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Before you start your application

* indicates a required field

Before completing this application form, please ensure you have read the **Program Guidelines** (including the program Terms and Conditions) and refer to the **Frequently Asked Questions**.

If you have any queries about your application, please send an email to **grants@smallbusiness.wa.gov.au** quoting your unique application number. For auditing purposes, all grant-related enquiries must be made in writing.

Please note the Small Business Development Corporation (SBDC) are unable to provide status updates on the progress of your application during the assessment period.

Completing the form

This form contains mandatory fields. You will be alerted if you try to save or submit the form without completing the required sections (use the 'Next' and 'Back' buttons to go back through each page and look for sections highlighted in red to identify any errors or omissions).

If you need additional information, you can save your application by pressing the 'SAVE' button at the top of any page. When you log back into Smarty Grants, go to the 'Forms in Progress' list to access your application form again.

Once you press 'SUBMIT' on the last page of the application form, you will not be able to add or edit any part of the form so please ensure you review your application carefully before pressing the submit button. If you make an error, please send an email to grants@smallbusiness.wa.gov.au with a request for your application to be reopened. Please include your unique application number starting with TC.

Applications not submitted by the closing date will not be considered.

Preparing for your application

Please ensure you respond fully to all the questions and provide supporting documents.

Not providing the correct documents or evidence can delay, or prevent, the processing of your application.

Prepare for your application by gathering the following information and documents. Documents can be provided in PDF, JPG or PNG formats. Documents will not be accepted if they are redacted or in any way designed to mislead.

Australian Business Number (ABN)

You can find this number on any letter the government has sent to your business. Alternatively you can use the <u>ABN Lookup</u> tool to search for your business. You do not need to provide supporting evidence, simply quote this number.

Confirmation that you are the owner-occupier of your business premises

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A copy of the Rates Notice associated with the business premises.

Evidence that your business was actively operating at the time of the cyclones

Electronic copies of one of the following can be submitted:

- Business tax return statement for FY22-23.
- Business Activity Statement (BAS) either for either January March 2023 or April June 2023 guarters.
- Profit and Loss statement for January and February 2023 (Ex Tropical Cyclone Ellie) or April and May 2023 (Tropical Cyclone Ilsa), produced by an accountant or your accounting software, such as MYOB or Xero.
- Bank statement (from a period between 1 January 2023 to 30 April 2023), showing business transactions.

If you are a **sole trader**, confirmation that at least 50 per cent of your income, is derived from your business

Electronic copies of one of the following:

• Tax return statement for FY22-23.

Additionally a list of links to your business website and social media accounts can also help support your application.

Please note that excel spreadsheets and hand written ledgers are not accepted.

Details of your insurer

The name of your insurance company, your policy number and itemised statements of payments made for damage.

Details of previous government grants that you have applied for related to Tropical Cyclones IIsa and Ellie

You will be asked if you have previously applied for one of these grants.

The following documents are not required to be uploaded as part of the application process but may be requested in the future, up to 12 months post-payment, as part of the program auditing requirements:

- A letter of authority from the business owner confirming the Applicant is authorised to apply for this program on behalf of the business;
- Other documentation or evidence relevant to the assessment process.

Privacy Statement

The Small Business Development Corporation (SBDC) will use personal information contained in this application for the purpose of administrating the grant program and assessing the application. The SBDC may also share information with other state government agencies participating in disaster event recovery programs.

With your consent, SBDC will provide your name, email, and phone number, to an independent third party provider to seek your confidential feedback about the grants process.

Information may also be used or disclosed:

• where required or permitted by a law of Western Australia;

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• if we are required to do so (eg by a court or tribunal order, or a law of the Commonwealth).

Your personal information will be dealt with in accordance with the applicable legislation in Western Australia and consistent with any legal obligation (including the *State Records Act 2000*). The SBDC's Privacy Policy is available on request.

If you have any questions relating to privacy please contact infocentre@smallbusiness.wa.gov.au.

You must answer "Yes" to all questions in this section to be eligible for the grant.

When we refer to "your business" or "you" in this application, we are specifically referring to the small business for which you are seeking the grant.

Eligibility Confirmation

I confirm as the Applicant:

- I have read, understood and accept the program guidelines;
- I am authorised to act on behalf of the business subject to this application;
- I agree to retain records of supporting evidence for up to 12 months from the date any grant is approved; and
- I acknowledge that all grants are subject to audit and I will provide records on request as required.

