

Before you start

\* indicates a required field.

⊖ This application form relates to the specified disaster event: North and Far North Tropical Low 29 January – 28 February 2025.

To be eligible for this program, applicants must be located in Ingham or surrounding areas, have experienced a power outage lasting more than five consecutive days due to the de-energisation of the Ingham substation, resulting in the loss of perishable goods, and must not be insured for those losses.

⊖ This grant is not available to businesses that suffered a direct impact from the disaster and meet the eligibility criteria for the \$50,000 Exceptional Disaster Assistance Recovery Grant.

Before completing this application, please read the Exceptional Disaster Assistance Recovery grant - Ingham and Surrounding Areas Uninsured Perishable Stock Losses [Guidelines](#) and [Terms and Conditions](#), 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 CDSB Small Business Hotline on 1300 654 687 or email [disastergrants@desbt.qld.gov.au](mailto:disastergrants@desbt.qld.gov.au)

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

Applicants may not be able to submit any additional information or evidence after submitting their application.

#### Key Eligibility Check

Is your business located in Ingham or surrounding areas and was affected by the de-energising of the Ingham substation? \* ☐ Yes ☐ No [Clear](#)

Did this business experience a power outage of five or more consecutive days due to this event? \* ☐ Yes ☐ No [Clear](#)

Was your perishable stock loss uninsured? \* ☐ Yes ☐ No [Clear](#)

Do you have fewer than 20 full-time equivalent employees \* ☐ Yes ☐ No [Clear](#)

Is your annual turnover less than \$10 million? \* ☐ Yes ☐ No [Clear](#)

Does your business have an active Australian Business Number (ABN)? \* ☐ Yes ☐ No [Clear](#)

Is this business  
registered for GST? \*

Does this business  
have a business  
electricity account  
with an NMI in the  
Ergon Energy  
network?

☐ Yes ☐ No [Clear](#)

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

- "Is your business located in Ingham or surrounding areas and was affected by the de-energising of the Ingham substation?" on page 1
- "Did this business experience a power outage of five or more consecutive days due to this event?" on page 1
- "Do you have fewer than 20 full-time equivalent employees" on page 1
- "Is your annual turnover less than \$10 million?" on page 1
- "Is this business registered for GST?" on page 1
- "Does this business have a business electricity account with an NMI in the Ergon Energy network?" on page 1

 Based on your responses, you may not be eligible. Please review the grant guidelines before continuing.

## Business details


\* indicates a required field.

## Applicant details

Please select the applicant entity type \*

☐ Sole Trader ☐ Partnership ☐ Individual Trustees ☐ Company directors ☐ Company  
☐ Trust [Clear](#)

Company name \*

 Enter N/A if you are a sole trader and do not have a company name. Please enter the Company Director/s' details below

Trading Name

 Provide this information if your 'trading as' business name is different to the Company name above

Nominated 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

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.

## 100 Points ID check

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


 The following information must be included on the form:

- Application ID (This is your SmartyGrants submission number)

- Confirmation that at least two forms of identification, at least one including a signature, were sighted by the approved witness
- Full name of the business owner/director submitting this application
- Complete business owner/director section with Printed name; Signature; Date signed
- 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

A minimum of 1 file must be attached.  You must upload a completed 100-point ID check form, signed by an approved witness, unless alternative arrangements have been agreed upon with a CDSB staff member.

**Business 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.

Australian Business Register Information	
<b>ABN</b>	
<b>Entity name</b>	
<b>ABN status</b>	
<b>Entity type</b>	
<b>Goods &amp; Services Tax (GST)</b>	
<b>DGR Endorsed</b>	
<b>ATO Charity Type</b>	<a href="#">More information</a>
<b>ACNC Registration</b>	
<b>Tax Concessions</b>	
<b>Main business location</b>	

Must be an ABN. The ABN you enter above must be the ABN associated with the Company Name above. For Trusts,

**Trust details (Not Applicable)**

This section is not applicable because of your response to question: "Please select the applicant entity type" on page 2

**Trustee \***

**Trust Name \***

**Company Director/s and Trustee/s details**

You can add additional rows to this table by selecting **Add More** or using the **plus (+) symbol**.

Title	Surname	Given Names	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="+"/> <input type="button" value="-"/>

Must be at least 1 rows

**Business Address**

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

**Street Address \***

Enter a location

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



### Postal Address \*

☐ Same as above (Street Address)

Enter a location

💡 e.g. PO Box 456, Cairns QLD 4870

### Details of your business

#### What are your business's main products or services? \*

Word count:

💡 Describe your business including your target market. Must be no more than 100 words.

#### How many years has your business been actively trading? \*

💡 Must be a number.

