



Disaster Assistance Loans

Essential Working Capital Application Form Small Business

v7 14/2/2020

Information checklist

The following information must be provided to QRIDA:	Provided with this form:	
Past 3 (three) Years' Financial Statements <ul style="list-style-type: none"> Including Profit and Loss Statement, Balance Sheet and depreciation schedules Cashbook figures are acceptable if financial statements have not been prepared Financials must be provided for the applicant entity and all associated entities 	Yes	No - state why:
Past 3 (three) Years' Personal Taxation Returns <ul style="list-style-type: none"> Returns for all associated individuals as prepared by your accountant 	Yes	No - state why:
Monthly Cash Flows for the Current Financial Year	Yes	
Monthly Cash Flows for the Next Financial Year	Yes	
Schedule of Account Details A copy of the form is to be completed by each of your lenders (including banks, credit unions, lease/finance companies etc.) and attached to this application . Please arrange for your lenders to return this form to you prior to submission of the completed application to QRIDA .	Yes	
Australian Tax Office (ATO) Integrated Client Account Statement Copy of the ATO Integrated Client Account Statement (previous 12 months) for the applicant/each member and all associated entities.	Yes	
Trust Deed	Yes	No - not a trust

Please provide any additional information or documentation that you feel may support your application.

Which eligible disaster caused damage to your small business? (Refer Disaster Assistance Scheme Guidelines)

Section 1 - Borrower details

Please select:	Title	Surname	Given Names	Date of Birth
	Sole trader			
	Partners			
	Individual trustees			
	Company directors			
Company	Company/Trustee name: _____ Please list Company Director's details above			
Trust	Trust name (if applicable): _____ If the Trustee is a Company, please provide the Company name and the Company Directors' names in the boxes above			
Trading name				
Borrower's ABN:		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
		Business type (e.g. transport)		



Section 2 - Contact details

Nominated contact person (from Section One)		Telephone	
Business telephone	Fax	Mobile	Email address
Road address of enterprise:		Postal address of enterprise:	
		Postal name	Please tick if same as road address
Town/city	State	Postal address	
Local Government area		Postcode	
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
		Town/city	State
			Postcode
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Accountant

Contact person	Telephone	Fax
Firm	Email	

Bank or financier

Contact person	Telephone	Fax
Firm	Email	

Section 3 - Payment details

Please provide your bank account details for payment of the assistance funds by Electronic Funds Transfer:

Bank	Branch	BSB
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	Account Number:	

Section 4 - Business description and background

How many years have you been operating your business?

Please detail your number of employees (excluding owners/directors):

Full time employees	Casual/part time employees (full time equivalent)	Total full time equivalent employees
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Calculating Full Time Equivalent Employees: Full time work is 35 hours per week or more. If your business has casual or part time workers, calculate the number of hours worked by these employees and divide that total by 35 to determine full time equivalents. (For example, 3 casual employees working 12 hours per week totalling 36 hours per week, equates to one full time employee.)

Describe briefly the history of the business, what the business does, date of commencement in the defined disaster area and future business plan. Please state any relevant business/employment history of the Applicants/Directors. Please attach separate page if more space is required.

Section 5 - Details of disaster

How did the disaster impact upon your business income? Attach a separate page if more space is required.

Section 5 - Details of disaster (continued)

Do you hold an insurance policy for any losses suffered in the disaster event?

No Yes - if yes, please provide the following details of your claim:

Insurance company Claim amount
 Details of claim
 Claim outcome

Section 6 - Requirement for Essential Working Capital funding

Please detail the Essential Working Capital necessary to continue the normal operation of your *small business* for up to one year. Note: This assistance **is not** intended to compensate the loss of income or provide assistance relating to direct damage suffered as a result of the *eligible disaster*.

Funding requirements (refer example page 8)	Amount
Peak closing bank balance over the next 12 months as shown on your cash flow projection	
Less your contribution - cash or investments*	
Less bank overdraft limit*	
Indicated Cashflow shortfall (please do not include proposed loan in your cashflow projection)	

*** You must use all liquid assets and available normal credit limits to be eligible for assistance under this scheme.**

Preferred terms and conditions					
Loan terms - Disaster Assistance (loan up to \$100,000)	years (maximum 10 years)	Interest only for:	One year	Two years	N/A
Repayment frequency	Monthly	Quarterly	Half yearly	Yearly	

Section 7 - Property details

Please show all properties owned or leased either individually or jointly with partners, other persons or associated entities. *Please copy and attach additional pages if you have more than one property.*

Property type
(e.g. workshop)

Owned	Purchase date	Purchase price	Current market value
Leased	Lease payment (p.a.)	Expiry	Options

Registered owners

Title reference No or Lease No	Lot	Plan	Area (ha)
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Property address

If rented - rental income per annum

Section 8 - Details of any vessels owned

Please copy and attach additional pages if more than one vessel.

