eligibility criteria
- prepared your 100-points of identification check form attachment
- collected evidence to support the application, including relevant bank statements
- set aside at least 45 minutes to complete the form.

[Clear](#)

💡 Please tick each statement to indicate you have read and understood

Privacy Statement

⊖ DESBT collects your personal information throughout this application for the purposes of:

- managing the Small Business Exceptional Assistance Grant;
- 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;
- non-government organisations; and
- financial institutions as listed in your grant application.

DESBT may, where appropriate, contact additional parties named in the application, acquittal or audit forms to substantiate the use of grant funding.

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 can view the Queensland Government's privacy guide at www.qld.gov.au/legal/privacy.

Funding request details

* indicates a required field.

Disaster event impact and damage

Which specified disaster event impacted your business? *

- Tropical Cyclone Jasper (13 December 2023 to 28 December 2023)
- South East Queensland severe storms, winds and rainfall (24 December 2023 to 3 January 2024)

[Clear](#)

Was the business operational prior to being affected by the disaster event? *

- Yes
 - No
- [Clear](#)

 Businesses need to have been actively trading prior to the disaster event.

If you are an existing QRIDA client, please provide your QRIDA Client ID number:

 Number should be at least 6 digits. Must be a number.

Have you applied for other disaster grants or loans such as the Disaster Assistance Recovery Grants, the Disaster Assistance Loan, or the Tourism Exceptional Assistance Grant? *

- Yes
 - No
- [Clear](#)

This section is not applicable because of your response to question: "Have you applied for other disaster grants or loans such as the Disaster Assistance Recovery Grants, the Disaster Assistance Loan, or the Tourism Exceptional Assistance Grant?" on page 2

Please provide details of other funding applications, including the name of the funding program, the date applied for and what the application is funding *

Impact on Trading

For a consecutive period of at least 14 days directly due to the impact of the specified disaster event, the business was either: *

- completely unable to conduct trading activities, or
- experienced a decrease in revenue of at least 70% when compared to the same 14-day period in the preceding year.

[Clear](#)

 Select the option most applicable to your business

Trading closure (Not Applicable)

This section is not applicable because of your response to question: "For a consecutive period of at least 14 days directly due to the impact of the specified disaster event, the business was either:" on page 2

As a result of the specific disaster event, provide the dates the business was unable to trade:


✓ Must be at least 14 continuous days due to the specific disaster event

✓ Able to be confirmed via bank statements

Closed date *

Must be a date.

Number of continuous closure days *

 Exclude the day of re-opening from the count. Must be a number.

Date re-opened or intended re-opening date *

Must be a date.

70% decrease in revenue (Not Applicable)

This section is not applicable because of your response to question: "For a consecutive period of at least 14 days directly due to the impact of the specified disaster event, the business was either:" on page 2

Please provide the dates in which the business experienced a decrease in revenue of at least 70% when compared to the same period in the preceding year.

✓ Must be at least 14 continuous days due to the specific disaster event

✔ Able to be confirmed via bank statements

Start date of affected period *

Must be a date.

Number of days affected *

💡 Include both the start and end date in your count.
Must be a number.

End date of affected period *

Must be a date.

Considering the recent disaster, we are seeking to understand the specific tangible impacts it has had on your business. As a result of this event, could you please detail the physical damages or other material effects that occurred? *

Word count:

Must be no more than 300 words.

For ease of analysis, please check all relevant categories below that describe the impacts your business has experienced due to the disaster event. This structured approach will help us gather more precise data. *

- Impact to trading through interruption or closure
- Loss of power, water or waste services
- Damage to premises
- Loss of access to premises by customers
- Loss of access to premises by owner/staff
- Damaged or perished stock
- Loss of tools of trade
- Damaged equipment
- Other:

[Clear](#)

💡 You may select more than one impact

How has your business's temporary closure or reduced trading affected the local community and residents? We're especially interested in how this has impacted the availability of goods and services and how its closure affected the community's togetherness, strength, and everyday life. *

Word count:

Must be no more than 350 words.

To assist with accurately assessing your application, we recommend you provide supporting documentation demonstrating the impact the disaster event has had on your business. *Examples of supporting documentation include:*

- ✔ Photographs
- ✔ Social media posts
- ✔ Insurance claim documents
- ✔ Receipts for repairs and other disaster recovery assistance funding
- ✔ Emails to customers advising of the business closure/trading impacts

📎 **Please upload your supporting documentation here**

Attach a file: No file chosen

Bank statements

Please provide a bank statement/s that:

✔ includes the business bank details for the trading account of the nominated business:

- Business name
- Business address
- Account name
- Account number
- BSB


✔ confirms a minimum 14 continuous days trading closure or decrease in revenue period

✔ must match the business bank account details provided on page 2

Note: Future bank statements will be used to validate expenses paid with the grant monies.

