

# Eligibility

\*indicates a required field.

## Applicants: please note

Before completing this application form, you should have read the **Business Basics Grants, Round 3 [guidelines](#)** (Guidelines) and [Terms and Conditions](#).

The **Applicant** and/or **You** mean/s the business entity submitting the Application to the Department of Employment, Small Business and Training (DESBT).

**DESBT will only accept applications for this grant online through SmartyGrants. Posted, emailed, or PDF attached applications will not be accepted.**

**Applicants will not have an opportunity to submit any additional information or evidence after submitting their application (including correcting submitted documents).**

## Confirmation of Eligibility

This section of the application form is designed to help you, and DESBT, understand your eligibility for this grant.

If you have any questions regarding the eligibility criteria, please contact the DESBT **Small Business Hotline on 1300 654 687** or email [basics@desbt.qld.gov.au](mailto:basics@desbt.qld.gov.au).

**I confirm the Applicant has read and understood the Guidelines and Terms and Conditions \***

Yes  No [Clear](#)

I confirm the Applicant at the time of applying for this grant:

- has **fewer than 20 employees** (by headcount);
- is operating and has an **active Australian Business Number (ABN)**
- is registered **for GST**;
- has a **Queensland headquarters**; and
- has an **expected turnover of \$300,000 or less** for the current financial year.

**I confirm the above \***

Yes  No [Clear](#)

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

**I confirm the owners/directors are NOT bankrupt or insolvent \***

Yes  No [Clear](#)

**I confirm that the Applicant has NOT received funding under Round 1 or 2 of the Business Basics grant program \***

Yes  No [Clear](#)

**I am authorised/delegated to apply on behalf of my organisation and I am NOT a third party \***

Yes  No [Clear](#)

## Business operating address

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

**We use this address to determine what region your business is located in.**

**Street address \***

Search

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



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

## Organisation details

**Applicant business name \***

**Does your business trade as a: \***

- Sole Trader  
 Company  
 Partnership  
 Cooperative  
 Trust  
 Other

[Clear](#)

This section is not applicable because of your response to question: "Does your business trade as a:" on page 2

**Do you conduct this business under: \***

This section is not applicable because of your response to question: "Do you conduct this business under:" on page 2

**Registered / trading business name: \***



**Provide a publicly reachable web presence to identify the business is operating**

Must be a URL. This may be a business website or social media pages.

You can add more weblinks if you have more than one, by clicking **Add More**.

Add More

## Responsible Person

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

**Business owner / director / shareholder / trustee \***

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

**Role in business applying for funding: \***

- Owner  
 Director  
 Shareholder  
 Trustee

[Clear](#)

**Owner-operator diversity**

**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](#)

**Organisation details - ABN**

The ABN you enter below must be the ABN associated with the Business Name above.

If you enter a different ABN to the named business (e.g. a different legal entity such as a Trust) **your application may be deemed ineligible if it is not clear that the two entities are linked.**

**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	<a href="#">More information</a>
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/>)

**In the "Information from the Australian Business Register" box above, is Yes next to Goods & Services Tax (GST)? \***

- Yes
- No

[Clear](#)

This section is not applicable because of your response to question: "In the "Information from the Australian Business Register" box above, is Yes next to Goods & Services Tax (GST)?" on page 2

**What date was your business registered for GST? \***

Must be a date. You can find your business' GST registration date by searching for your ABN at <https://abr.business.gov.au/>

**In the "Information from the Australian Business Register" box above, is the main business location in Queensland? \***

- Yes
- No

[Clear](#)

This section is not applicable because of your response to question: "In the "Information from the Australian Business Register" box above, is the main business location in Queensland?" on page 2

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

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', and
- an **accountant's letter** confirming the business has changed to a Queensland main business location.

This section is not applicable because of your response to question: "Does your business trade as a:" on page 2

### Trusts

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

Must be no more than 200 characters.

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.

### Postal address

Click in the box and select "Can't find my address" to enter a PO Box address

### Organisation - primary contact details

#### Primary phone number \*

Must be an Australian landline with area code or mobile number

#### Secondary 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.

### Business contact details

Please provide contact details of a suitable representative from the business applying for the grant.

#### Business contact name \*

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

#### Business contact position \*

#### Business contact phone number \*

Must be an Australian phone number.

#### Business contact email \*

Must be an email address.

### Bank details

To streamline the processing of grant payments if your application is successful, please add the Applicant's bank details in the section below.

#### Please note:

- Adding your bank details in this section is **optional**.
- **If you don't** provide your details now, **DESBT will request your bank details** if your application is successful.
- Providing **incorrect** bank details could **delay your grant payment**. Please double check your bank details before submitting.

#### BSB Number

Must be six digits exactly - enter the BSB without spaces or dashes

#### Account Number

Must be no more than 9 characters.

**Account Name**

Name of your bank account

# 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 sector (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

### How many years has the business been trading for? \*

Must be a number. Format X.X

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

A whole number and between 0 and 19.

Please note, to be eligible:

- you must have an employee headcount of **fewer than 20 employees**.

