



## Business Growth Fund Round 5 Eligibility

\* indicates a required field.

### Applicants: please note

Before completing this application form, you should have read the [Business Growth Fund Round 5](#) guidelines (Guidelines) and terms and conditions (Terms and Conditions).

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 complete online applications for this grant. Posted, emailed, or PDF-attached applications will not be accepted.

### Confirmation of Eligibility

This section is designed to help you, and DESBT understand your eligibility for this grant. It's crucial that you complete these questions before any others to help you decide if this grant is suitable for an application.

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](mailto:grants@desbt.qld.gov.au).

I confirm that the Applicant has read and understood the Business Growth Fund Round 5 Guidelines and Terms and Conditions \*

☐ Yes ☐ No [Clear](#)

I confirm that the Applicant has:

- a minimum of **5** and a maximum of **49 employees** (by headcount);
- an **active Australian Business Number (ABN)** and is **registered for GST**;
- a **Queensland headquarters**;
- 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**;
- competitive opportunities in domestic or international markets; and
- experienced **two years of high-growth\*** and have clearly defined high-growth and employment opportunities in Queensland.

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

Note: You must also maintain this eligibility for the **duration** of the grant-funded activity.

I confirm the above statements are true and correct \*

☐ Yes ☐ No [Clear](#)

You must confirm that all statements above are true and correct.

I confirm that the business is not insolvent and any owners/directors of the business are not an undischarged bankrupt or currently bankrupt \*

☐ Yes ☐ No [Clear](#)

I confirm the business has not previously been approved to receive a Business Growth Fund grant \*

☐ Yes ☐ No [Clear](#)

## 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](http://www.qld.gov.au/legal/privacy).

## Applicant organisation details

Applicant business name \*

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 (<https://abr.business.gov.au/>)

Primary phone number \*

Must be an Australian phone number.

Secondary phone number

Must be an Australian phone number.

Primary email address \*

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

Primary website \*

Must be a URL

## Confirm Queensland Main Business Location

In the grey box above, is the Main business location in Queensland? \*

☐ Yes ☐ No [Clear](#)

If No:

Please upload evidence that your business's main location is in Queensland \*

Attach a file:  No file chosen

You will need to upload at least one document.

Acceptable evidence of Queensland Headquarters includes:

- a copy of the applicant's **Australian Securities and Investments Commission (ASIC) Company Statement** listing a Queensland address as 'principal place of business'
- an **accountant's letter** confirming the business has changed to a Queensland main business location.

## Confirm GST registration

In the grey box above, is Yes next to Goods & Services Tax (GST)? \*

☐ Yes ☐ No [Clear](#)

## Organisation details - Business Entity

Does your business trade as a: \*

☐ Sole Trader ☐ Company ☐ Partnership ☐ Trust ☐ Not for Profit [Clear](#)

If Sole Trader:

Do you conduct this business under: \*

☐ Your own name  
☐ A registered business name  
[Clear](#)

If A registered business name:

Registered / trading business name: \*

## Organisational details - Trusts

If Trust:

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

Word count:

Provide evidence of the two entities being clearly related and operated by the same parties: \*

Attach a file:  No file chosen

A minimum of 1 file must be attached.

Acceptable evidence includes:

- a copy of the applicant's **Australian Securities and Investments Commission (ASIC) Company Statement** listing both entities, and
- an **accountant's letter** confirming the two entities are operated by the same parties and outlining the business relationship.

## 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



\*\*\*\*\* HELP \*\*\*\*\*

### Can't find your address?

1. Make sure you don't put in 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 and 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.

\*\*\*\*\*

## Confirm Queensland Address

I have checked that the address above is entered correctly \*

☐ Yes ☐ No [Clear](#)

Is the above street address in Queensland? \*

☐ Yes ☐ No [Clear](#)

## Postal Address

Postal address \*

Address line 1

Search

Address line 2

Suburb

State

Postcode

Must be an Australian post code

## Responsible Person

This must be the business owner / director / shareholder / trustee / office bearer of the business conducting the business activity.

Name \*

Title	First name	Last name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Role in business applying for funding: \*

☐ Owner ☐ Director ☐ Shareholder ☐ Trustee ☐ Office bearer (president/secretary/treasurer) [Clear](#)

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

[Clear](#)

This question is for reporting purposes only.

## Years trading, business stage and employee headcount

What year did the business commence trading? \*

Must be a year between 1800 and 2017

Years trading

This number/amount is calculated. 2023 minus 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.

