

Before you start

* indicates a required field.

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

Before completing this application, please read the Small Business Recovery Assistance Grant 2025 North and Far North Tropical Low <u>Guidelines</u> and <u>Terms and Conditions</u>, 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 <u>disastergrants@desbt.qld.gov.au</u>

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.

Privacy Statement

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

- managing the Small Business Recovery Assistance Grant;
- 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.

Key Eligibility Check

Is your business Orean Ves No Clear located in one of the defined areas for the North and Far North Tropical Low disaster event? *

Do you have fewer Yes No Clear than 20 employees (by

headcount)? *				
Is your annual turnover less than \$10 million? *	• Yes	○ No	Clear	
Does your business have an active Australian Business Number (ABN) and did it hold that same ABN at the time of the disaster event? *	○ Yes	○ No	Clear	
Is your business registered for GST and was it registered for GST at the time of the disaster event?*	O Yes	○ No	Clear	
During a continuous 14-day period due to the disaster, was your business completely closed and unable to trade, or trading but lost at least 60% of its revenue compared to last year? *	○ Yes	○ No	Clear	
Have you recommenced or intend to continue trading? *	O Yes	○ No	Clear	

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

- "Is your business located in one of the defined areas for the North and Far North Tropical Low disaster event?" on page 1
- "Do you have fewer than 20 employees (by headcount)?" on page 1
- "Is your annual turnover less than \$10 million?" on page 1
- "Does your business have an active Australian Business Number (ABN) and did it hold that same ABN at the time of the disaster event?" on page 1
- "Is your business registered for GST and was it registered for GST at the time of the disaster event?" on page 1
- "During a continuous 14-day period due to the disaster, was your business completely closed and unable to trade, or trading but lost at least 60% of its revenue compared to last year?" on page 1
- "Have you recommenced or intend to continue trading?" on page 1

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

Funding request details

* indicates a required field.

Disaster event impact and damage

Was your business actively trading immediately prior to being affected by the disaster event *

○ Yes ○ No Clear

Q 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:

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

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

○ Yes ○ No Clear

Other Government Assistance (Not Applicable)

This section is not applicable because of your response to question: "Have you applied for other disaster grants or loans such as the Exceptional Disaster Assistance Recovery Grant or the Disaster Assistance Loan?" 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. an Exceptional Disaster Assistance Recovery Grant (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
	Must be a date.	Must be a dollar amount.	Must be a date.		
					Add Mo

Must be at least 1 rows

Insurance Claims

Have you made (or are intending to make) an insurance claim in relation to the damage or impact caused by the disaster? *

○ Yes ○ No Clear

Insurance Claim Details (Not Applicable)

This section is not applicable because of your response to question: "Have you made (or are intending to make) an insurance claim in relation to the damage or impact caused by the disaster?" on page 2

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	Date applied /	Total amount	Date	Reasons for claim and
company	Intend to apply	received	received	period of claim

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 (or are intending to make) an insurance claim in relation to the damage or impact caused by the disaster?" on page 2

TIP: You must clearly explain why your stock losses were not covered by insurance. If your business has no insurance, you must explain why insurance was not in place. If your insurance does not cover stock losses from this disaster, you must detail the specific exclusions or limitations and attach your insurance policy or relevant extracts confirming this.

You have selected No - please indicate why *

Provide your explanation below:

Please attach any relevant insurance documents or policy extracts here

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 60% when compared to the same 14-day period in the preceding year.

Clear

P 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

♀ If there are any deposits on your bank statement during the first 14 days of your business closure, please explain them. You can do this by: uploading a separate document with your explanation, providing invoices showing the deposits relate to work completed before the closure, or adding comments directly to your PDF bank statement. We will assess transactions from the first 14 days after your business closure to determine eligibility.

Closed date Must be a date

Must be a date.

Date re-opened or intended re-opening date * Automatic Action and Action Action

Number of continuous closure days * © Exclude the day of re-opening from the count. Must be a number. Date Calculator: https://www.timeanddate.com/date/duration.html

Bank statements (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 complete bank statements in **PDF format** that:

✓ include the business bank details for the trading account of the nominated business:

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

confirm a minimum 14 continuous days trading closure

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

X Excel spreadsheets or images (jpeg, gif) will not be accepted as bank statement evidence

Q When claiming **trading closure**, <u>only</u> upload a bank statement for the period your business was closed.

IMPORTANT: Please also upload any documents that explain deposits made during the closure period and/or provide invoices showing the deposits relate to work completed before the closure.

Please upload your PDF bank statement/s and other documents or invoices here *

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

Are you a new business that has only has been actively trading for less than 12 months? st

60% decrease in revenue (Not Applicable)

This section is not applicable because of your response to question: "Are you a new business that has only has been actively trading for less than 12 months?" on page 2

- Please provide the dates for the **14-day period** between which the business experienced a decrease in revenue of at least 60% when compared to the same period in the preceding year.
- Must be 14 continuous days due to the specific disaster event
- Able to be confirmed via bank statements

♀ Please review your bank statements before uploading them to ensure that the total deposits during the 14-day period of reduced revenue are at least 60% less than the total deposits for the same 14-day period in the previous year. This is part of the eligibility assessment. The easier it is for assessors to calculate this reduction, the quicker your application will be processed.

Start date of affected period[†] Must be a date.