P	Please	con	firm	that	all	state	emer	its	above	are	true	and	correct.	*

Yes I confirm

Is the business eligible to apply for a business recovery grant?

* indicates a required field

Does your business have a valid and acti	ve ABN (Australian Business Number)
and that the ABN was active prior to and	during the disaster? *
○ Yes	○ No

You are ineligible if you fall into one of these categories:

- Non-profit organisation that relies on grant funding or donations for the majority of income;
- part of a national chain (except franchises);
- superannuation fund;
- personal investment vehicle; or
- farm enterprise or primary producer (except for retail outlets)

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and, at the time of the event? *	egular basis) in the disaster area prior to			
○ Yes	○ No			
Has the business suffered direct damage to the business premises or tools of tracessential cost of repair and replacement Yes	de (e.g. plant and equipment), and the			
Has the business incurred costs for active replacement, or recovery for the busine due to the disaster event(s)? *	vities such as clean-up, repair, ss premises and/or business equipment,			
○ Yes	○ No			
Have you re-established or intending to area? *	re-establish the business in the disaster			
○ Yes	○ No			
Local Government Areas affected				
Ex Tropical Cyclone Ellie				
Businesses trading in the following Local Govevent are eligible to apply for this program:	ernment Areas (LGA) at the time of the disaster			
Shire of BroomeShire of Derby-West KimberleyShire of Halls CreekShire of Wyndham-East Kimberley				
Tropical Cyclone Ilsa				
Businesses trading in the following Local Govevent are eligible to apply for this program:	ernment Areas (LGA) at the time of the disaster			
Shire of BroomeTown of Port HedlandShire of East Pilbara				
The business can be permanently based in the based elsewhere but carry out business active	ne affected LGAs, or they can be permanently ities within the affected LGAs.			
Did the business trade in an affected LG disaster event(s) that you are applying Yes				
Which grant program are you apply	ying for?			

Which grant support program are you applying for? *

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 Ex Tropical Cyclone Ellie Tropical Cyclone Ilsa Roth Ex Tropical Cyclone Ellie and Tropical Cyclone Ilea
Both Ex Tropical Cyclone Ellie and Tropical Cyclone Ilsa
LGAs affected by Ex Tropical Cyclone Ellie
Which LGA did the business trade in at the time of the disaster event? * O Shire of Broome
 Shire of Derby-West Kimberley
Shire of Halls CreekShire of Wyndham-East Kimberley
If the business trades in more than one LGA, please select the primary trading region. If more than one business was affected by the disaster event, please submit a separate application for each business
LGAs affected by Tropical Cyclone Ilsa
Which LGA did the business trade in at the time of the disaster event? * ○ Shire of Broome ○ Town of Port Hedland ○ Shire of East Pilbara If the business trades in more than one LGA, please select the primary trading region. If more than one
business was affected by the disaster event, please submit a separate application for each business
Have you previously applied or intend to apply for any of the grants related to Ex Tropical Cyclone Ellie and/ or Tropical Cyclone Ilsa. * ○ Yes ○ No
If yes, please name the grants program applicable.
Eligibility
Based on the responses provided, we regret to inform you that your business does not meet the eligibility criteria required for this grant.
Please feel free to contact us at grants@smallbusiness.wa.gov.au if you have any questions

Business details

or concerns.

* indicates a required field

At the time of the disaster did you employ: *

- O Small business less than 20 full-time equivalent employees
- O Medium business between 20-199 full-time equivalent employees
- O The business has no employees

Are you a sole trader? *	
○ Yes	○ No
Did the business typically derive more the business activities conducted within the Yes	
If you were operating as a sole trader on did you have another source of income o part-time employment? *	o, or before the time of the disaster event, other than your business, such as full or
O Tes	O NO
If you were a sole trader on, or before the business provide more than 50 per cent O Yes Note that we may require evidence to support this	of your income? *
Please upload an un-redacted copy of yo Attach a file:	our 2022-23 tax return. *
Business trading name. * Organisation Name	
This is your registered business name or name use	ed to advertise the business to customers.
Describe what your business does *	
In 50 words or less please provide a description of cafe, catering business, bakery.	the type of business you conduct, for example -
Business address (not a PO box) * Address	
Address Line 1, Suburb/Town, State/Province, Posto This must be the main business location, it can be	
Is the address entered for a home office ○ Yes	or home-based business? * ○ No
Australian Business Number (ABN) *	