Please note, to be eligible:

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

Definitions:

- **Employee headcount** - excludes owners, directors of the business and contractors.

What stage is your business at? \*

- ☐ Growth
- ☐ Established
- ☐ Expansion
- ☐ Mature
- ☐ Exit
- ☐ Not sure

[Clear](#)

## Aboriginal or Torres Strait Islander business

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

☐ Yes ☐ No [Clear](#)

If Yes:

Is the business registered with Supply Nation? \*

☐ Yes ☐ No [Clear](#)

[www.supplynation.org.au](http://www.supplynation.org.au)

Is the business registered on Black Business Finder? \*

☐ Yes ☐ No [Clear](#)

[www.bbf.org.au](http://www.bbf.org.au)

## About your business

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

Word count:

Must be no more than 100 words.

Please upload a copy of your business plan. \*

Attach a file:  No file chosen

A minimum of 1 file must be attached. You can upload multiple files here one at a time

Note: 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.

## Last financial year (FY 2021-22) turnover

Please provide financial details for the last financial year.

Please note, to be eligible you must have a turnover for the last financial year of **at least \$500,000**.

### Last FY Turnover \*

Must be a whole dollar amount (no cents) and at least 500000.

Definitions:

- **Turnover** - amount of money received by a business (revenue).

## Business growth

Please provide a description of your growth over the last two years \*

Word count:

Must be between 100 and 250 words.

Provide a letter from a **registered accountant** declaring:

- 2020/21 and 2021/22 turnover and employee headcount
- 2022/23 actual + projected (May and June) turnover and employee headcount

The accountant must be registered with either:

- [Certified Practising Accountant \(CPA\)](#) or
- [Chartered Accountants Australia and New Zealand \(CA ANZ\)](#) or
- [Institute of Public Accountants \(IPA\)](#)

### File Upload \*

Attach a file:  No file chosen

A minimum of 1 file must be attached.

## Project details

\* indicates a required field.

### Project title \*

Give the work to be undertaken a title 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 5 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\*; and
- 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 \*

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 no more than 200 words.

How is your project innovative? \*

Word count:  
Must be no more than 100 words.

In layman's terms, how is your equipment specialised? \*

Word count:  
Must be no more than 100 words. Consider this in terms of your industry

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.

Business contact details

Please provide the contact details of the business contact who will be running the grant-funded project.

Note: This must be either the Responsible Person (on the Applicant Details page) or an employee of the business.

Business contact name \*

Title	First name	Last name
<div></div>	<div></div>	<div></div>

Business contact phone number \*

Must be an Australian phone number.

Business contact position \*

Business contact email \*

Must be an email address.



## 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 number. This is the expected increase, not the employee headcount.

### 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.

## Total amount requested and co-contribution

\* indicates a required field.

### What is the likely total cost of your project? \*

Must be a dollar amount and at least 83333.

If the total amount requested is less than \$50,000, you will not be able to proceed with the application.

### Total Amount Requested (excluding GST) \*

Must be a dollar amount and between 50000 and 75000.

## Co-contribution

### Your Contribution

This number/amount is calculated.

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

### Calculated co-contribution percentage \*

This number/amount is calculated. Formula =  $100 - (\text{Total Amount Requested} / \text{Total Project Cost} \times 100)$

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

## Certification and submission

\* indicates a required field.

## Certification and acknowledgement

I certify that: \*

- ☐ 1. The statements made within this registration are true and correct;
- ☐ 2. I have read and understand the eligibility requirements for Business Growth Fund Round 5 grant as specified in the Guidelines and Terms and Conditions;
- ☐ 3. I am aware that there is limited funding for this round, and that submitting a registration does not guarantee progress to stage 2;
- ☐ 4. All matters that would affect the funding allocation decision have been disclosed;
- ☐ 5. I am authorised/delegated to make this declaration on behalf of my organisation; and
- ☐ 6. I am not a third party as defined in the Business Growth Fund Round 5 Guidelines.

[Clear](#)

## Submitting the application

Submitting From \*

- ☐ business' premises
- ☐ home office
- ☐ shared workspace
- ☐ accountant's / business consultant's office
- ☐ supplier's premises
- ☐ Other:

[Clear](#)

- 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 [grants@desbt.qld.gov.au](mailto:grants@desbt.qld.gov.au) or call DESBT Small Business Hotline on 1300 654 687.