

2020 Small Business Adaption Grant - Application

Form Preview

Eligibility

* indicates a required field

Instructions

All applications must be made by completing this application form and submitting it **online** according to the instructions. **Incomplete applications will not be considered.** The application form can be saved and completed later. It is recommended you save your work frequently.

Before completing this form you must read the program guidelines [here](#) carefully.

If successful, the grant amount available is up to a maximum of **\$10,000 (excluding GST)**. Grant funding will be paid up front. Following completion of your grant funded activity or project you must provide compliant evidence of spend.

This form must be completed by the business applying for the grant. You must be eligible for the grant to complete the application form and apply for funding. Applications are subject to compliance checks and funding availability.

Eligibility

I have read and understood the Small Business Adaption Grant Program Guidelines *

Yes

The business has been subject to closure or otherwise highly impacted by the shutdown restrictions announced by Queensland's Chief Health Officer on 23 March 2020 *

Yes

The business can demonstrate that revenue has been significantly impacted since 23 March 2020 over a minimum one month period due to the onset and management of COVID 19. *

Yes

The business employs staff and currently has fewer than 20 employees *

Yes

Please use a simple headcount. Do not include contractors.

The business is registered for GST *

Yes

The business must be registered for GST to be eligible to apply.

The business has a Queensland headquarters *

Yes

If your business does not have a Queensland headquarters you are not eligible to apply.

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The business has an annual turnover over \$75,000 for the last financial year *

Yes

Your annual turnover (revenue) for the preceding financial year must be over \$75,000 to be eligible for this grant.

Upload evidence to demonstrate annual turnover over \$75,000 (e.g. Business activity statement [BAS] or tax return) *

Attach a file:

The business has a payroll of less than \$1.3 million *

Yes

The business must fall below the payroll tax threshold of \$1.3 million in Queensland.

I or any owner/s of this business are not a financial beneficiary of any other Small Business Adaption Grant applications under this round. *

Yes

ABN

Does the business have an active ABN (as at 23 March 2020) ? *

Yes

To be eligible the business must have a valid Australian Business Number (ABN)

Evidence of impact

You must upload evidence to demonstrate that business revenue has been significantly impacted (i.e. by a minimum 30% of reduction in revenue) since 23 March 2020 over a minimum one month period due to the onset and management of COVID 19.

This could be a letter from your accountant (a member of CPA Australia, Chartered Accountants Australia & New Zealand or the Institute of Public Accountants) declaring the impact in financial terms, or financial reports such as Business Activity Statements (BAS).

Any financial reports MUST clearly demonstrate a minimum 30% reduction in revenue. If providing 'before' and 'after' financial reports to demonstrate impact, please use a similar time period to accommodate for operational peaks and troughs.

Evidence 1 *

Attach a file:

Please upload at least one item of evidence

Please provide any comments or additional information about this evidence that may assist in the assessment process

Evidence 2

Attach a file:

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Please provide any comments or additional information about this evidence that may assist in the assessment process

Applicant details

* indicates a required field

Business details

Applicant business name *

Organisation Name

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Please note, the above ABN lookup is extracted from the Australian Business Register (ABR) <http://abr.business.gov.au/>. If the details listed in the ABR extract above do not meet the eligibility criteria at the time of submission, **your application will be deemed ineligible.**

If the main business location in the extract above is not in Queensland, please provide evidence of a Queensland headquarters in writing to adapt@desbt.qld.gov.au, prior to the grant round closing. Evidence of a Queensland Headquarters includes:

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- a copy of the applicant's Australian Securities and Investments Commission (ASIC) Company Statement listing a Queensland address as 'principal place of business'

or

- a letter from the applicant's accountant confirming the business has changed to a Queensland main business location.

Street address *

Address

Suburb State Postcode

Must be an Australian postcode.

Must be a street address (not a PO Box).

Postal address *

Address

Suburb State Postcode

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 the primary email address of the business applying for the grant. Please note: the outcome of your application will be sent to this email address.

Primary website

Must be a URL.

Contact details

Please provide **contact details of the owner or suitable employee from the business** applying for the grant.

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Contact name *

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

Position *

Phone number *

Must be an Australian phone number.
(XX) XXXX XXXX or XXXX XXX XXX

Email *

Must be an email address.