Definitions:

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

### What stage is your business at? \*

- Seed and development
- Start-up
- Growth
- Established
- Expansion
- Mature
- Exit
- Not sure

[Clear](#)

## About your business

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

Must be no more than 100 words.

## Financial details expected for last financial year (2021-22)

### Expected Turnover 2021-22 \*

Must be a dollar amount and no more than \$300,000.

### Gross profit 2021-22 \*

Must be a dollar amount.

Please note, to be eligible:

- you must have an expected turnover for this financial year of \$300,000 or less

Definitions:

- **Turnover** - gross turnover, actual plus estimated, to be earned by the business at the conclusion of the current financial year (2021-22).
- **Gross profit** - business's turnover less the cost of goods sold (or cost of sales).

## Aboriginal or Torres Strait Islander business

### Is the 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 the business 50% or more owned by Aboriginal or Torres Strait Islander people?" on page 3

### Is the business registered with Supply Nation? \*

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

### Is the business registered on Black Business Finder? \*

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

# Grant-funded activity

\*indicates a required field.

### 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 Basics Grants Round 3 funding, the Applicant must:

- start their grant-funded activity within **one month** of entering into the grant funding agreement;
- complete their grant-funded activity within **four months** of receiving their approval letter;
- **not pay** for grant-funded activities before entering into the funding agreement; and
- deliver the grant-funded activity as per the funding agreement.

### I acknowledge the above \*

Yes  No [Clear](#)

You must confirm that you acknowledge all statements above

### What priority area most accurately describes the majority of your proposed grant-funded activities? \*

- Training and coaching
- Website build/upgrades
- Professional business advice
- Strategic marketing services
- Business continuity and succession

[Clear](#)

Note: all proposed grant-funded activities must be eligible as stated in the Guidelines

### Short description of the grant funded activity \*

Word count:  
no more than 200 words

### How will the grant funded activities enhance the core skills of the business and make it more competitive? \*

Word count:  
Must be no more than 200 words.

## Expected outcomes - next 6 months

Six months after completing the grant-funded activity, 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 whole number (no decimal place). This is the expected increase, not the employee headcount.

### How will the grant funded activity assist your business to grow revenue, profit, and create jobs. \*

Word count:

Must be no more than 200 words.

## Suppliers and total amount requested

\*indicates a required field.

### Please note:

- **Upfront fixed grant funding of \$5,000** (excluding GST) is available.
- If your **Total supplier costs** (excluding GST) are less than \$5,000, **you will not be able to proceed in the application.**

Please complete the details for each supplier to be engaged.

You can add a **maximum of two suppliers** (one supplier per row in the table below).

### Supplier Details

Below is a guide on how to fill out the supplier details:

- **Supplier name** - as appears on the corresponding quote.
- **Additional information** - any helpful information regarding the details of the quote.
- **Quote amount (excluding GST)** - be careful to only input the GST exclusive amount. This is usually the subtotal.
- **Supplier attachments** - quotes must include:
  - Supplier details - supplier's name, ABN (if Australian), contact details and website URL.
  - Details of the grant-funded activity, description of services and outline key activities.
  - Where possible, **quotations** must be a formal quote on business letterhead.
  - A shopping cart print-out (including suppliers name) for online purchases is acceptable where a formal quote is not possible.

**Please note:** each row of the below table corresponds to one supplier.

Maximise

Supplier Name	Supplier ABN	Any additional information about the quote	Quote amount (excluding GST)	Supplier attachments
		Must be no more than 25 words. This is to help with assessment	Must be a dollar amount.	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Attach a file: * <input type="button" value="Choose Files"/> No file chosen
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Attach a file: <input type="button" value="Choose Files"/> No file chosen

Add More



## Total amount requested

### Total supplier costs (excluding GST)

This number/amount is calculated. If the amount is incorrect, please check the amounts in the Supplier section/s. If your Total supplier costs (excluding GST) are less than \$5,000, you will not be able to proceed in the application.

### Total amount requested

This number/amount is calculated. This grant is a set amount of \$5,000

# Certification and submission

\*indicates a required field.

## Certification

### I certify that:

1. to the best of my knowledge, the statements made within this application are true and correct;
2. all matters that would affect the funding allocation decision have been disclosed;
3. submitting an application does not guarantee that I receive a grant;
4. I have read and I accept the [Business Basics Grants, Round 3 - Terms and Conditions](#);
5. I accept that no changes can be made to this application and if changes are required, I will submit a new application
6. I am authorised/delegated to make this declaration on behalf of my organisation and **I am NOT a third party**; and
7. if I am successful in receiving grant funding, I am accepting the grant funding agreement (Letter of Approval, Terms and Conditions, Guidelines and this application).

### I agree to the above certifications \*

Yes  No [Clear](#)

## Submitting the application

### I am submitting the application from my: \*

- 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 you submit it as you **cannot change** it after lodgement.
- You will receive an email receipt after submitting the application (please check your junk folders).
- DESBT hasn't 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 [basics@desbt.qld.gov.au](mailto:basics@desbt.qld.gov.au) or call DESBT **Small Business Hotline on 1300 654 687**.