#### Which industry or sector best describes 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.

#### What was your total revenue (gross income) for the 2023–24 financial year? \*

💡 Must be a dollar amount.

Is there anything else you'd like us to know about your business's role in the community or potential to recover and continue operating? (Optional)

Confirmation that you are an eligible small business:

How many people do you employ? \*

💡 employs fewer than 20 full-time employees (or fewer than 20 equivalent full-time employees – equivalent full-time employees can be determined using the following formula:  $E = F + P / 35$  E means the number of equivalent full-time, employees of the business. F means the number of full-time employees of the business. P means the total number of hours worked each week by employees who do not work full-time for the business.

Was the business operating in the defined disaster area prior to and at the time of the eligible disaster? \*

☐ Yes ☐ No [Clear](#)

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

Does the business intend to continue/reestablish its operations in the defined disaster area? \*

☐ Yes ☐ No [Clear](#)

Have you applied for or received any other government assistance for the costs now being claimed? \*

☐ Yes ☐ No [Clear](#)

💡 Please select yes

This section is not applicable because of your response to question: "Please select the applicant entity type" on page 2

Do you derive the majority of your income from this business? (financial statements may be requested to confirm business income) \*

If you are an existing Queensland Rural and Industry Development Authority (QRIDA) client, please provide your Client ID number:

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

Have you received funding under the QRIDA Exceptional Disaster Recovery Grants - North and Far North Tropical Low program? \*

☐ Yes ☐ No [Clear](#)

Other Government Assistance (Not Applicable)

This section is not applicable because of your response to question: "Have you applied for or received any other government assistance for the costs now being claimed?" on page 2

List any other government help you have applied for or received for the *North Queensland and Far North Queensland Tropical Low* event.

Hints 💡


- **Total funding received:** If you've received more than one payment from the same program (e.g. EDARG) for the same disaster event, please enter the *total combined amount* received.
- **Date funding received:** If you haven't received any funding, you can *leave this question blank*.
- **Reason and period for claim:** Briefly describe what you're claiming for and the time period covered (e.g. *replacement of stock and operational expenses from January to February 2025*).
- You can add additional rows to this table by selecting **Add More** or using the **plus (+) symbol**.
- Use the slider at the bottom of the table to view any hidden columns

What other government assistance have you applied for or received?	Date Applied	Total funding received	Date funding received	Reasons for claim and period of claim	📎 Please upload your application and/or approval letter

[Add More](#)

Must be at least 1 rows


### Payment details

 **Double-check your bank details carefully** – Incorrect details may significantly delay your payment or result in it being rejected.


**Bank \***

 Bank Name (e.g. Commonwealth, NAB, Bendigo)


**BSB Number \***

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


**Branch \***

 What is the bank branch location - usually it will be linked to the BSB number

**Account Number \***

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

**Account Name \***

 Full name of your bank account

### Disaster event impact

**\* indicates a required field.**

#### Details of the damage as a result of the eligible disaster

**Provide a summary of the perishable stock your business lost due to the power outage. \***


Word count:

 Please include types of items, estimated quantities, and estimated value.


 **Please upload evidence showing perishable stock losses. \***

Attach a file:  No file chosen

 [Select stored file](#)

 E.g. Five to ten photographs of spoiled stock or damaged goods, customer communications (emails or mailouts), and relevant social media posts.

### Business address electricity details

 **Please upload a recent electricity bill for the business premises where the perishable stock was located. \***

Attach a file:  No file chosen

 [Select stored file](#)

 Please provide a complete PDF version of your electricity bill. The bill should clearly show the business name, address, and National Metering Identifier (NMI).

**What is the National Meter Identification (NMI) number for the business premises? \***

 This number should be on the first page of your electricity bill.


**Date power outage commenced \***

Must be a date.

**Date power was reinstated \***

Must be a date.

**Number of days without power \***

 Include both the start and end date in your calculation. Must be a number. Date

## Insurance Claims

**Have you made an insurance claim in relation to the damage caused by the disaster? \***

☐ Yes ☐ No [Clear](#)

 A copy of the outcome of your insurance claim must be provided to CDSB once determined.

### Insurance Claim Details *(Not Applicable)*


This section is not applicable because of your response to question: "Have you made an insurance claim in relation to the damage caused by the disaster?" on page 3

*You have selected Yes* - Please list any insurance claims you have applied for or received for the *North Queensland and Far North Queensland Tropical Low* event.

You can add additional rows to this table by selecting **Add More** or using the **plus (+)** symbol.

Use the slider at the bottom of the table to view any hidden columns.

