

Form Submission

Form:

Business Support Fund - Sample Application Form

Form Type:

Introduction

Confirmation

I confirm that I have read and understood the [Program Guidelines](#).

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I have the most recent Business Activity Statement (BAS) for my business to attach for audit purposes and I understand that the application will not proceed if this is not attached.

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I understand that applicants will be subject to audit by the Victorian Government or its representatives and will be required to retain evidence supporting the Application (such as evidence of employment of staff) at the request of the Victorian Government for a period of four years after the grant has been approved.

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Section 1: Are you eligible to apply?

1. My business is subject to closure or highly impacted by the shutdown restrictions announced by the Victorian Government as a result of COVID-19. Information on affected sectors can be found at:

[] Yes

[] No

<https://www.dhhs.vic.gov.au/sites/default/files/documents/202003/Non-Essential-Activity-Directions-No-2.pdf>

2. My business employs staff

[] Yes

(Generally, to be considered an "employee", staff must be under the control of the business, and have income tax and superannuation paid by the employer.)

[] No

3. My business has, or is expected to have, a turnover greater than \$75,000 in 2019/20.

[] Yes

[] No

4. My business has, or is expected to have, payroll of less than \$650,000 in 2019/20.

[] Yes

[] No

5. My business has an Australian Business Number (ABN) and have held that ABN on 16 March 2020 (Date of the State of Emergency declaration).

[] Yes

[] No

6. At the time of lodgement of this application form, my business is a going concern, and I was still engaged in carrying out the operation of the business in the Australian State of Victoria on 16 March 2020.

[] Yes

[] No

Section 2: Applicant Details

Business Name:

Legal Name:

Trading Name:

Australian Company Number (ACN):

Australian Business Number (ABN):

Company Website Address:

Name of trustee:

Applicant Address

Registered Address

Country:

Street Address:

Suburb/Town:

State:

Postcode:

Is Postal Address same as Registered Address?

Yes
 No

Postal Address

Country:

Street Address or PO Box:

Suburb/Town:

State:

Postcode:

Contact Details of Signatory

Title:

Given Name:

Surname:

Role within Business:

Phone/Direct:
(Please prefix e.g. + 61 3)

Mobile:
(Please prefix e.g. + 61)

Fax:
(Please prefix e.g. + 61 3)

Email:

Section 3 - Reason for application

By applying for this grant, you are intending to utilise these funds for the following purposes: Select one or more of the following options on how the grant funds will be used;

Meeting business costs, including utilities, salaries, rent
 Financial, legal or other

	<p>advice to support business continuity planning</p> <p><input type="checkbox"/> Developing the business through marketing and communications activities</p> <p><input type="checkbox"/> Other supporting activities related to the operation of the business.</p> <p><input type="checkbox"/> Other</p>
Other (Please describe)	
Number of Employees	
How many (FTE) does this represent	
Full time equivalent (FTE) is based on a 35 hour or more work hours per week (e.g. 2 full time staff working more than 35 hours and 2 part time staff working 18 hours is 3 FTE).	
Please specify the nature of your business operation as related to business activity affected by restrictions.	
www.dhhs.vic.gov.au/coronavirus-covid-19-new-restrictions-and-closures .	
Describe how the shutdown restrictions have impacted your business.	
Is this application for an Aboriginal business (defined by Government as being at least 50 per cent Aboriginal and/or Torres Straight Islanderowned)?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
Is this application for a social enterprise which is certified by Social Traders and/or listed on the Map for Impact?	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

Section 4 – Bank Account details

<p>Payment Arrangements</p> <ul style="list-style-type: none"> • The transaction is a non-taxable supply and payment will be under a Recipient Created Invoice arrangement. • If your application is found as eligible: <ul style="list-style-type: none"> • Payment will be made to your nominated bank account. • The Department will create an invoice on your behalf and send it to your nominated email address. • A remittance advice will also be sent to this email address. • You should not create an invoice in relation to this transaction. • Business Account Name in full (as it appears on the business bank statement); <p>Bank Account Name:</p> <p>BSB: (6 digit number without dash, spaces or commas)</p> <p>Account No: (number without dash, spaces or commas)</p> <p>Email (to be used for payment notification)</p>	
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Supporting Documentation

Most recent Business Activity Statement (BAS)	(attachment)
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Declaration and Agreement (Acknowledgement and Lodgement)

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1. Privacy Consent

I/We authorise the Department of Jobs, Precincts and Regions (ABN 83 295 188 244) (the Department), to obtain from and/or disclose to my/our accountant and other advisors, credit providers, insurers, rating agencies, government agencies providing me/us with support including Centrelink and other debtors, creditors, authorities and institutions named in data supplied to or otherwise obtained by the Department in connection with this Application, information provided in this Application and any consumer or commercial information about my/our expenditure and my/our business including my/our assets, liabilities, income and/or expenditure.

Information collected will be used and held for the purposes of assessing the Application, administering and handling the Grant and the Program in accordance with the Department's Privacy Statement.

I/We acknowledge that:

- The Department's Privacy Statement is available on its website via this [link](#).
- I/We can gain access to personal information (as defined in the Privacy and Data Protection Act 2014) which the Department holds about me/us in certain circumstances specified by legislation.

2. Consent and declaration

I declare that:

- a. My business is a going concern, and I have not, to the best of my knowledge having made all reasonable inquiries, omitted any information that would have a bearing on the consideration of my application, and I acknowledge that I may be required to provide evidence of statements made in this application.
- b. The statements set out in this application are true and correct in every particular.
- c. I understand this grant is for a small business that is subject to closure or highly impacted by the shutdown restrictions announced by the Victorian Government as a result of COVID-19.
- d. I understand that my application may be subject to audit and upon audit I will be required to produce:
 - i. Evidence of decline in revenue associated with the COVID-19 pandemic (e.g. BAS statements).
 - ii. Evidence of the number of full-time equivalent staff and annual wages (for example, payment summaries).
- e. I understand that the use of personal information provided for the purposes of this application complies with the limitations under the Privacy and Data Protection Act 2014 (Vic).
- f. I confirm that neither I, nor any other person associated with this business, has previously applied for this grant for this business.
- g. I have not received, nor am I eligible to receive, a payroll tax rebate or waiver from the Victorian Government for 2019/20 as part of its Economic Survival Package.
- h. I/We acknowledge that failing to provide some or all of the information which the Department requests about me/us may result in this application not being processed or approved.

I understand that if any information provided in this application is found to be untrue or misleading, the grant will be repayable on demand, the matter may be referred to law enforcement and penalties may apply.

Application Declaration

I declare that I am authorised for and on behalf of the Applicant/Business nominated in this application to provide this declaration and to submit this application.

I understand that if any information provided in this application is found to be untrue or misleading, the grant will be repayable on demand, the matter may be referred to law enforcement and penalties may apply.

By checking this box I am making the above declaration and agree to the []
terms of the grant as set out in this online form

Full name of person completing this application:

Position/Role: