

Small and Medium Business Recovery Support Program - STC Narelle

Form Preview

Small and Medium Business Recovery Support Program - Severe Tropical Cyclone Narelle and associated flooding (27 March 2026 - 10 April 2026)

* indicates a required field

BEFORE YOU BEGIN YOUR APPLICATION

Welcome to the Small and Medium Business Recovery Support Program.

Please read the **Small and Medium Business Recovery Support Program Guidelines, Frequently Asked Questions (FAQs) and Terms and Conditions** which are available on the Small Business Development Corporation's website <https://www.smallbusiness.wa.gov.au/narelle-recovery>

Privacy Statement

This Program is administered in accordance with the *Privacy and Responsible Information Sharing Act 2024 (WA)* (PRIS Act). The SBDC is committed to protecting personal information and ensuring that all information collected, used, stored and disclosed through this Program is managed in accordance with the PRIS Act.

We will not use or disclose information collected about you other than for a purpose made known to you, a purpose you would reasonably expect, a purpose required, authorised or permitted by or under any law, or a purpose otherwise authorised by you.

Personal information may be shared with other authorised government agencies or entities where this is lawful, reasonably necessary and proportionate for the purposes of Program delivery, disaster recovery coordination, compliance, audit, evaluation or policy development.

The SBDC is subject to the *Freedom of Information Act 1992 (WA)*, which provides a general right of access to records held by the state government agencies and local governments.

Contact Us

If you have any questions or concerns about how your personal information is handled, please contact us at infocentre@smallbusiness.wa.gov.au.

For more information about our privacy practices, please visit our website at [Using our Website Privacy | Small Business Development Corporation](#)

SmartyGrants - [Privacy Policy & Terms of Use - ourcommunity.com.au](#)

Acknowledgements and privacy statement

- 1. Please tick each of the below to indicate your acceptance.**
- 2. Your acknowledgement and acceptance of each item is a condition to progress the application.**

*

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I/We have read and understood the guidelines for the Severe Tropical Cyclone Narelle Small and Medium Business Recovery Support Program and have obtained clarification where needed.

I/We have read the Privacy Statement and understand how personal information provided in my/our application may be collected, used and disclosed.

Business Pre-eligibility Criteria

* indicates a required field

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.

Grant Round Name

This field is read only.

The round this submission is in.

Application Number

This field is read only.

The identification number or code for this submission.

What is the road or street address of the business? *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Tip : Type in the business address manually, do not copy and paste

Please select your business Local Government Area (LGA) *

- Shire of Ashburton
- Shire of Carnarvon
- Shire of Upper Gascoyne
- Shire of Exmouth
- None of the above

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

Businesses located in Shire of Exmouth - can apply for ONE (1) type of business support grants below:

- Grants for economic loss **OR**;
- Grants for clean-up, repairs and reinstatement

Option 1. Grants for economic loss

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Business must have a reduction in economic turnover of **15% or greater** between 28 March 2026 up to and including 10 April 2026 compared to **ANY CONSECUTIVE 14 DAYS** economic turnover between **27 December 2025 up to and including 27 March 2026**

Claim amounts available under the business support grants for economic loss;

- eligible businesses with up to four (4) full time equivalent employees will be eligible for \$10,000
- all other eligible businesses (i.e. 5-199 full time equivalent employees) will be eligible for \$20,000

OR

Option 2. Grants for clean-up, repairs and reinstatement

- Eligible businesses can claim up to \$20,000 for reimbursement of costs incurred undertaking eligible clean-up, repair and reinstatement activities and out of pocket repair expenses.

Is your business any of the categories below: *

- bakery product manufacturing
- beverage manufacturing
- cafes, restaurants and takeaway food services
- clubs
- grocery, liquor and tobacco product wholesaling
- pubs, taverns and bars
- recreational goods retailing
- laundry and housekeeping services to accommodation premises; and
- supermarket and grocery stores.
- Other:

Businesses can only apply for ONE (1) type of grant, which option would you like to apply for? *

- Option 1 - Grants for economic loss
- Option 2 - Grants for clean up, repairs and reinstatement

Businesses can only apply for ONE type of grant

Your business has a valid and active ABN, prior to, during the disaster, and is still currently active? *

- Yes
- No

Your business is registered for GST prior to, during the disaster, and is still currently active?