 Please upload your bank statement/s here *

Attach a file: No file chosen

 Select stored file

Funding request

What are you requesting grant funding for? *

- Paying employee salaries and/or wages
- Covering rent or rates associated with the business premises
- Purchasing goods, equipment and/or supplies necessary for the business to resume operations
- Professional services related to disaster recovery
- Marketing expenses aimed at regaining lost customers and re-establishing the business post-disaster
- Other:

Clear

Please detail how the requested funds will be allocated towards extraordinary expenses directly tied to re-establishing your business operations or sustaining employment. Tell us how these costs are critical to your efforts in rebuilding your business or maintaining your workforce. *

Word count:

 Must be for the specific disaster event. Must be no more than 350 words

What amount are you requesting? *

 What is the total financial support you are requesting in this application? Must be a whole dollar amount (no cents)

Have you paid eligible expenses equal to the amount requested since the disaster?

- Yes, we have paid eligible expenses equal to the amount requested
- No, we have not yet fully expended the amount requested

Clear

Evidence of Expenditure *(Not Applicable)*

This section is not applicable because of your response to question: "Have you paid eligible expenses equal to the amount requested since the disaster?" on page 2

Please provide a bank statement/s that:

✔ includes the business bank details for the trading account of the nominated business:

- Business name
- Business address
- Account name
- Account number

- BSB

✓ confirms the expenses for which grant funding is being utilised

✓ matches the previous business bank account details.

💡 Please highlight the payments made using the grant funding in the statements before uploading them.

📎 Please upload your bank statement/s here *

💡 You must upload at least one file

Please upload any additional supporting evidence here

💡 This question is optional

Expenses Not Yet Paid (*Not Applicable*)

This section is not applicable because of your response to question: "Have you paid eligible expenses equal to the amount requested since the disaster?" on page 2

Applicants are generally required to provide documentation of eligible expenses incurred, up to the amount applied for, since the disaster at the time of application.

In exceptional cases (for example, where a business has remained closed for extended periods), DESBT will consider applications where expenses have not yet been fully incurred.

💡 Please note this additional consideration may delay decision times.

Please detail why the eligible expenses have not yet been fully incurred *

Must be no more than 350 words.

Applicant Business details

* indicates a required field.

Applicant 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

Must be an ABN. The ABN you enter above must be the ABN associated with the Business Name below.

Applicant business name *

💡 Enter the entity name as above

If you conduct business under a different business or trading name, please enter here

💡 Provide this information if your 'trading as' business name is different to the Applicant Business name above

Primary phone number *

💡 Must be an Australian landline with area code or mobile number

Primary email address *

💡 Must be the primary email address of the business applying for the grant. The outcome of your application will be sent to this email address.

Business Contact *

Title **First name** **Last name**

This person must have the authority to enter into a Funding Agreement on behalf of the business.

Position *

e.g. Director, Owner, Manager

Please provide a **signed and witnessed [100-points of identification check form](#)** for the Business Contact.

Please ensure you have included the following on the form:

- ✓ Name of the business owner/director responsible for the application
- ✓ Application ID
- ✓ Confirmation that at least two forms of identification, at least one including a signature, were sighted by the approved witness
- ✓ Business owner/director declaration including name, signature, date of signature
- ✓ Approved Witness' declaration including position, name of the law firm (if applicable), name of approved person, date ID sighted, signature, date of signature

Please upload your completed 100-points of identification check form *

Attach a file: No file chosen

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

Street Address *

Search

Must be a street address (not a PO Box). Address Line 1, Suburb/Town, State/Province, Postcode and Country are required. Country must be Australia.



Business Bank Account details

Note: The Business Bank Account details must match the information on the bank statements provided in the previous section.

BSB Number *

Must be a number. Do not include a dash between the numbers.

Account Number *

Must be a number. Do not include a dash between the numbers.

Full Account Name *

Name of your bank account

Business Name *

As it appears on your bank statement

Demographics

The following questions apply to the owner-operator of the business:

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

[Clear](#)

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](#)

Does the owner operator/s have a disability? *

- Yes
 No
 I do not wish to answer this question

[Clear](#)

Business operating details

* indicates a required field.

What goods or services does your business offer to the community? *

Word count:

 Describe your business, including the products or services it provides and your target market. **Must be no more than 100 words.**

Which business industry sector best classifies your business? *

 (ANZIC code) Type a keyword in the box and select the applicable industry at the lowest level (most indented)

 How to select your industry above:



- Start typing a keyword into the box below.
- A list of matching industries (ANZSIC codes) will show.
- There are four levels in an ANZSIC code. Please select the lowest populated level (indented) matching code.
- If you can't find anything that matches, try using the [Australian Bureau of Statistics \(ABS\) ANZSIC search](#) to find 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 be shown.
 - Select the most indented industry that matches the class name you copied.