Vessel name	Registered owner	
Construction	Boat mark	Boat make
Australian Ships Number	Current survey report attached	Draft Beam
Insured value	Copy of insurance certificate attached	Length Age

Section 9 - Security

The Disaster Assistance Scheme requires all loan recipients to provide adequate security (preferably in the form of a property mortgage). Please outline your available security and mortgage arrangements should your application be successful.

Section 10 - Income produced

Sales figures must agree with financials and budgets.

Sales	Product/service	Last Financial Year (20 Actuals)		This Financial Year (20 Actuals)		Next Financial Year Estimates		Year In - Year Out Estimates*	
		Quantity	Total (\$)	Quantity	Total (\$)	Quantity	Total (\$)	Quantity	Total (\$)

Section 11 - Financial

Please comment on any significant income or expense variations in your past 3 years financial statements, and any significant abnormalities (other than disaster related) in your projected cashflows.

Additional information

If you would like to provide any additional information to support your application for assistance, please provide this below.

Section 12- Statement of assets and liabilities

Please complete one statement of your **business and personal** assets and liabilities including those held individually or jointly with partners, other persons or associated entities. **The Statement must include all assets you own and all debts you owe.**

Please tick if your statement of assets and liabilities is included in a separate template

Assets (show present fair market value)	\$	Liabilities (current amount owing)	\$
Cash at Bank		Overdraft (Limit:\$)	
Term Deposits			
		Term loans	
Real estate			
Address:			
		Other Loans (e.g. Private Loans)	
Stock (show type)		Stock Loans/Floor plans	
Plant and machinery		Hire Purchase, Leasing & Chattel Mortgage <i>(transfer total from table below)</i>	
Vehicles			
		Entitlements Owing to Employees	
		Taxation Debt	
Accounts Receivable		Accounts Payable	
Debentures/Shares/Investments		Margin Loans	
		Real Estate Loans (show details)	
Superannuation (current estimated value)		Personal Loans	
Life Insurance (estimated surrender value)		Credit Cards	
Other Assets (detail)		Other Liabilities (detail)	
Total Assets		Total Liabilities	

Hire purchase and lease repayment schedule

Item	Lender	Instalments					Lease residual		Total owing (a x b + c + d)
		(a) Instalment amount	Frequency e.g. monthly/ yearly	(b) No. of payments remaining	Date of final payment	(c) Overdue payments (Arrears)	(d) Amount	Due date	
Total owing (transfer total to 'Statement of Assets and Liabilities' above)									

Applicant authorisation

I/We hereby confirm that the above financial and other required documentation is included with this application.

I/We hereby authorise QRIDA to also notify the following person/firm/company of the decision of the application (optional):

Contact person _____ Address _____
Firm _____

I/We declare that I/we have not received another concessional loan for loss or damage that is related to this *eligible disaster*.

I/We hereby authorise QRIDA to obtain and disclose such information as considered necessary in relation to this application from my/our Accountants, Solicitors, Business Consultants, Commercial lenders (e.g. Banks and other Financiers), other Government Departments, Regional and Shire Councils, Suppliers, Processors, Credit Reporting Agencies or other agents.

I/We authorise QRIDA to email copies of loan documents to the email address listed in this application form, should my loan be approved.

I/We certify that all of the information provided in the whole of this application is true and accurate and discloses our correct financial position. I/We also agree to participate in a follow-up survey if requested.

All business owners, directors or trustees must sign below.

Applicant	Signature	Name	Position	Date
One				
Two				
Three				
Four				

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

Post: GPO Box 211, Brisbane QLD 4001

Email: contact_us@qrida.qld.gov.au

Fax: (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website: www.qrida.qld.gov.au

If you require assistance with completing your application, or wish to speak to a Regional Area Manager, please contact QRIDA on **Freecall 1800 623 946**.