- Yes
- No

The business was operating in the defined disaster area prior to, and at the time of the eligible disaster? *

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Yes

No

The business intends to continue/re-establish its operations in the defined disaster area? *

Yes

No

The business has suffered direct damage as the result of the disaster event to the business premises or tools of trade (e.g. plant and equipment), and the essential cost of repair and replacement are the applicant's responsibility? *

Yes

No

The business has incurred costs for activities such as clean-up, repair, replacement, or recovery for the business premises and/or business equipment, due to the disaster event? *

Yes

No

Have you previously applied for, received, or intend to apply for any of the grants listed below related to Severe Tropical Cyclone Narelle? *

Cyclone Narelle Tourism Business Support Package

Premier's Natural Disaster Recovery Fund - WACOSS

Premier's Relief Payment - Department of Fire and Emergencies

Other:

Not applicable

Did you receive or have been approved to receive grant assistance for the Cyclone Narelle Tourism Business Support Package? *

Yes

No

Ineligibility

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 or concerns.

Ineligibility

Based on the responses provided, we regret to inform you that you are not eligible for grant assistance under this program, you have already received grant assistance through the Cyclone Narelle Tourism Business Support Package.

Please feel free to contact us at grants@smallbusiness.wa.gov.au if you have any questions or concerns.

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Business details

* indicates a required field

Australian Business Number (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.

Business Entity Name *

Organisation Name

Tip : Copy and paste the entity name from the ABN Lookup registry above

Business Name (if different to the above)

Tip : Search for your REGISTERED business name [here](#), using your ABN number

Business Primary Email *

Business Primary Phone Number *

Tip : If entering a landline please enter the area code first for example (08)

Describe what your business does *

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Tip : A short description of the type of business you conduct (e.g A neighborhood cafe providing coffee and brunch menu. We serve the local community, offering dine-in table service, convenient grab-and-go options, and locally sourced baked goods"

What is your industry ANZSIC Code? *

TIP : How to find your industry ANZSIC Code?

- Start typing a keyword into the box below. e.g cafe, bakery, laundry, supermarkets, pubs, liquor
- A list of matching industries to your search keywords will show.
- Click to select the most relevant industry that matches to your business
- If you are unable to locate the code in the list, please try searching via [ABS ANZSIC Code Search](#)

Is the address you have entered for a home office or home-based business? *

- Yes No

Road or street address of business (not a PO box) *

Address

Tip : This must be the main business location, it can be your home office.

To help us find your business address, upload a current, clear full front-facing photograph of your business: *

Attach a file:

Does your business have a tourism unique accreditation number? *

- Yes No

Please provide your tourism unique accreditation number *

Please select the business size categories: *

- Non-employing business (Business owner - no additional employees)
 Small business (Business owner, plus 1 to 19 employees)
 Medium businesses (Business owner, plus 20-199 employees)
 Not for profit organisation

Are you a sole trader? *

- Yes No

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Did you have another source of income other than your business, such as full or part-time employment on, or before the time of the disaster event? *

- Yes No

Did your business provide more than 50 per cent of your income on, or before the time of the disaster event within the affected LGA? *

- Yes No

Note that we may require evidence to support this statement

Please upload an unredacted (full and complete) PDF copy of your 2024-25 tax return *

Attach a file:

Tip : Ensure it is in PDF format

Does your business have a website? *

- Yes No

Please provide a link to the website URL *

Must be a URL.

Is the business on Facebook? *

- Yes No

Please provide a link to the Facebook URL *

Must be a URL.

Is the business on Instagram? *

- Yes No

Please provide a link to the Instagram URL *

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

Such as Google My Business, TikTok, LinkedIn.

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The following evidence is required to verify that your business was actively trading prior to, and during, the disaster event - STC Narelle (27 March 2026 to 10 April 2026).

Please select the document you are submitting to confirm this (only one is required). *

- Business tax return statement for FY2024-25
- Business Activity Statement (BAS) for the last FOUR (4) lodgement periods
- Financial Statements (e.g Profit and loss) from 1 January 2026 to 30 April 2026 (from an accountant or your accounting software, such as MYOB or Xero)
- Bank statement (from a period between 1 January 2026 and 30 April 2026) showing business transactions

Please upload your evidence here in PDF format *

Attach a file:

A minimum of 1 file and a maximum of 5 files may be attached.

Tip : Ensure it is in PDF format

Business Insurance Details

* indicates a required field

Was the business insured on the 27 March 2026? *

- Yes No

Name of insurance company *

What is your policy number *

Business Insurance Policy Cover Start Date *

Must be a date.

Business Insurance Policy Cover End Date *

Must be a date.

