

# Before you start

#### Business Basics grants program (Program), Round 5 - Resilience

The first stage of the application process, is the Registration of Interest.

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

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

- 1. Stage 1: Registration of Interest (ROI):
  - During Stage 1, applicants register their interest in the grant program.
  - Important: DESBT accepts online submissions only via this designated form.
  - Once submitted, applicants cannot provide additional information or evidence for the ROI.

#### 2. Stage 2: Full Application (If Selected):

- If an applicant progresses to Stage 2, they will receive notification.
- At this point, they must provide further supporting evidence for their grant application.

# About this form

Before completing this application form, please review the Business Basics Round 5 Guidelines and Terms and Conditions.

#### **Icons** key





# 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.
- Include only realistic and probable answers.
- · 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 <a href="mailto:basics@desbt.qld.gov.au">basics@desbt.qld.gov.au</a>.

# 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 fo	orm.
Application warnings	
DESBT will only consider:	
✓ an application from a Responsible Person with a direct link to the business. We will not accept applications from third parties.	A Responsible Person includes owners, business partners, directors, employees - manager or higher, trustees, public officers, office bearers or company secretaries of the business applying for the grant.
	Third parties can include a business or a financial advisor, such as an accountant, or the supplier mentioned in the grant funded activity.
✓ one application per business, related party or financial beneficiary.	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 Stag	ge 2 Full Application.
Eligibility	
* indicates a required field.	
Confirmation of Eligibility	
This section of the registration form is designed to help both the A	pplicant and DESBT determine eligibility for this grant.
Please complete this section before proceeding further.	
If you have any questions regarding the eligibility criteria, please c $\underline{basics@desbt.qld.gov.au}.$	ontact the DESBT <b>Small Business Hotline on 1300 654 687</b> or emai
The <b>Applicant</b> means the legal entity applying for financial assistant Employment, Small Business and Training (DESBT).	nce under the Program and submitting to the Department of
I confirm the Applicant has read and understood the Guidelines a Conditions *  Yes No Clear	and Terms and

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

less than 20 employees (by headcount)
operating and has an active Australian Business Number (ABN)
registered for GST

a registered Queensland headquarters location (as per your Australian Business Register (ABR) record)

a minimum trading history of 1 year

a minimum turnover of \$75,000 and maxiumum turnover of \$300,000 for the last financial year (2022/23)

□ NOT received funding under Rounds 1 to 4 of the Business Basics grants program

NOT insolvent or have owners/directors that are an undischarged or currently bankrupt

Clear

Please note: You must maintain an active ABN, GST registration, QLD headquarters and not become insolvent or have owners/directors that become 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  $^{\ast}$ 

	O	
⊃ Yes	□ No	Clear

# Applicant details

\* indicates a required field.

### **Privacy Statement**

DESBT collects your personal information for the purposes of:

- managing the Business Basics Grants;
- 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 <a href="www.qld.gov.au/legal/privacy.">www.qld.gov.au/legal/privacy.</a>

I confirm the Applicant has read, understood and accepts the Privacy Statement.

Yes No Clear

# **Applicant Organisation Details**

 $\bigcirc$  The ABN you enter below must be the ABN associated with the applying entity/business.

# 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 ACNC Registration Tax Concessions Main business location

Must be an ABN. The ABN lookup is extracted from the Australian Business Register (<a href="https://abr.business.gov.au/">https://abr.business.gov.au/</a>)

 $\bigcirc$  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:
  - ${\bf 1.\,Apply\,to\,update\,your\,ABR\,record.\,It\,only\,takes\,24-hours\,to\,update.}$ 
    - 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 ABR record.	ne page. This should refresh the form with the updates from your
Applicant entity name (per above ABN lookup): *	Please enter your <i>entity name</i> (associated with your ABN above) using <b>capitalisation for the first letter of each word</b> .
	<ul> <li>Avoid using all uppercase or all lowercase letters.</li> </ul>
	By following this guideline, applicants can ensure clarity and consistency in their submissions. We thank you for your attention to detail!
	If you enter a different business name to the registered entity name above, your application may be deemed ineligible if a clear association between the name and the ABN cannot be validated.
Has the Applicant previously operated this business under a difference of the No Clear	erent ABN?*
This section is not applicable because of your response to question different ABN?" on page 3	n: "Has the Applicant previously operated this business under a
Previous ABN number	Supporting Evidence
Please enter the previous ABN number: * Must be a number.	Please provide evidence of the previous ABN * A minimum of 1 file must be attached.
	<ul> <li>a copy of the applicants Australian Securities and Investments Commission (ASIC) Company Statement listing both entities, or</li> <li>a copy of ABR record to list the history, or</li> <li>a copy of the ABN Certificate to substantiate ownership of the previous ABN</li> </ul>
Organisation Details - Contact Information	
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	
This section relates to the entity identified in the <i>Applicant ABI entity name</i> question.	Vquestion above and matches the entity identified in the <i>Applicant</i>
What entity type do you trade under: *  Sole Trader Company Partnership Trust Not for Profit Clear	

Do you conduct business under a different name (other than the entity named in the Applicant ABN)? \*

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

Clear

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

• "Do you conduct business under a different name (other than the entity named in the Applicant ABN)?" on page 3

Registered / Trading business name: \*

# Organisation Details - Trust (Not Applicable)

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

- "What entity type do you trade under:" on page 3
- "Do you conduct business under a different name (other than the entity named in the Applicant ABN)?" 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?