Privacy

We understand and appreciate that our customers are concerned about their privacy and the confidentiality and security of any information that may be provided to us. QRIDA has always prided itself on its standards of confidentiality, and will continue those standards, in line with new privacy legislation. The personal information collected and maintained by QRIDA comprises your name, address, contact details and information specific to the support program. QRIDA may use your personal information in order to provide the services you require, administer and manage those services, and research and develop our services. Your personal information is also collected to advise or offer information on other support programs that may be relevant and of interest to you. If you do not wish to receive these offers or information, please call 1800 623 946 and ask for the Privacy Contact Officer. It should be noted that financial information received by QRIDA for the purposes of assessing eligibility and level of assistance under specific schemes of support, that may enable an individual to be identified, at no stage is divulged to any third party or government department.

Application and cashflow guidance

General guidance

QRIDA has Regional Area Managers based in Brisbane, Bundaberg, Cloncurry, Emerald, Innisfail, Kingaroy, Mackay, Rockhampton, Roma, Toowoomba and Townsville who can assist you with any questions. To speak to your local Regional Area Manager, please contact QRIDA on **Freecall 1800 623 946**.

Please complete each section in the application form and forward it to QRIDA with the required attachments (listed on page 7). Incomplete applications or missing attachments are likely to cause delays in assessing your application and may result in the application being declined.

Cashflow guidance

The cashflow forms should be completed by those who understand the business best. This is usually the owners and operators of the business. Your Accountant or Financial Advisor may be able to assist, if needed.

A projected cashflow, in which you estimate as accurately as you can the income and expenses for a current/future period, is probably the most important tool your business can have. You should base your projections on your historical results (past financials) and your knowledge of what might be different this year and the following year. The ability to check your actual results with what you expected will assist you to make critical decisions about your business.

QRIDA requires a monthly cashflow for the current year, plus the next full financial year. Microsoft Excel versions of the cashflow form are available to download from the QRIDA website, www.qrida.qld.gov.au. If you utilise the Excel cashflow, the totals will automatically calculate and you may find it is easier to complete. If you have your own computer prepared cashflows, please feel free to send them instead.

Completing a cashflow

The steps below outline how to complete a QRIDA application cashflow:

1. Fill in your name and QRIDA Client Identification Number (if known) at the top of the form and complete the relevant year.
2. Income
 - Refer to your past financials for suitable headings or use those shown as a guide. Please note that livestock/stock sales are shown (not the profit), with purchases shown in the purchases section of the form. These monthly figures should agree with the total sales shown in Section 9 (page 4-5) of your application form.
 - All income should be shown, including personal wages, interest and dividends from investments, rents from properties, any other personal income, government assistance and all business income. Use your historical records to estimate when income will be received, but adjust for your knowledge of any changes to sales patterns or income receipts. Do not include the QRIDA loan amount you are applying for.
3. Expenses
 - Again you should refer to your past financials for suitable headings for your business. Please use the headings shown as a basic guide. These will also assist you with the timing of payments. Do not include non-cash items such as Depreciation or Bad Debts in your cashflow.
4. Purchases
 - Here you should include all your livestock/stock purchases in the months when you expect to pay for them. These figures should agree with the total purchases shown in Section 9 (page 4-5) of your application form. Capital purchases would include major items such as vehicles or equipment (the cash amount paid excluding lease/HP etc), major renovations or improvements, new fences, irrigation equipment etc. Please make a note of the type of capital purchase. Include in this section the costs to restore your business from Section 5 (page 2-3).
5. Other Expenses
 - Here you would list all of your:
 - lease, hire purchase or chattel mortgage payments - interest on overdraft or similar type of non reducing facility, and
 - total repayments on term loans, personal loans, private loans, housing loans and credit cards.You also need to record your personal drawings, medical contributions and payments, education expenses for yourselves or dependants and life insurance payments.
6. Surplus or (Deficit)
 - This total will be automatically calculated if you are using the Microsoft Excel version of this form from the QRIDA website. If you are completing the form manually, please calculate the difference between Income and Expenses. If income is greater, you have made a surplus or profit. If Expenses are greater, you have made a (deficit) or loss.
7. Opening and Closing Bank Balances.
 - If completing the cash flow for the current year, the opening bank balance of your overdraft or operating account for July should be taken from your bank statement and adjusted if necessary for outstanding cheques. If completing the cash flow for the following or subsequent years, the opening bank balance will be the closing bank balance from the previous year's cash flow which you have completed.

The purpose of this calculation is to provide an estimate of your bank balance (the closing balance) at the end of each month, and indicate your peak debt or credit. The closing balance is calculated by adding the opening balance to the monthly surplus or (deficit), which then becomes the opening balance for the next month.