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

- Yes No

Do you have business continuity insurance / business interruption insurance / business income insurance / loss of profits insurance, or similar? *

- Yes No

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Please upload a copy of ALL your business insurance policies including itemised schedules and certificates of currency. *

Attach a file:

Tip : Ensure it is in PDF format

Have you submitted an insurance claim? *

Yes No

What is your insurance claim number? *

Has your claim been approved? *

Yes No

Tip : If no, application may not be able to progress for payment until acceptance of claim from the insurer is finalised

Please select the evidence you are providing to support your insurance claim approval *

- Claim Settlement Letter from your insurer
- Statement of Benefits/Settlement
- Release and Discharge Form
- Inspection/Scope of Work Report
- Other:

Tip : The more documents you provide, ensure a complete and accurate assessment

Please upload your evidence *

Attach a file:

Tip : Ensure it is in PDF format

Do you have an insurance claim manager or assessor that we can contact to verify your claim? *

Yes No

Do we have your permission to contact the claim manager or insurance assessor in relation to this claim? *

Yes No

Tip : If we are unable to verify your claim your application may not progress.

Claim manager or assessors contact details

Claim Manager or Assessor Name *

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

Phone Number *

Tip : If entering a landline please enter the area code first for example (08)

Email *

Grants for clean-up, repairs and reinstatement

* indicates a required field

The maximum amount that can be claimed through the grants for cleanup, repairs and reinstatement and out of pocket repair expenses is \$20,000

These costs are examples only and are not intended to cover all circumstances.

Eligible costs : must be directly associated with eligible activities and may include;

- payment for trades people to conduct safety inspections of damage to a property, premises or equipment;
- 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, premise or equipment (please refer to the conditions applicable Purchase of assets - Clean-up, Repairs and Reinstatement grant in the guidelines)
- employing a person to clean a property, premise or equipment
- carting away debris, damaged goods and material, including cost of disposal;
- repairing a building or repairing or replacing fittings in a building, if the repair or replacement is essential for resuming operations of the business (e.g. floor covering, electrical rewiring, shelving);
- 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;
- purchase or hire/lease costs for equipment or material essential to the immediate resumption of operations of the business, such as a generator;
- costs associated with insurance excess and insurance claim shortfall that are directly related to the eligible disaster.

Ineligible costs: not eligible for assistance for costs associated with;

- any costs not directly associated with eligible activities.
- duplication of existing initiatives/programs (i.e. activities that are approved to receive financial assistance from another government program or other assistance scheme);
- costs that have been covered by insurance are ineligible for reimbursement;
- own labour (including payment of existing staff salaries that would not have ordinarily been incurred and own equipment);

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- legal costs;
- if the 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 attributable to the business, not other household damage.
- upgrades or expansions to lease or rented property.
- purchase of land and/or buildings.
- alcohol, gift cards, and fuel cards.
- gifts and sponsorship.
- purchase of motor vehicles.
- wages, salaries, dividends, or any other payments to an eligible entity and/or other person(s) (e.g., director or co-owner of the business or sole trading enterprise).
- any operational costs associated with business-as-usual activities and would have ordinarily been incurred by the applicant

Describe the clean-up or reinstatement items being claimed

Tips:

Please list all claim items you consider eligible, even if the total exceeds the maximum claim amount of \$20,000, each claim item will be individually reviewed for eligibility and assessed accordingly. The review of the claim items will cease once the cumulative eligible total claimed amount reaches \$20,000.

How to add rows/view/expand the table:

- To insert additional rows/lines for claim items** : Click on the the 'Add More' button located at the bottom of the table
 - To view/expand the table** : Click 'Maximise' located at the top right hand corner of the table
- **To save the information in the expanded table** : Click 'Minimise' located at the top right hand corner of the expanded table

Description for each Amount claimed item being claimed. including GST.

Upload : Invoices, receipts or proof of payments and photographic evidence

Comments

Description for each Amount claimed item being claimed. including GST.		Upload : Invoices, receipts or proof of payments and photographic evidence	Comments
○ Costs to conduct safety inspections	\$		
○ Hire or lease costs for equipment or materials			
○ Purchasing equipment and materials			
○ Additional labour costs			
○ Removal of damaged goods and materials			
○ Disposal of damaged goods and materials			
○ Repairs to premises			