 **If you are eligible to claim losses under insurance you must finalise this claim before applying for this grant.**

Insurance company name	Policy/claim no.	Date applied	Reasons for claim and period of claim	Date received	Total amount received	 Please upload your Insurance Claim documents including reimbursements
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[Add More](#)

Must be at least 1 rows

### Did not claim insurance *(Not Applicable)*

This section is not applicable because of your response to question: "Have you made an insurance claim in relation to the damage caused by the disaster?" on page 3

**You have selected No - please indicate why \***

Additional insurance/Other details:

 Attach any insurance policy here

### Funding request

Funding is only available for the cost of restocking uninsured perishable goods lost during the power outage caused by the de-energising of the Ingham Substation. The expenses must relate directly to damage caused by this event and the replacement of perishable stock.

#### Eligible items include:

- Spoiled food items such as meats, seafood, dairy products, beverages, fresh produce, and prepared meals
- Perishable ingredients and raw materials used in food preparation
- Perishable retail merchandise such as flowers, certain cosmetics, or medications requiring refrigeration.

 **Do not include non-perishable items, capital equipment, wages, or losses covered by insurance.**

To support your claim, please provide the following information for each expense:

1. **A description of the perishable stock being claimed** (e.g. type of goods lost and replaced)
2. **The amount you are claiming** (excluding GST)
3. **Proof of payment for replacement stock** (e.g. paid tax invoices or receipts or bank statements with payment highlighted)

You can add additional rows to this table by selecting **Add More** or using the **plus (+)** symbol.

Use the slider at the bottom of the table to view any hidden columns.

Maximise

Items being claimed	Claim amount (\$) - as per invoices being claimed	Proof of payment
<input type="text"/>	<input type="text"/>	Attach a file: <input type="button" value="Choose Files"/> No file chosen <input type="button" value="Select stored file"/>

Add More

Must be at least 1 rows

#### Total funding amount requested \*

This is the total of all figures listed in the column Claim Amount.

#### Acknowledgements, consents and privacy statement

\* indicates a required field.

#### Declaration and acknowledgement

Please tick each of the below to indicate your acceptance. Your acknowledgement and acceptance of each item is a condition of submitting a valid application

#### 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 have read and understood the eligibility requirements as specified in the Guidelines and have obtained clarification where needed
- ☐ I have read, understood, and agree to the Terms and Conditions
- ☐ I have read the Privacy Statement below and understand how personal information provided in my application may be collected, used and disclosed
- ☐ I have disclosed all information relevant to the application and all of the information provided in the whole of this application is true and accurate and discloses the business' correct financial position.

[Clear](#)

At least 5 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 participate in a follow up survey after acquitting the grant.

[Clear](#)

At least 2 choices must be selected.

#### Privacy Statement

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

- managing the Exceptional Disaster Assistance Recovery Grant - Ingham and Surrounding Areas Uninsured Perishable Stock Losses;
- promoting relevant issues and services to you; and
- researching and reporting on grant programs.

CDSB, 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.



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

CDSB 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.

CDSB will only use your personal information for these purposes. CDSB will handle your personal information in accordance with the *Information Privacy Act 2009*. CDSB 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](http://www.qld.gov.au/legal/privacy).

By completing and submitting this application, you are consenting to CDSB managing your personal information in the manner described in this Privacy Statement.

## Referral and Support

### How did you find out about this assistance?

- |  |  |
|--|--|
| <input type="checkbox"/> CDSB Regional Staff         | <input type="checkbox"/> Social Media (LinkedIn, Facebook) |
| <input type="checkbox"/> Business Queensland website | <input type="checkbox"/> Financial Counsellor              |
| <input type="checkbox"/> Google                      | <input type="checkbox"/> Other:                            |
| <input type="checkbox"/> Word of Mouth               | <input type="text"/>                                       |

[Clear](#)

### Who else assisted you with this application process?

- |   |   |
|---|---|
| <input type="checkbox"/> Financial Counsellor | <input type="checkbox"/> Community Recovery Officer |
| <input type="checkbox"/> Accountant           | <input type="checkbox"/> Other:                     |
|   | <input type="text"/>                                |

[Clear](#)

## 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](mailto:disastergrants@desbt.qld.gov.au) or call the CDSB 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](#)

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## Grant Information

Department of Customer Services, Open Data,  
and Small and Family Business

Small Business Hotline: 1300 654 687

Business Basics: [basics@desbt.qld.gov.au](mailto:basics@desbt.qld.gov.au)

## Technical Assistance

SmartyGrants

Phone: 03 9320 6888

Email: [service@smartygrants.com.au](mailto:service@smartygrants.com.au)

Technical help guide for applicants

SAMPLE