Example cashflow projection and requirements and funding tables

Client Name: GT Retail Nursery				Client ID: 65432									
MONTHLY CASHFLOW FOR CURRENT FINANCIAL YEAR: JULY 2017 - JULY 2018													
Income	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Plant sales	25,000	25,000	30,000	35,000	40,000	35,000	30,000	40,000	40,000	55,000	45,000	40,000	440,000
Cut flower sales	10,000	10,000	10,000	10,000	10,000	15,000	5,000	50,000	20,000	45,000	30,000	10,000	225,000
Other													
Total Income	35,000	35,000	40,000	45,000	50,000	50,000	35,000	90,000	60,000	100,000	75,000	50,000	665,000
Expenditure - fixed and variable (amend, add or delete headings as necessary to suit your business - refer to past financials)													
Fixed costs	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	96,000
Variable costs	22,750	22,750	26,000	29,250	32,500	32,250	22,750	58,500	39,000	65,000	48,750	32,500	432,250
Sub total	30,750	30,750	34,000	37,250	40,500	40,500	30,750	66,500	47,000	73,000	56,750	40,500	528,250
Purchases													
Seedlings							30,000	30,000					60,000
Plant stock							68,000						68,000
Watering system repairs								30,000					30,000
Equipment replacement								27,000					27,000
Sub total							98,000	87,000					185,000
Other expenses													
Lease/HP/Chattel Mortgage	560	560	560	560	560	560	560	560	560	560	560	560	6,720
Interest	300	310	320	310	300	290	290	290	290	290	290	290	3,570
Loan repayments	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
Personal living expenses	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Medical/education/insurance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Sub total	7,360	7,370	7,380	7,370	7,360	7,350	7,350	7,350	7,350	7,350	7,350	7,350	88,290
Total Expenditure:	38,110	38,120	41,380	44,620	47,860	47,850	136,100	160,850	54,350	80,350	64,100	47,850	801,540
Surplus (Deficit)	-3,110	-3,120	-1,380	380	2,140	2,150	-101,100	-70,850	5,650	19,650	10,900	2,150	-136,540
Opening bank balance	-53,110	-56,220	-59,340	-60,720	-60,340	-58,200	-56,050	-157,150	-228,000	-222,350	-202,700	-191,800	
Closing bank balance	-56,220	-59,340	-60,720	-60,340	-58,200	-56,050	-157,150	-228,000	-222,350	-202,700	-191,800	-189,650	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	

How QRIDA will determine your borrowing needs:

The level of assistance for which you may be eligible will be determined by:

1. Establishing from your cashflow budgets accompanying this application the anticipated Peak Closing Debit Balance of your working account over the next 12 months.
2. Deducting from that figure any available cash contribution and/or drawdown of undrawn lines of credit, (excluding your overdraft limit) to be applied toward your post disaster working capital needs.
3. Then deducting your full overdraft limit (if any).

	Example one	Example two
Funding	Amount	Amount
Peak closing bank balance over the next 12 months as shown on your cashflow projection shown on cashflow projection	\$228,000	\$228,000
Less your contribution - cash or investments	nil	\$48,000
Less overdraft limit	\$150,000	\$150,000
Indicated QRIDA Loan	\$78,000	\$30,000

+ Schedule of Account Details

A separate copy of this form is to be completed by *each* of your lenders. Please arrange for your lenders to return this form to you before submitting your completed application form to QRIDA.
(Includes banks, finance companies, building societies, credit unions and private lenders. For applicants and *all* related entities)

Consent and Authorisation		Return Instructions
To: <i>(Bank/Financier name)</i> Please list below details of all my/our accounts held with your company and return this form to me/us according to the Return Instructions (shown to the right of this form). You are also authorised to discuss my/our accounts with QRIDA and provide any information QRIDA may request regarding my/our accounts. Name/Company/Firm: Applicant's Signature: Name/Company/Firm: Applicant's Signature:		Please return this form to me/us by: Fax: Email: Post:

Loan Accounts, Equipment Finance and Other Borrowings <i>(Debit Accounts)</i>										
Account name	Account BSB & Number	Facility Type	Balance	Limit	Interest Rate	Expiry Date	Repayment Amount	Repayment Frequency	Balloon or Residual	Arrears

Contingent Liabilities:

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Savings Accounts, Term Deposits, Investment Accounts and other Asset Accounts <i>(Credit Accounts)</i>			
Account name	Account BSB & Number	Account Type	Balance

I/we confirm the above information is true and correct at the date executed.

Branch address/stamp:			
Manager name:		Manager signature:	
Email address:		Phone number:	
		Date:	
		Fax Number:	

An additional Schedule of Account Details form is available on QRIDA's website