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<ul style="list-style-type: none"> <input type="radio"/> Replacing fittings <input type="radio"/> Leasing of temporary premises <input type="radio"/> Replacement of loss or damaged stock <input type="radio"/> Insurance Excess <p>Other:</p> <input style="width: 100%; height: 20px;" type="text"/>			
<ul style="list-style-type: none"> <input type="radio"/> Costs to conduct safety inspections <input type="radio"/> Hire or lease costs for equipment or materials <input type="radio"/> Purchasing equipment and materials <input type="radio"/> Additional labour costs <input type="radio"/> Removal of damaged goods and materials <input type="radio"/> Disposal of damaged goods and materials <input type="radio"/> Repairs to premises <input type="radio"/> Replacing fittings <input type="radio"/> Leasing of temporary premises <input type="radio"/> Replacement of loss or damaged stock <input type="radio"/> Insurance Excess <p>Other:</p> <input style="width: 100%; height: 20px;" type="text"/>	\$		
<ul style="list-style-type: none"> <input type="radio"/> Costs to conduct safety inspections <input type="radio"/> Hire or lease costs for equipment or materials <input type="radio"/> Purchasing equipment and materials <input type="radio"/> Additional labour costs <input type="radio"/> Removal of damaged goods and materials <input type="radio"/> Disposal of damaged goods and materials <input type="radio"/> Repairs to premises <input type="radio"/> Replacing fittings <input type="radio"/> Leasing of temporary premises 	\$		

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<input type="radio"/> Replacement of loss or damaged stock			
<input type="radio"/> Insurance Excess			
Other:			

Total value of your claim (Including GST)

\$

This number/amount is calculated.

Total value of your claim (Ex GST)

\$

This number/amount is calculated.

Tip : The maximum reimbursable amount is \$20,000

Please provide any additional comments

Tip : The more context you provide, the more accurately we can evaluate your application

Audit and Record-keeping

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 all records and information relating to this application in accordance with the program terms and conditions? *

Yes I agree

Grants for economic loss

* indicates a required field

You have CHOSEN to apply for Grants for economic loss

The business MUST have a **reduction in economic turnover of 15% or greater** between:

- **28 March 2026 up to and including 10 April 2026** compared to;
- **ANY CONSECUTIVE 14 DAYS** between **27 December 2025 up to and including 27 March 2026**

Reduction Economic Turnover

Choose any CONSECUTIVE 14 days between 27 December 2025 up to and including 27 March 2026.

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Tip : Please use this [calculator](#) to help you determine the exact number of days.

Start Date of the consecutive 14 days *

Must be a date and no earlier than 27/12/2025.

End Date of the consecutive 14 days *

Must be a date and no later than 27/3/2026.

Turnover (excluding GST) for CONSECUTIVE 14 days between 27 December 2025 up to and including 27 March 2026 *

\$

Must be a dollar amount.

Please select the evidence you are providing for the CONSECUTIVE 14 days between 27 December 2025 up to and including 27 March 2026: *

- Profit and Loss
- Business Bank account transactions
- General ledger from your accounting system
- Other:

Tip : The more documents you provide ensure a complete and accurate assessment

Please upload your evidence here *

Attach a file:

Tip : Ensure it is in PDF format

Turnover (excluding GST) for period 28 March 2026 up to and including 10 April 2026 *

\$

Must be a dollar amount.

Please select the evidence you are providing for the period 28 March 2026 up to and including 10 April 2026 *

- Profit and Loss
- Business Bank account transactions
- General ledger from your accounting system
- Other:

Tip : The more documents you provide ensure a complete and accurate assessment

Please upload your evidence here *

Attach a file:

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Tip : Ensure it is in PDF format

Reduction in economic turnover in % *

This number/amount is calculated.

Must be an economic loss of 15% or more

Tip : Should you receive a 'This response is not a valid number' error, please ignore it, enter the required information and click '**Save Progress**' button on the top or bottom of the page. This should resolve the error.

Ineligible for grants for economic loss

Your business did not have a reduction in economic turnover of 15% or greater between 28 March 2026 up to and including 10 April 2026 compared to **ANY CONSECUTIVE 14 DAYS** between 27 December 2025 up to and including 27 March 2026.

You can apply for the grant assistance using the grants for clean up, repairs and reinstatement option.

Full Time Equivalent (FTE) Employees

Claim amounts available under the business support grants for economic loss:

- businesses with up to four (4) full time equivalent employees will be eligible for \$10,000
- all other eligible businesses (i.e. 5-199 full time equivalent employees) will be eligible for \$20,000

Example on how to calculate the number of FTE for your business:

If your full-time employee works 76-hours per fortnight* (based on 38 hours per week):

- 10 full-time employees = 10.0 FTE
- 4 part-time employees working 40 hours each per fortnight ($4 \times 40 = 160 \text{ hours}/76 = 2.1 \text{ FTE}$)
- 2 casual employees averaging 30 hours each per fortnight ($2 \times 30 = 60 \text{ hours}/76 = 0.78 \text{ FTE}$)

Total Business FTE: 12.88 FTE per fortnight (even though the headcount is 16 people)