Business details

* indicates a required field

Which industry sector (ANZSIC code) does your business fall under *

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>

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

Must be no more than 100 words.

Does your business identify as working within the following sectors

- Tourism
- Arts
- Food and Beverage
- Retail
- Fitness

How many years has the business been trading for? *

Must be a number. Format X.X

How many employees did the business have prior to 23 March 2020? *

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A whole number and between 0 and 19. Please provide a simple headcount. Do not include contractors.

What was the annual turnover for the business last financial year? *

\$

Must be a dollar amount.

What was the gross profit for the business for the last financial year? *

\$

Gross profit is your turnover (revenue) less the cost of goods sold (or the cost of sales). Must be a dollar amount.

Have you participated in the DESBT Mentoring for Growth program? *

Yes No

What date did you participate in Mentoring for Growth? *

Must be a date.

Diversity

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

Yes No

Is the business registered with Supply Nation? *

Yes No

www.supplynation.org.au

Is the business registered on Black Business Finder? *

Yes No

www.bbf.org.au

Please indicate if the owner/s of the business identifies as any of the following 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

What percentage of your business is women-owned? *

Must be a whole number (no decimal place) and between 1 and 100.

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Your answer is a percentage.

Detail how your business has been subject to closure or otherwise highly impacted by the shutdown restrictions announced by Queensland's Chief Health Officer on 23 March 2020. Please detail in your response what the impacts have been?

* indicates a required field

If applicable, how many days has your business been closed for? *

Must be a number.
If none enter zero.

What is the estimated revenue loss to date? *

Must be a number.

Did you need to reduce staff, if so how many? *

Must be a number.
Enter zero if there were no staff reductions.

What are the estimated trading hours lost to date? *

Must be a number.

What percentage capacity are you operating at? *

Must be a number and between 0 and 100.

Detail how your business has been subject to closure or otherwise highly impacted by the shutdown restrictions announced by Queensland's Chief Health Officer on 23 March 2020. Please detail in your response what the impacts have been. *

Has the business received or been approved to receive, a Queensland Government COVID-19 Jobs Support Loan *

- Yes
 No

[Project details](#)

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* indicates a required field

Please note an applicant must only submit the applicant's own original answers.

Provide a title for the project or activity to be funded *

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

Provide a description of the activity to be funded *

Word count:

Must be no more than 200 words.

Project focus - please select at least one choice from the list below: *

- Financial, legal or other professional advice to support business sustainability and diversification
- Strategic planning, financial counselling or business coaching aligned to business development and diversification
- Building the business through marketing and communication activities such as content development (web pages, mobile apps, visual and audio media etc.)
- Digital/technological strategy development
- Digital training or re-training to adapt to new business models
- Capital costs associated with meeting COVID-19 safe requirements
- Specialised digital equipment or business specific software to move business operations online (e.g. logistics program for online ordering)
- Meeting business costs, including utilities, rent

Please choose the priority area that best describes your project.

Proposed start date *

Businesses that have project activities dated from 23 March 2020, and which fall within the scope of the guidelines are deemed eligible to apply

Proposed end date *

Must be within 6 months of the proposed start date.

Provide a statement describing how the funding will contribute to the business during the COVID-19 crisis in terms of capability, resilience, continuity, diversification, employment retention or outcomes, and/or digital capability of the business. *

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Word count:

Must be no more than 200 words.

One of the objectives of the program is to help sustain small businesses operations and/ or help with future growth potential.

What do you forecast the annual revenue increase of the business to be 12 months after completing the grant funded activity or project? *

\$

Must be a dollar amount.

This is the expected increase, not the total revenue. This figure can account for any revenue that might otherwise have been reduced due to the impact of COVID-19.

With the contribution of grant funding, will the business be able to sustain the employment of staff. If so, how many? *

Must be a number.

If none, enter zero

How many additional staff do you expect to employ 12 months after completing the grant funded activity or project? *

Must be a whole number (no decimal place).

This figure can account for any jobs that might otherwise have been reduced due to the impact of COVID-19.

Suppliers

* indicates a required field

If successful, a 100% funding contribution of up to **\$10,000** (excluding GST).

The minimum grant funding amount is \$2,000 (excluding GST) .

Please complete the details for each supplier engaged. You can add additional suppliers (up to a maximum of 6).