Does your business identify as working within the following sectors?


Tourism Social Enterprise [Clear](#)

What was your employee headcount traditionally during the affected period? *

How many years has the business been trading for? *

 **Employee headcount:** Count each employee, not the full-time equivalent - includes full-time, part-time, casual, fixed-term and non-fixed-term employees. Excludes individuals who are not employees, such as contractors or sub-contractors. **Must be a whole number.**  **Must be a number.**

What was the total revenue for the business last financial year? *

 **Must be a dollar amount.**

Aboriginal or Torres Strait Islander business

Is your 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 your business 50% or more owned by Aboriginal or Torres Strait Islander people?" on page 4

Are you registered with Supply Nation? *

 www.supplynation.org.au

Are you registered on Black Business Finder? *

 www.bbf.org.au

Are you a member of the Queensland Indigenous Business Network (QIBN)? *

 www.qibn.com.au/

Future Outlook

Do you expect to grow your revenue in the next 12 months? *

- No, we expect revenue to decrease substantially
- No, we expect revenue to decrease slightly
- We expect revenue to remain the same
- We expect revenue to increase slightly
- We expect revenue to increase substantially

[Clear](#)

Do you expect to grow your workforce (employee numbers) over the next 12 months? *

- No, we expect our workforce to decrease substantially
- No, we expect our workforce to decrease slightly
- We expect our workforce to remain the same
- We expect our workforce to increase slightly
- We expect our workforce to increase substantially

[Clear](#)

Declaration and submission

*** indicates a required field.**

Declaration and acknowledgement

By submitting an application, I declare that: *

- I am authorised to make this Declaration and submit this application on behalf of the applicant business;
- I agree to the Privacy Statement;
- I have not provided false or misleading information or documentation within this application;
- I have read and understood the eligibility requirements as specified in the Guidelines;
- I have read, understood, and agree to the Terms and Conditions;
- I have disclosed all information relevant to the application;
- The business, along with its office holders, has complied with and will continue to adhere to all relevant local, State, and Australian laws and regulations;

- I understand that submitting an application does not guarantee that I receive a grant;
- The business was located within the defined disaster area for the specific disaster event;
- For a consecutive period of at least 14 days, directly due to the impact of the specified disaster event, the business was either completely unable to conduct trading activities or experienced a decrease in revenue of at least 70% when compared to the same 14-day period in the preceding year;
- The business intends to continue business operations into the future; and
- The business is not insolvent or has owners or directors who are undischarged bankrupts.

[Clear](#)

At least 12 choices must be selected.

I acknowledge that, if I am successful for grant funding, I: *

- am authorised to enter into a funding agreement on behalf of the applicant business;
- will advise DESBT of any proposed variations to the funding agreement;
- will expend the grant monies within 3 months of entering into the funding agreement;
- will fully acquit the grant monies within the required timeframe; and
- will participate in a follow up survey after acquitting the grant.

[Clear](#)

At least 5 choices must be selected.

🚫 Submitting the application

- Pressing the submit button lodges your application. Please ensure you review your application before submitting it, as you cannot change it after lodgement.
- A return email receipt will be sent when the application has been successfully submitted.
- An application is only considered to have been received by the department once the submitter has received an email receipt.
- If you do not receive an email receipt within 2 business days of submitting your application, please contact the department using the contact details below.
- The email receipt does not provide any assurance of funding.
- **By submitting this application, you declare that the information provided in this application is true and correct. The department's obligation to provide a grant is subject to all information provided as part of the application and any reports being complete and accurate. If you provide false or misleading information, this may result in penalties to you, including refunding some or all of the grant funding.**

Enquiries

For further enquiries on this application form, please email disastergrants@desbt.qld.gov.au or call the DESBT Small Business Hotline on 1300 654 687.

Need some specific information or support? Our Regional Office can help. Just let us know and we'll connect you with someone who can assist you.

Yes No [Clear](#)

Grant Information

Department of Employment, Small Business and Training

Small Business Hotline: 1300 654 687

Business Basics: basics@desbt.qld.gov.au

Business Boost: boost@desbt.qld.gov.au

Business Growth Fund: grants@desbt.qld.gov.au

General: grants@desbt.qld.gov.au

Technical Assistance

SmartyGrants

Phone: 03 9320 6888

Email: service@smartygrants.com.au

Technical help guide for applicants

Applicant Frequently Asked Questions (FAQs)