*fortnight = 14 days

Please provide the FTE evidence for the **CHOSEN CONSECUTIVE 14 days between 27 December 2025 up to and including 27 March 2026:**

- Payroll Summary Reports **AND**;
- Payslips

Tip : The dates on your FTE evidence must match the exact date period provided in your chosen turnover evidence above

Please upload the Payroll Summary Reports evidence here *

Attach a file:

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Tip : Ensure it is in PDF format

Please upload the payslips evidence here *

Attach a file:

Tip : Ensure it is in PDF format

For the chosen consecutive 14 days period, how many ordinary hours (excluding overtime) would ONE (1) full-time employee work? *

Tip: For example, ordinary hours for one FTE working 38 hours per work would equal 76 hours for the nominated 14-day period.

For the chosen consecutive 14 days period, how many total hours (excluding overtime) worked by all your employees *

Tip : Includes full time, part time, casual employees. Total Hours must match to the FTE evidence provided above

Total number of FTE employees for the chosen consecutive 14 days period *

Total hours worked by all your employees / Total ordinary hours

Tip : Should you receive a 'This response is not a valid number' error, please ignore it, enter the required information and click '**Save Progress**' button on the top or bottom of the page. This should resolve the error.

Based on the evidence entered above your business has a total of up to four (4) full time equivalent employees

Based on the evidence entered above your business has a total of (5-199 employees) full time equivalent employees

Audit and Record-keeping

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 all records and information relating to this application in accordance with the program terms and conditions? *

Yes

No

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Business Bank Account Details

* indicates a required field

Tip : The '**Account name**' is the name in which the account is held and is on your bank statements, **NOT** the name of the financial institution or the account type.

Bank Account *

Account Name

BSB Number

Account Number

Tip : Ensure the details provided matches to your bank statement issued by your bank

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.**

Bank statement *

Attach a file:

Tip : Your bank statement must be uploaded in an unredacted PDF format only.

Primary Contact Details

* indicates a required field

This section must be completed by the authorised person who is submitting the application on behalf of the applicant business.

Please provide the details for the primary contact for future correspondence.

Primary contact details *

Title

First Name

Last Name

Primary contact person's position within the business *

Business owner

Business employee

Director

Tax agent

Accountant

Other:

Bookkeeper

Primary contact phone number *

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Tip : If entering a landline please enter the area code first for example (08)

Primary contact email *

Western Australian driver's licence number. *

Tip : If you do not hold a WA licence, please enter 1234567.

Date of birth *

Must be a date.

Is the primary contact person also the applicant of the application? *

Yes

No

Authorised person details *

Title First Name Last Name

Authorised person Primary Phone Number *

Tip : If entering a landline please enter the area code first for example (08)

Authorised person Primary Email *

Certification *

I/We certify that all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position.

I/We certify that to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.

I/We certify that the business which is subject of this application is not in administration, liquidation or a state of insolvency and that all of the business owners are similarly, to the best of my/our knowledge, not in a state of bankruptcy, insolvency, financial distress or difficulty.

I/We are aware that it is an offence and that penalties may be applied under the Criminal Code Act 1913 if any information provided in an application or any document provided in respect of an application is found to be false misleading or incomplete in a material manner.

Feedback

* indicates a required field

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You are nearing the end of the application process. Before you review your application and click the 'Submit' button please take a few moments to provide some feedback.

Please indicate how you found the online application process. *

- Very easy Easy Neutral Difficult Very Difficult

How did you first find out about the availability of the grant? *

- | | |
|--|--|
| <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Local community event |
| <input type="checkbox"/> Recovery website | <input type="checkbox"/> Recovery support session |
| <input type="checkbox"/> Facebook | <input type="checkbox"/> Community recovery hub |
| <input type="checkbox"/> Community information session | <input type="checkbox"/> Media announcement |
| <input type="checkbox"/> Local newspaper or newsletter | <input type="checkbox"/> Other: <input type="text"/> |

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider

Future Program Evaluation and Feedback

The SBDC may reach out in the future, for further program evaluation and feedback.

Would you be willing to participate in a survey to share your experience?

- Yes No

If your application has been successfully submitted, you will receive an automated confirmation email with a copy of your submitted application attached.

This will be sent to the email address that you used to register with SmartyGrants from service@smartygrants.com.au

If you **do not receive a 'confirmation of submission' email, then your application has not been received.** Review the error message and ensure that all mandatory fields have been completed. You should then be able to successfully submit your application.

If you continue to experience any difficulties submitting your application, please contact the Grants Team at grants@smallbusiness.wa.gov.au