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ABN

Information from the Australian Business Register

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

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. ABN must match the entity name list	ed below.
Business online presence	
This information will assist us in a	ssessing your application.
Does your business have a we ○ Yes	ebsite? *
Is the business on Facebook? ○ Yes	*
Is the business on Instagram? ○ Yes	• *
Please provide a link to the w	ebsite URL *
Must be a URL.	
Must be a one.	
Please provide a link to the Fa	acebook URL *
ricase provide a mix to the r	
Must be a URL.	
Please provide a link to the In	stagram URL *

Please provide links to any other social presence the business may have.

Such as Google My Business, Tik	Гок, LinkedIn.					
Type of business Accommodation and food services Administrative and support services Agriculture and fishing Arts and recreation Construction Education and training Electricity, gas, water and waste services	 Financial and insurance services Information, media and telecommunications Health care and social assistance Manufacturing Mining Other services 	technical services				
If you are unsure of which cat Standard Industry Classification		sit the <u>Australian and New Zealand</u>				
The following evidence is required that your business was actively trading prior to, and including, Ex Tropical Cyclone Ellie (28 December 2022 to 7 February 2023) and Tropical Cyclone Ilsa (13 April 2023).						
☐ Profit and loss statement for April and May 2023 (Tropic software, such as MYOB or Xe	FY2022-23 nt (BAS) for either the Jan-M from January and February 2 al Cyclone Ilsa), (from an ac ro)	Mar 2023, or Apr-Jun 2023 quarters 2023 (Ex-Tropical Cyclone Ellie),				
Upload your evidence here Attach a file:	Upload your evidence here in PDF, JPG or PNG format * Attach a file:					
A minimum of 1 file and a maxim The document must be legible.	um of 5 files may be attached.					
Was the business insured of Yes	on the 28 December 202 No	2? *				
Was the business insured of Yes	prior to 13 April 2023? *					

Name of insurance comp	any *		
What is your policy numl	oer *		
Have you submitted an in ○ Yes	nsurance claim?	• * ○ No	
Please upload a copy of certificate of currency. * Attach a file:	your insurance	policy including an i	temised schedule and
What is your insurance c	laim number? *		
Has your claim been acco	epted? *	○ No	
Please upload your 'Acce' 'Insurance Schedule', he Attach a file:		', 'Settlement of cla	im' letter, or
Do you have an insurance	e claim manage	r or assessor that w	e can contact to
verify your claim? * ○ Yes		○ No	
Claim manager or ass	sessors contac	ct details	
Name *			
Title First Name	Last Name		
Phone Number *			
Must be an Australian phone n	ımher		
	arriocr.		
Email *			
Must be an email address.			

Do you have building and contents for the business insured with an insurer other than the one listed above? *

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○ Yes	○ No
Do we have your permission to contact to in relation to this claim?	the claim manager or insurance assessor
○ Yes	○ No
Name of your insurance company *	
What is your policy number? *	
Have you submitted a insurance claim? ○ Yes	* ○ No
What is your claim number? *	
Has your claim been accepted? * ○ Yes	○ No
Please upload your 'Acceptance of claim Attach a file:	or 'Settlement of claim' letter here. *
The maximum amount that can be Recovery Grant is \$50,000.	claimed through the Small Business
An initial amount of up to \$15,000 is available grant applicants. Or	ailable as an upfront payment to approved
A total claim amount of up to \$50,000 fo	or small businesses is available as a

Which option are you applying for? *

- O An initial amount of up to \$15,000 (an initial claim). To support an initial claim quotations, invoices and official receipts are required and can be supported by photographs.
- A total amount of up to \$50,000 in one claim. To support a full claim, evidence of payment is required, this includes invoices and receipts.

reimbursement payment to cover eligible out-of-pocket costs incurred by the

Hint:

grant applicant.

If your claim includes quotations, you are only eligible to apply for the initial amount of up to \$15,000.

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A further subsequent amount of up to \$35,000 can be claimed. A separate form will be sent and can be submitted once full evidence (Invoices and receipts) is available to support the subsequent claim.