Any consultant's proposal must include the following detail:

- the services the adviser/s will provide, including a breakdown of key activities
- delivery timeframes
- adviser/s service delivery costs
- the payment schedule (including hourly or daily rates)
- the estimated number of consulting hours or days for each of the key activities
- names of key people who will undertake the project work.

Any proposal or quote that includes training must include the number of contact hours.

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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.

Supplier 1 Business Details

Supplier 1 Business Name *

Supplier 1 Quote/ proposal/ invoice/ receipt

Supplier 1 - amount (excluding GST) *

\$

Must be a dollar amount.
Excluding GST

Are there any comments you would like to make about this proposed supplier activity that may assist in the assessment process? For example, calculations such as the number of months/licenses for a software subscription or your preferred option in a multi-quote proposal.

This question is not mandatory however it may help to clarify how you have calculated your requested grant amount if it is not clear in the quote.

Please upload a copy of the supplier's quote/ proposal/ invoice/ receipt *

Attach a file:

Please make sure that you attach a copy of the quote/ proposal/ invoice/ receipt as your application cannot be assessed until one is received.

Is there another supplier? *

Yes No

If No then please proceed to the Total amount requested page.

Supplier 2

* indicates a required field

Supplier 2 Business Details

Supplier 2 Business Name *

Supplier 2 Quote/ proposal/ invoice/ receipt

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Supplier 2 - quote amount (excluding GST) *

\$

Must be a dollar amount.
Excluding GST

Are there any comments you would like to make about this proposed supplier activity that may assist in the assessment process? For example, calculations such as the number of months/licenses for a software subscription or your preferred option in a multi-quote proposal.

This question is not mandatory however it may help to clarify how you have calculated your requested grant amount if it is not clear in the quote.

Please upload a copy of the supplier's quote/ proposal/ invoice/ receipt *

Attach a file:

Please make sure that you attach a copy of the quote/ proposal/ invoice/ receipt as your application cannot be assessed until one is received.

Is there another supplier? *

Yes No

If No then please proceed to the Total amount requested page.

Supplier 3

* indicates a required field

Supplier 3 Business Details

Supplier 3 Business Name *

Supplier 3 Quote/ proposal/ invoice/ receipt

Supplier 3 - amount (excluding GST) *

\$

Must be a dollar amount.
Excluding GST

Are there any comments you would like to make about this proposed supplier activity that may assist in the assessment process? For example, calculations such as the number of months/licenses for a software subscription or your preferred option in a multi-quote proposal.

This question is not mandatory however it may help to clarify how you have calculated your requested grant amount if it is not clear in the quote.

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Please upload a copy of the supplier's quote/ proposal/ invoice/ receipt *

Attach a file:

Please make sure that you attach a copy of the quote/ proposal/ invoice/ receipt as your application cannot be assessed until one is received.

Is there another supplier? *

Yes No

If No then please proceed to the Total amount requested page.

Supplier 4

* indicates a required field

Supplier 4 Business Details

Supplier Name *

Supplier 4 Quote/ proposal/ invoice/ receipt

Supplier 4 - amount (excluding GST) *

\$

Must be a dollar amount.
Excluding GST

Are there any comments you would like to make about this proposed supplier activity that may assist in the assessment process? For example, calculations such as the number of months/licenses for a software subscription or your preferred option in a multi-quote proposal.

This question is not mandatory however it may help to clarify how you have calculated your requested grant amount if it is not clear in the quote.

Please upload a copy of the supplier's quote/ proposal/ invoice/ receipt *

Attach a file:

Please make sure that you attach a copy of the quote/ proposal/ invoice/ receipt as your application cannot be assessed until one is received.

Is there another supplier? *

Yes No

If No then please proceed to the Total amount requested page.

Supplier 5

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* indicates a required field

Supplier 5 Business Details

Supplier 5 Business Name *

Supplier 5 Quote/ proposal/ invoice/ receipt

Supplier 5 - amount (excluding GST) *

\$

Must be a dollar amount.
Excluding GST

Are there any comments you would like to make about this proposed supplier activity that may assist in the assessment process? For example, calculations such as the number of months/licenses for a software subscription or your preferred option in a multi-quote proposal.

This question is not mandatory however it may help to clarify how you have calculated your requested grant amount if it is not clear in the quote.

