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* indicates a required field

Applicant business name *

Applicant organisation details

Organisation Name	
Applicant ABN *	
Applicant Abit	
The ABN provided will be used to look up the following information. Concert that you have entered the ABN correctly.	CI

lick Lookup above to

Information from the Australian Busine	ess Register
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	Nore information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Please note

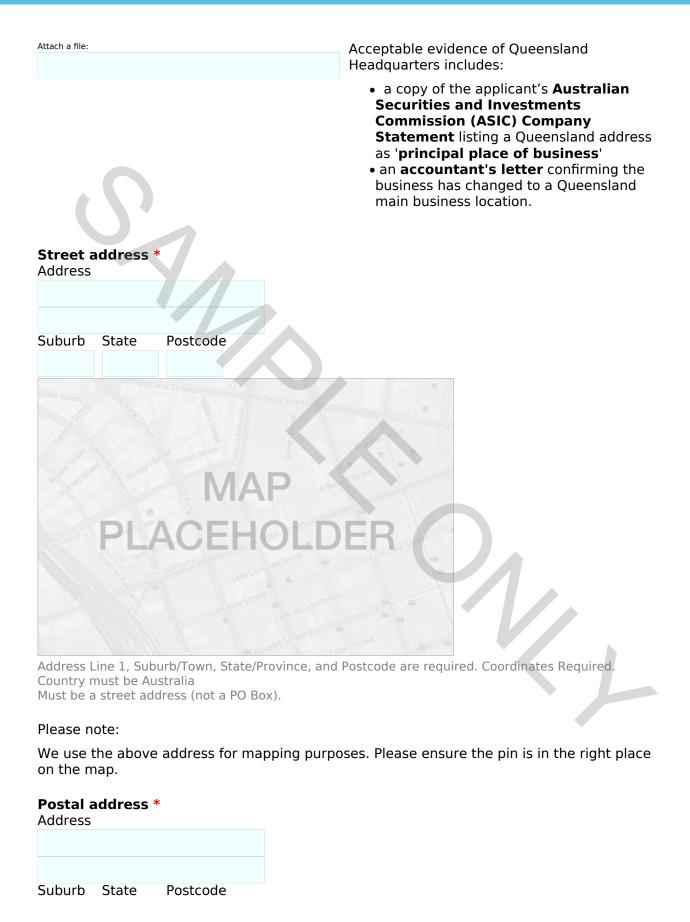
The ABN Lookup is extracted from the <u>Australian Business Register</u> (ABR).

If the following is in your business's ABR record at the time of your application, your application is deemed ineligible:

- ABN not active
- not registered for GST

ls	the main	business location	on the business's AB	R record in Queensland? *
0	Yes		○ No	

Please upload evidence that your business's main location is in $\mbox{\it Queensland}$



Must be an Australian post code	
Primary phone number *	
(XX) XXXX XXXX or XXXX XXX XXX	
Secondary phone number	
(XX) XXXX XXXX or XXXX XXX XXX	
Primary email address *	
Must be an email address. Please note: the outcom	o of your application will be cont to this email
address.	le or your application will be sent to this email
Primary website	
Must be a URL	
Business contact details	
Business contact name * Title First Name Last Name	Business contact phone number *
	Must be an Australian phone number.
Business contact position *	(XX) XXXX XXXX or XXXX XXX XXX
	Business contact email *
	Must be an email address.
Business details	
* indicates a required field	
Which industry sector (ANZSIC code) does your business fall under	*How many years has the business been trading for? *
If you are unsure, you can look up your ANZSIC code at: https://www.ato.gov.au/Calculators-and-tools/Business-industry-code-tool/AnzsicCoder.aspx	a number and at least 3 Format X.X
Does your business identify as working within the following sectors ☐ Tourism	How many employees does the business have? *
☐ Social Enterprise ☐ National Disability Insurance Scheme (NDIS) This question is for reporting purposes only.	a whole number (no decimal place) and between 0 and 49

Describe your business including the products or services it provides and your target market. *	Must be a whole number and between 0 and 19. Please provide a simple headcount. Do not include contractors.			
Must be no more than 100 words.				
Business Plan				
Please upload a copy of your business pl Attach a file:	an *			
A minimum of 1 file must be attached. You can upload multiple files here one at a time				
Turnover and Gross Profit: last fina	ncial year (Last FY)			
Please provide the turnover and gross profit f	or the last financial year.			
Last FY Turnover * Gross profit *	Evidence: last FY profit and loss * Attach a file:			
\$ Must be a dollar amount and at Gross profit is yo	our turnover			
least 500000. (revenue) less th	ne cost of goods A minimum of 1 file must be of sales). Must beattached.			
Turnover: current financial year to	date (FYTD)			
Turnover FYTD *	Evidence: FYTD profit and loss * Attach a file:			
Must be a dollar amount.	A minimum of 1 file must be attached.			
Turnover: forecast for the remaining month/s of the current financial year (Forecast)				
Turnover Forecast *				
Must be a whole number (no decimal place).				
Turnover: change				
Over the last 12 months what has been the percentage change in turnover for the business? *	What are the three (3) major factors contributing to this change?			
This number is calculated. The formula: ((Turnover FYTD + Turnover forecast) - Last FY Turnover) / Last FY turnover	Word count: Must be no more than 100 words. List up to three factors			

Balance Sheet

Upload a **simple balance sheet** for your business – this includes the current asset, debt and equity structure of the business. Clearly and separately identify the value of the intellectual property held by the business, and who holds any debt and on what terms.