# Evidence of Trust Link will be requested at Stage 2 (if selected) (Not Applicable)

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

• "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

### **Business Operating Address**

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

# Street address \*

Search

 $\label{lem:country} Address\ Line\ 1, Suburb/Town, State/Province, and\ Postcode\ are\ required.\ Country\ must\ be\ Australia\ Must\ be\ a\ street\ address\ (not\ a\ PO\ Box).$ 



# 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.

#### **Employee Headcount**

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

Must be a whole number (no decimal place) and less than 20.

- Please note, to be eligible you must meet the below criteria at the time of applying for the grant:
  - your business must have less than 20 employees.

# PEmployee 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 4 of the FAQS for more information.

### **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 \$75,000.

- Please note, to be eligible you must meet the below criteria at the time of applying for the grant:
  - a minimum turnover of \$75,000 and maximum of \$300,000 for the last financial year (2022/23)
- **☐ Turnover** amount of money or sales (revenue) that passes through a business entity in a financial year.

# Responsible Person

- \* indicates a required field.
- $\bigcirc$  The Responsible Person is who we talk to regarding this Business Basics application. They must be either:

✓ an owner	✓ a trustee
✓ a business partner	✓ a public officer
<b>✓</b> a director	

#### 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.	
Email address *	
Must be an email address.	
Is the responsible person listed in your Australian Business Reg  Yes No Clear	gister record? *
Evidence of Responsible Person Link will be requested	d at Stage 2 (if selected) <i>(Not Applicable)</i>
This section is not applicable because of your response to questi	ons:
<ul><li> "Role in business applying for funding" on page 4</li><li> "Is the responsible person listed in your Australian Business</li></ul>	s Register record?" on page 4
	ication, you will be asked to provide evidence of the identity of the
Owner-operator Diversity	
$\bigcirc$ The following questions apply to the owner-operator of the b	usiness, the person nominated as the <b>Responsible Person</b> above.
Which of the following best describes the owner operator/s gender identity?*	Does the owner operator/s speak a language other than English at home?*
○ Man	Yes, I speak a language other than English at home
Woman	O No
Non-binary	I do not wish to answer this question
<ul><li>I use a different term</li><li>I do not wish to answer this question</li></ul>	Clear
Clear	Is the owner operator/s of Australian Indigenous descent? *
Clear	Aboriginal
What is the owner operator/s age range? *	Torres Strait Islander
○ 15-24 years	Australian South Sea Islander
25-34 years	None of the above
35-44 years	I do not wish to answer this question
45-54 years	Clear
55-64 years	Does the owner operator/s have a disability? *
65-74 years	Yes
75-84 years 85 years and over	O No
Rather not say	I do not wish to answer this question
Clear	Clear
Certification and submission	
* indicates a required field.	
Applicant declaration	
I certify that: *	
<ul> <li>1. I am authorised/delegated to make this declaration on beha organisation; and</li> </ul>	alf of my
<ul> <li>2. I have read and understand the eligibility requirements for specified in the Guidelines and Terms and Conditions; and</li> </ul>	the Program as
3. I am not a third party as defined in the Guidelines; and	
$oxedsymbol{\square}$ 4. The statements made within this registration are true and ${f c}$	
5. I have not provided false or misleading information or docu	mentation within
this application; and	I that culmitting
<ul> <li>6. I understand that there is limited funding for this round and this ROI does not guarantee progression to stage 2, or that I re</li> </ul>	
Clear	

# Submitting the registration

- Pressing the 'submit' button lodges your application.
- Review your application before submitting it, as you cannot change your application after lodgement.
- After submitting the application, you will receive an email receipt (please check your junk folders).
- DESBT has not received your application until you have received an email receipt.
- If you do not receive an email receipt within two business days of submitting your application, please contact DESBT.

### **Enquiries**

For further enquiries on this application form, please email <a href="mailto:grants@desbt.qld.gov.au">grants@desbt.qld.gov.au</a> or call DESBT <a href="mailto:small Business Hotline on 1300">Small Business Hotline on 1300</a> 654 687.

Submitting From *	<ul><li>business' premises</li></ul>
	one office
	shared workspace
	accountant's / business consultant's office
	<ul><li>supplier's premises</li></ul>
	Other:
	Clear

# **Application Outcomes**

Note: You will be notified via email of the outcome of your Registration of Interest for this grant.