Please upload a copy of the supplier's quote/ proposal/ invoice/ receipt *

Attach a file:

Please make sure that you attach a copy of the quote/ proposal/ invoice/ receipt as your application cannot be assessed until one is received.

Is there another supplier? *

Yes No

If No then please proceed to the Total amount requested page.

Supplier 6

* indicates a required field

Supplier 6 Business Details

Supplier 6 Business Name *

Supplier 6 Quote/ proposal/ invoice/ receipt

Supplier 6 - amount (excluding GST) *

\$

Must be a dollar amount.
Excluding GST

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Are there any comments you would like to make about this proposed supplier activity that may assist in the assessment process? For example, calculations such as the number of months/licenses for a software subscription or your preferred option in a multi-quote proposal.

This question is not mandatory however it may help to clarify how you have calculated your requested grant amount if it is not clear in the quote.

Please upload a copy of the supplier's quote/ proposal/ invoice/ receipt *

Attach a file:

Please make sure that you attach a copy of the quote/ proposal/ invoice/ receipt as your application cannot be assessed until one is received.

Total amount requested

* indicates a required field

Funding of up to \$10,000 (excluding GST) may be provided to eligible businesses with 100% provided upon approval of the project.

The minimum grant funding amount is \$2,000 (excluding GST). The total supplier activity proposed must have a cost of \$2,000 or more.

Total costs of suppliers (excluding GST)

\$

This number/amount is calculated.

If the amount is incorrect please check the amounts in the Supplier section/s. Projects with a total cost less than \$2000 will not be funded.

Enter your total requested grant amount: this amount should be a figure between the minimum of \$2,000 up to a maximum of \$10,000 (excluding GST) *

Must be a whole dollar amount (no cents) and between 2000 and 10000.

I acknowledge the 'total project cost' and 'total grant amount requested' is subject to a assessment checks. This could result in a change to the 'total requested grant amount' above. *

Yes

Applicant Bank Details

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In order to streamline the processing of grant payments if your application is successful, we ask that you add your (the applicant applying for the grant) bank details in the section below.

Please note that adding your bank details in this section is optional.

If you elect not to provide these details as part of the application process, we will request your bank details upon the outcome of your assessment, if successful.

It is important to note that providing incorrect bank details could delay your grant payment. Please double check your bank details are correct before clicking 'submit' on your application.

Bank details of the business applying for the grant

BSB Number

Must be a number

Account Number

Must be a number

Account Name

Name of your bank account

I certify the above bank details are true and correct and I am authorised/delegated to make this declaration on behalf of the business.

Yes

Applicant agreement and submission

* indicates a required field

Privacy Statement

The Department of Employment, Small Business and Training (DESBT) is collecting your personal information to assess and coordinate grants in relation to the Small Business Adaption Grant Program.

DESBT, 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 Queensland Small Business Adaption Grant Program.

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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 Department of Employment, Small Business and Training 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. Information may be disclosed to third parties for promotion and research purposes.

DESBT and the Minister 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 not be used or disclosed unless authorised or required by law.

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

Conditions - please read the full terms and conditions

I certify the following:

- 1.The information supplied in this Small Business Adaption Grant application is true, accurate and not misleading to the best of my knowledge;
- 2.That my organisation is not 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 Small Business Adaption Grant;
- 5.I have no financial interest in any other Small Business Adaption Grant applications;
- 6.I am not a financial beneficiary of any other Small Business Adaption Grant applications;
- 7.I have received no guarantees or assurances that this Small Business Adaption Grant application will be approved by the Queensland Government;
- 8.I have reviewed and accepted the Small Business Adaption Grant Guidelines and Terms and Conditions; and
- 9.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 Small Business Adaption Grant 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.Only the official Small Business Adaption Grant application form and any attachments required by the application can be submitted 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 Small Business Adaption Grant application is successful both myself and my organisation will be bound by the Small Business Adaption Grant Guidelines and Terms and Conditions, copies of which were available on the department's website where I accessed this Application.

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

Yes

Submitting the application

- Pressing the **submit** button lodges your application. Please ensure you **review** your application before submitting, and be sure that you have included all required supporting evidence, 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** (please check junk folders).
- If you do not receive an **email receipt** within 2 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 DESBT at adapt@desbt.qld.gov.au or telephone **1300 654 687**.