End date of affected period Must be a date. Number of days affected * Include both the start and end date in your count. Confirm that it is 14-days. Must be a number. Date Calculator:

https://www.timeanddate.com/date/duration.html

Bank statements (Not Applicable)

This section is not applicable because of your response to question: "Are you a new business that has only has been actively trading for less than 12 months?" on page 2

Please provide complete bank statements in **PDF format** that:

include the business bank details for the trading account of the nominated business:

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

✓ confirm a total 14 continuous days decrease in revenue period

must match the business bank account details provided on page 2

X Excel spreadsheets or images (jpeg, gif) will not be accepted as bank statement evidence

When claiming a **decrease in revenue**, you must provide a bank statement for the same period in the previous year. For example, if you are claiming a revenue decrease for February 2025, you must upload a bank statement for February 2024. If your 2024 revenue was impacted by Tropical Cyclone Jasper you can provide a bank statement for the same 14-day period in 2023.

Please upload your PDF bank statement/s here *

P Make sure you have uploaded all required bank statements and expenses are highlighted. A minimum of 1 file must be attached

New Business - 60% decrease in revenue (Not Applicable)

This section is not applicable because of your response to question: "Are you a new business that has only has been actively trading for less than 12 months?" on page 2

If the business has been actively trading for less than 12 months and is unable to provide a bank statement for the same 14-day period in the previous year, it must instead provide Business Activity Statements (BAS) for both Q2 and Q3 of the 2024–25 financial year. These must demonstrate a 60% decrease in revenue as a result of the disaster. Businesses that have not submitted a BAS for Q2 will not be eligible.

X Excel spreadsheets or images (jpeg, gif) will not be accepted as BAS evidence

Please upload your Business Activity Statements (BAS) for both Q2 and Q3 of the 2024–25 financial year *

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

igodold P 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*:

✓ 5-10 clear, high-quality photographs showing damage to your business (e.g. damaged equipment, spoiled stock, signage). Images must not be blurry and should include a mix of close-up and wide shots.

- ✓ Social media posts
- ✔ 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: Choose Files 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
- Replacement stock that was lost, spoiled or rendered unusable due to the disaster
- Professional services related to disaster recovery
- Marketing expenses aimed at regaining lost customers and re-establishing the business postdisaster

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:

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

Expenditure

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

- 1. A description of the eligible expense being claimed (e.g. wages, rent/rates, perishable stock or professional services)
- 2. The amount you are claiming

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.

Expenses being claim	ed	Amount claimed (evidence of expenditure to be provided)
	*	*
		Must be a dollar amount.

Must be at least 1 rows

Maximise

Evidence of expenditure

Please provide a complete bank statement/s in **PDF format** that:

- ✓ confirms the expenses for which grant funding is being utilised
- ✓ matches the previous business bank account details.

💢 Excel spreadsheets or images (jpeg, gif) will not be accepted as bank statement evidence

P Important Tips:

- Highlight payments in your statements (common eligible payments include wages, rent, stock purchases) before uploading them.
- Upload any supporting evidence showing the highlighted expenses (e.g. tax invoices/receipts

Any expenses listed in the table above that aren't highlighted on your bank statements or supported by evidence may not be eligible for funding.

 \mathbf{Q} The total of these payments (or expenses) must be equal to or greater than the grant amount you are requesting.

Total Amount Requested

igoplus This is the total of all figures listed in the above table under Claim Amount.

Please upload your PDF bank staten	nent/s here *
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Attach a file: Choose Files No file chosen

Sal	oct	cto	rod	file
JEI	eci	310	reu	me

Select stored file

🖓 You must upload at least one file. Make sure your bank statement has the expenses highlighted

Please upload any additional supporting evidence here

Attach a file: Choose Files No file chosen

? This question is optional

Applicant Business details

* indicates a required field.

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.

Australian Business Register Information

ABN

Entity name ABN status Entity type Goods & Services Tax (GST) DGR Endorsed ATO Charity Type <u>More information</u> 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 *

Q 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 *

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

First name

Primary email address *

Q 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*

Last name

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

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Title

💡 e.g. Director, Owner, Manager

Please provide a **signed and witnessed** <u>100-points of identification check form</u> for the Business Contact.

Please ensure you have included the following 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: Choose Files No file chosen

Street Address *

Select stored file

Q 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. A minimum of 1 file must be attached.

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

Enter a location Q 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. Jakarta INDONESIA ANE + LANDS _ Townsville NEW CALEDONIA USTRALIA Brisbane Perth Sydney Adelaide Melbourne Hobart NEW ZEALA <u>Re-</u> centre Leaflet | Map © 2025 HERE

Business Bank Account details

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

BSB Number *

Account Name *

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

Account Number

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

 $\displaystyle \displaystyle \bigcup_{i=1}^{n} \mathsf{N}_{i}$ Name of your bank account 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 ownerDoes the owner operator/s speak a languageoperator/s gender identity?*other than English at home?*ManYes, I speak a language other than English at

- 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

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:

Woman

Clear

Non-binary

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

I use a different term

I do not wish to answer this question

What is the owner operator/s age range?*

Q Describe your business, including the products or services it provides and your target market - include information regarding any support to other local businesses. **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 <u>Australian Bureau of Statistics (ABS)</u> <u>ANZSIC search</u> 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 (business exists to benefit the public and community rather than only shareholders)

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.

Do you derive the majority of your income from this business?

Ves No Clear

What was the total revenue for the business last

financial year?*

 \mathbf{Q} 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?*

- O 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: *

 \blacksquare 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 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 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 9 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 fully acquit the grant within the required timeframe; and
- will participate in a follow up survey after acquitting the grant.

Clear

At least 3 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 <u>disastergrants@desbt.qld.gov.au</u> or call the 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 Customer Services, Open Data, and Small and Family Business

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)