Upload your balance sheet * Attach a file:	
A minimum of 1 file must be attached. You can upload multiple files here one at a time	
Diversity	
Is the business 50% or more owned by A	boriginal or Torres Strait Islander people?
○ Yes	○ No
Is the business registered with Supply N O Yes www.supplynation.org.au	lation? * O No
Is the business registered on Black Busin Yes www.bbf.org.au	ness Finder? * O No
Please indicate if the owner/s of the bus groups * Women in business People with a disability in business Young people in business Seniors in business Culturally and linguistically diverse None of the above	iness identifies as any of the following
What percentage of your business is wo	men-owned?
Must be a number. Your answer is a percentage.	
Project details	
* indicates a required field	
Project title *	Proposed start date *

Give the work to be undertaken a title to make it easier to reference. Must be no more than 15 words

Must be at least 3 months away. Funding will not be approved for work already started or completed.

Which program objectives align with your project? (check all that apply) *

- ☐ Create employment assist the business to employ more staff and grow
 ☐ Increase capability increase the capability and resilience of the business
- Embrace opportunities enable the business to embrace new
- ☐ Access innovation improve business innovation and competitiveness

Provide a short description of the proposed project, the purchases to be funded and how they will be implemented. \ast

no more than 200 words Provide a short description (100 words recommended) of your project - what are you out to do?

Proposed end date *

The project (including implementation if purchasing equipment) must run for a minimum of 6 months to a maximum to 12 months.

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

Word count:

Must be between 150 and 250 words.

Describe the specific issue or need you want to address. Describe how implementing the proposed project will enable the business to move to the next stage of growth. Your application will be assessed on this question so be very clear.

Expected project outcomes

What are the expected outcomes of the project? *

Word count:

Must be between 150 and 250 words. Describe the business improvements you want to achieve. Your application will be assessed on this question so be very clear.

6 months after completing the project Please provide your forecast for revenue growth, gross profit increase and additional employees you **expect 6 months after completing the project.**

Forecast revenue growth *

\$

Must be a dollar amount.

Forecast gross profit increase *

\$

Must be a dollar amount.

This is the expected increase, not the total Gross Profit.

Forcast additional employees *

Must be a number.

Suppliers

* indicates a required field

Please complete the details for each supplier to be engaged. You can add additional suppliers (up to a maximum of 4 suppliers).

Any proposals must include:

- product specification and costs
- a breakdown of implementation activities
- delivery timeframes

Supplier 3

- the payment schedule
- names of key people who will supply and install the equipment.

All quotations must be formal quote on business letterhead.

Supplier 1 Supplier 1 business name Provide a brief description of the proposed Upload a copy of the supplier's proposal or quote * Attach a file: items from this supplier Supplier 1 website Ensure that you attach a copy Must be no more than 20 words. of the proposal or quote as your application cannot be assessed Supplier 1 - quote amount (excluding GST) * until one is received Must be a dollar amount. **Excluding GST** Is there another supplier? * Yes No If no, proceed to 'Total amount requested' section. Supplier 2 Upload a copy of the supplier's proposal or Supplier 2 business name * Provide a brief description of the proposed items from this supplier * Attach a file: Supplier 2 website Ensure that you attach a copy Must be no more than 20 words. of the proposal or quote as your application cannot be assessed Supplier 2 - quote amount (excluding GST) * until one is received \$ Must be a dollar amount. **Excluding GST** Is there another supplier? * ○ No If no, proceed to 'Total amount requested' section.

Supplier 3 business name	Provide a brief description of the proposed items from this supplier	Upload a copy of the supplier's proposal or quote * Attach a file:	
Supplier 3 website	Must be no more than 15 words.	Ensure you attach a copy of	
	Supplier 3 - quote amount (excluding GST) *	the proposal or quote as your application cannot be assessed until one is received	
	Must be a dollar amount. Excluding GST		
Is there another supplier? O Yes If no, proceed to 'Total amount'	○ No		
Supplier 4			
Supplier 4 business name *	Provide a brief description of the proposed items from this supplier *	Upload a copy of the supplier's proposal or quote * Attach a file:	
Supplier 4 website	Must be no more than 20 words.	Ensure you attach a copy of the proposal or quote as your application cannot be assessed	
	Supplier 4 - quote amount (excluding GST) * \$ Must be a dollar amount. Excluding GST	until one is received	

Total amount requested

* indicates a required field

Amounts

Total project cost: total of supplier/s quote amount/s (excluding

This number/amount is calculated. Read only.