Please note the subsequent amount can only be claimed with full evidence provided for the initial and subsequent claim. Failure to provide evidence for the initial claim will result in the subsequent claim being declined.

Applications are subject to audit and records must be kept for 12 months from the date the grant is approved.

Do you agree to keep records as supporting evidence for this application, in accordance with the program guidelines and terms and conditions? *

O Yes I agree

The maximum amount that can be claimed through the Small Business Recovery Grant is \$75,000.

An initial amount of up to \$15,000 is available as an upfront payment to approved grant applicants.

Or

A total claim amount of up to \$60,000 for medium businesses is available as a reimbursement payment to cover eligible out-of-pocket costs incurred by the grant applicant.

Which option are you applying for? *

An initial amount of up to \$15,000 (an initial claim). To support an initial claim quotations, invoices and official receipts are required and can be supported by photographs.
 A total amount of up to \$75,000. To support a full claim, evidence of payment is required, this includes invoices and receipts.

Hint:

If your claim includes quotations, you are only eligible to apply for the initial amount of up to \$15.000.

A further subsequent amount of up to \$60,000 can be claimed. A separate form will be sent and can be submitted once full evidence (invoices and receipts) is available to support the subsequent claim.

Please note the subsequent amount can only be claimed with full evidence provided for the initial and subsequent claim. Failure to provide evidence for the initial claim will result in the subsequent claim being declined.

Applications are subject to audit and records must be kept for 12 months from the date the grant is approved.

Do you agree to keep records as supporting evidence for this application, in accordance with the program guidelines and terms and conditions? *

○ Yes I agree

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Any grant payments received in response to quotes are subject to evidence being provided to the Small Business Development Corporation (SBDC) that the work has been successfully completed and paid for within 12 months (or by 30 June 2025 whichever comes first). The applicant consents to providing this information or repaying the grant. *

○ Yes I agree

Please note below what you can or cannot claim for.

What you can claim for:

Ineligible costs:

Eligible costs must be directly associated with An applicant is not eligible for assistance for eligible activities and may include: costs associated with:

- hiring or leasing equipment and materials to undertake clean-up of property, premises, or equipment;
- Purchasing equipment and materials to undertake clean-up of property, premises, or equipment if the delivery agency is satisfied:
 - the equipment or materials are not ordinarily available for lease or hire (e.g. cleaning chemicals, gloves, buckets, brooms, mops, shovels, or buckets); or,
 - the equipment is or the materials are reasonably necessary for cleaning the property, premise, or equipment, and are not readily available for hire or lease. (In this instance assistance towards purchase is available to the assessed hire or lease cost of the item being purchased);
- carting away debris, damaged goods and material, including cost of disposal;
- payment for tradespeople to conduct safety inspections of damage to property, premises or equipment;
- repairing a building or repairing or replacing fittings in a building, if the repair or replacement is essential for resuming operations of the business;
- purchase or hire/lease costs for equipment essential to the immediate resumption of operations;
- additional labour costs to clean a property, premises or equipment, if;
 - the cost would not ordinarily have been incurred in the absence of the disaster; or,
 - the cost exceeds the cost of employing a person to clean the property, premises or equipment

- Activities associated with the clean-up and reinstatement of small and medium businesses that are not directly resulting from Ex-TC Ellie, or TC Ilsa;
- where adequate evidence cannot be provided;
- own labour (including existing staff and own equipment);
- · loss of income;
- costs associated with preparing and acquitting DRFAWA applications;
- legal costs; and
- if the small business is home based, applicants are only permitted to claim the costs of clean-up and reinstatement for damage to premises and items which are directly attributed to the business, not other household damage.

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that would ordinarily have been incurred in the absence of the disaster (in this instance, only the excess costs are eligible);

- leasing of temporary premises for the purpose of resuming operation of the business;
- replacement of lost or damaged stock, which is essential to the immediate resumption of operations; and
- costs associated with insurance excess and insurance claim shortfall that are directly related to the eligible disaster.

Describe the clean-up or reinstatement items being claimed for, along with the amount being claimed.

Additionally, ensure that you attach supporting evidence of your claim.

Select the 'Add More' button to add more lines to itemise each claim.

Please select the most
relevant description for
each item being claimed.

Please select one item *

Please select the most relevant from the dropdown list.

Amount claimed including Upload your quotation or GST.