Enter your total requested grant amount: this amount should be between 50 and 75% of the total project cost up to a maximum \$50,000 (excluding GST) *

a dollar amount and no more than 50000 **Excluding GST**

Confirmation and acknowledgement

I confirm the applicant organisation will fund a co-contribution of between 25 and 50 per cent of the total project cost if the application is approved *

O Yes

I acknowledge the submitted total project cost and total requested grant amount is subject to a compliance check. This could result in a change to the approved grant funding amount. *
O Yes

I acknowledge that to receive this funding a representative of the business will be required to pitch the project proposal to an assessment panel either in person or via videoconference/ teleconference if unable to attend in person. *

Applicant agreement and submission

* indicates a required field

Privacy Statement

The Queensland Government is collecting your personal information to assess and coordinate grants in relation to the Business Growth Fund Program.

The Queensland Government, its officers, employees, agents and subcontractors may use and disclose any of the information provided within the application to third parties including Queensland government departments and agencies; Commonwealth government departments and agencies; other state or territory government departments and agencies and non-government organisations for purposes associated with administration of the Business Growth Fund Program, promotion and research purposes.

Information relating to successful grant applicants may also be the subject of disclosure such as media releases as otherwise provided in the approval letter, the terms and conditions in the application, and the terms and conditions in these guidelines.

The Queensland Government or the Minister responsible for the Small Business portfolio may publish information relating to grant recipients such as business name, funding amount and suburb/postcode on government websites and other details in the course of publicising the outcomes of the grants program which may include details of outcomes achieved from the recipient's grant.

The Queensland Government will only use your information for these purposes. Your personal information will be handled in accordance with the Information Privacy Act 2009 and will not otherwise be used or disclosed unless authorised or required by law.

The Queensland Government's privacy guide in relation to the treatment of information collected may be viewed at www.qld.gov.au/legal/privacy.

Personal contact details will be retained on the Department of Employment, Small Business and Training (DESBT) Customer Relationships Management (CRM) database so that we can contact you in the future to advise you of new issues or offers you may be interested in and to assist us to provide better services to you.

You may opt-out of any contact we initiate with you at any stage. Go to www.business.qld.gov.au/privacy to learn more about privacy and our CRM and the Business Queensland website.

Conditions

I certify the following:

- 1. The information supplied in this Business Growth Fund application is true, accurate and not misleading to the best of my knowledge;
- 2.My organisation is not in financial distress or trading insolvently;
- 3. The owner/s and/or director/s of my organisation are not an undischarged bankrupt;
- 4.I have not previously been approved to receive a Business Growth Fund grant;
- 5.I have received no guarantees or assurances that this Business Growth Fund application will be approved by the Queensland Government;
- 6.I have reviewed and accepted the Business Growth Fund Grants Terms and Conditions;
- 7.I am authorised/delegated to make this declaration on behalf of my organisation.

I acknowledge the following:

- 1.A successful applicant will have to accept legal and financial responsibility for the grant under the program terms and conditions before any grant is awarded;
- 2.All applications must be made by completing a Business Growth Fund Grants application form and submitting it online according to the instructions. All relevant questions must be completed. The application may not be considered if all relevant questions are not answered;
- 3.The official Business Growth Fund application form and any attachments required by the application can be submitted only via this website;
- 4.All matters that would affect the Queensland Government's decision to approve the funding allocation must be disclosed;
- 5.The Queensland Government reserves the right to undertake reasonable checks of the applicant and matters relevant to this application in its discretion. Such checks may include financial; on further consent, criminal history checks; and separately contacting the applicant to verify any statement or warranty in this application;
- 6. This application form is used for one application only; and
- 7.If my Business Growth Fund application is successful both myself and my organisation will be bound by the Business Growth Fund Guidelines and Business Growth Fund Terms and Conditions, copies of which were available on the Business Queensland website when I completed this application.

I have read, understood, and certify/acknowledge the above conditions * O Yes

Submitting the application

- Pressing the submit button lodges your application. Please ensure you review your application before submitting, as you cannot change your application after lodgement.
- When the application has been successfully submitted a return email receipt will be sent.
- An application is not considered to have been received by the department until the submitter has received an email receipt.
- If you do not receive an email receipt within two business days of submitting your application, please contact the department on 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 being provided as part of the application, and any reports, being complete and accurate. Where you provide false or misleading information, this may result in penalties to you, including refunding of some or all of the grant funding.

Enquiries

For further enquiries on this application form please contact the Department by email grants@desbt.gld.gov.au or telephone 13QGOV (13 74 68).