Amount claimed for item *

Must be a dollar amount.

invoice, receipt or proof of payment and photographic evidence of the item here (in PDF, JPG or PNG format)

Attach a file:

describe the document you are uploading, for example "Invoice from ABC cleaning"

Amount claimed including Upload your quotation or invoice, receipt or proof of payment and photographic evidence of the item here (in PDF, JPG or PNG format)

Attach a file:

describe the document you are uploading, for example "Invoice from ABC cleaning"

Upload your quotation or invoice, receipt or proof of payment and photographic evidence of the item here (in PDF, JPG or PNG format)

Attach a file:

Please select the most relevant description for each item being claimed.

Please select one item *

Please select the most relevant from the dropdown list.

GST.

Amount claimed for item *

Must be a dollar amount.

Please select the most relevant description for each item being claimed.

Please select one item *

Please select the most relevant from the dropdown list.

Amount claimed including GST.

Amount claimed for item *

Must be a dollar amount.

describe the document you are

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Please select the most relevant description for each item being claimed.	Amount claimed including GST. Amount claimed for item *	from ABC cleaning" Upload your quotation or invoice, receipt or proof of payment and photographic evidence of the item here (in PDF, JPG or PNG format)		
	Must be a dollar amount.			
Please select the most relevant from the dropdown list.		Attach a file:		
		describe the document you are uploading, for example "Invoice from ABC cleaning"		
Please select the most relevant description for	Amount claimed including GST.	Upload your quotation or invoice, receipt or proof of		
each item being claimed.	Amount claimed for item *	payment and photographic evidence of the item here		
Please select one item *	\$	(in PDF, JPG or PNG format)		
Please select the most relevant from the dropdown list.	Must be a dollar amount.	* Attach a file:		
nom the dropdown list.				
		describe the document you are uploading, for example "Invoice from ABC cleaning"		
Total value of your claim (Including GST)			
This number/amount is calculate	d.			
Please add any additional	comments here.			

Bank account verification

Must be at least 50 characters.

The 'Account name' is the name in which the account is held, **NOT** the name of the financial institution or the account type.

When entering bank details, it is important to double-check that the :

- BSB number;
- Account number; and
- Account name;

provided are accurate and match the information on the bank statement provided. This is to ensure that any grant payment is made to the correct account and to avoid potential errors or delays.

Business bank account * Account Name
Account Name
BSB Number Account Number
Must be a valid Australian bank account format.
In order to receive prompt payment of the grant and prevent fraud, you must provide a copy of your most recent bank statement that clearly displays the:
• BSB number
• Account number; and
Account holder name for your business.
Your bank statement must be uploaded in an unredacted PDF format only.
Bank statement * Attach a file:
Please ensure that the details you have entered match the bank account statement.
Certification
This section must be completed by the authorised person who is submitting the application on behalf of the applicant business.
Applicant *
Title First Name Last Name
Applicant's position in relation to the business.
 ○ Business owner ○ Bookkeeper ○ Tax agent
O Director O Business employee O Other:
○ Accountant
O /leasamane
Primary phone number *
Must be an Australian phone number. If entering a landline please enter the area code first for example (08)
Email address *
Must be an email address.
. rase se an eman address.
Applicant's Western Australian driver's licence number. *
Must be a number.
ויוטגו אב פ וועווואבו.

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If you do not hold a WA licence, please insert 1234567.

I acknowledge that I have the authority to provide the personal information contained and herby grant consent to verify my identity by checking the information with the issuer of the document or the official record holder through third-party systems.

ı agree *	
○ Yes	
Date of birth *	
Must be a date.	
the <u>terms and conditions</u> of the proconditions can be downloaded by c	Applicant is being reminded that they are bound by ogram. The program guidelines, FAQ's and terms and clicking on the <u>link</u> . If someone is making this agreement ust have the authority to do so, and are bound by the
provide false or misleading informations someone, or a business, with the ir	you are confirming that you understand that if you ation, create a fraudulent document, or impersonate ntention of deceiving the grant provider in order to mitting a fraud offence under the <i>Criminal Code Act 1913</i> , nalties.
Yes I agree *	
In the future the SBDC may corbusinesses. If you want to opt o ☐ Opt out	ntact you with information relevant to WA small out, tick the box below.
	review of this program your consent is requested to partment of Fire and Emergency Services.