

Special Disaster Assistance **Recovery Grants** **Application Form Small Businesses**

v7 9/4/2019

Information checklist

The following information must be provided to QRIDA:	Provided with this form:	
Rates Notice / Lease Agreement <i>Your small business must be located within a defined disaster area. If you own the property, please attach a copy of your most recent Local Government rates notice for the property impacted by the disaster event. If you lease the property, please attach a copy of your current lease agreement (lease agreement must confirm that you are responsible for meeting the costs being claimed).</i>	Yes	
Photographs of damage <i>5 - 10 photographs evidencing direct damage. If photographs are not held, please provide quotes or tax invoices clearly identifiable as being related to damage from the eligible disaster.</i>	Yes	
Evidence of payment <i>For grant applications up to \$25,000 (i.e. for immediate resumption of business directly following the disaster event):</i> <ul style="list-style-type: none"> Copies of tax invoices or quotes/estimates OR <i>For grant applications over \$25,000 or subsequent applications up to \$25,000:</i> <ul style="list-style-type: none"> Copies of tax invoices AND evidence that these invoices have been paid (e.g. bank statements, electronic bank transfer confirmations or official supplier receipts). 	Yes	
Details of insurance <i>If insured, full details and a copy of your insurance policy and/or claim must be provided. If yes, Section 6 must be completed. Note: QRIDA may be unable to finalise your Disaster Assistance Grant application until the outcome of your insurance claim is determined and claim outcome is provided.</i>	Yes	Not applicable
Other assistance <i>Have you already applied for assistance from QRIDA for this disaster? If yes, please provide your QRIDA Client ID Number.</i> <i>Note: Any previous application information supplied is held on file by QRIDA.</i>	QRIDA Client ID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

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

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Please complete the following questions to assist QRIDA to determine your eligibility for a Disaster Assistance Grant:

Do you derive the majority of your income from this business? (Financial statements may be requested to confirm business income)	Yes	No
How many people do you employ? * 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 divided that total by 35 to determine full time equivalents. e.g. 7 casual employees working 10 hours per week totalling 70 hours per week, equates to 2 full time equivalent employees.	Number of full time equivalent employees:	
Was the business operating in the defined disaster area prior to and at the time of the eligible disaster?	Yes	No
Does the business intend to continue/re-establish its operations in the defined disaster area?	Yes	No
Is the business primarily responsible for meeting the costs being claimed in this Disaster Assistance Grant application? (If leased, lease agreement is required)	Yes	No
Have you received any other government assistance for the costs now being claimed?	Yes	No
Did you hold an ABN at the time of the disaster?	Yes	No
Your responses to these questions may affect your eligibility for a Disaster Assistance Grant. Scheme guidelines can be viewed at www.qrida.qld.gov.au		

If you have any questions regarding your eligibility for the Disaster Assistance Grant, please see the Frequently Asked Questions at www.qrida.qld.gov.au or contact QRIDA on Freecall 1800 623 946.



Australian Government

Freecall 1800 623 946 www.qrida.qld.gov.au

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Queensland Rural and Industry Development Authority (QRIDA)

GPO Box 211 Brisbane Qld 4001 Email: contact_us@qrida.qld.gov.au ABN: 30 644 268 943



Queensland Government

Section 1 - Applicant business

Please select:

Title	Surname	Given Names	Date of Birth

Please list Company Director/s' details above

Company

Company name:

Trust

Trust name
(if applicable):

If the Trustee is a Company, please provide the Company name and the Company Director/s' names in the boxes above

Applicant's ABN:

Industry type
(e.g. food retailing)

Note: You are not eligible for a Disaster Assistance Grant if you did not hold an active ABN at the time of the eligible disaster.

Section 2 - Contact details

Nominated contact person
(from Section One)

Business telephone

Fax

Mobile

Email address

Road address of disaster affected business:

Postal address of enterprise:

Please tick if same as road address

Postal name

Town/city

State

Postcode

Postal address

Local Government area

Town/city

State

Postcode

Section 3 - Payment details

Please provide your bank account details for payment of the assistance funds by Electronic Funds Transfer (Note: Bank account must match the applicant entity):

Bank

Branch

BSB

Account name

Account Number:

Section 4 - Details of your business

Please provide information about your business (e.g. what is the main purpose of your business and how long you have been operating, industry type, turnover, goods and services sold/produced, employee number):

Section 5 - Details of the direct damage sustained as a result of the eligible disaster

Please provide a brief description of the direct damage sustained as a result of the eligible disaster (e.g. this may include what was damaged and the likely impact this might have on the immediate resumption of your business activities)

Section 8 - Subsequent claim and / or claiming up to the maximum grant of \$50,000

Option Three - No insurance and want to claim up to the maximum rebate of \$50,000

Please complete the *Invoice being claimed schedule* (page 6) detailing the expenditure you have incurred which relates directly to the clean-up and reinstatement of your business enterprise. Please ensure that you have attached copies of tax invoices AND evidence that these invoices have been paid.

Use the table below to summarise your claim.

Option Four - Insurance claim finalised and / or making a subsequent claim

This option is to be used if either you are making a subsequent claim (due to your insurance claim being finalised and/or wanting to claim additional costs not covered in previous claim) or can show that your insurance will not cover all costs and is greater than \$25,000.

Please complete the *Invoice being claimed schedule* (page 6) detailing the expenditure you have incurred which relates directly to the clean-up and reinstatement of your business enterprise. Please ensure that you have attached copies of tax invoices AND evidence that these invoices have been paid.

Use the table below to summarise your claim.

Summary of claims being made:	Claim Amount
Claim amount as per <i>Invoices being claimed schedule</i>	
Less previously paid Disaster Assistance Grant amount (if applicable)	
Disaster Assistance Grant amount now being claimed	

Additional information

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

If you need more room, please attach additional information to this application.

Declaration and authorisation

- I / We declare that:
- the information provided in this application is correct
 - I/We have read and understood or here necessary sought clarification of the relevant Disaster Assistance Grant Scheme Guidelines (Small Businesses) prior to lodging this application
- I / We understand that:
- deliberately giving false or misleading information is a serious offence under the *Rural and Regional Adjustment Act 1994* and the Criminal Code and may lead to prosecution
 - QRIDA may conduct an audit of my/our quotations, tax invoices, receipts, bank statements or other similar records to verify the Disaster Assistance Grant amounts given under the scheme have been used in accordance with the claim
 - any overpayment will be recovered by QRIDA
 - these Disaster Assistance Grants may result in financial, taxation, legal or other implications. Applicants are advised to seek independent financial advice in regards to these implications (further information and fact sheets are available from the Australian Tax Office) before participating in the scheme.

I / We hereby authorise QRIDA and any of its authorised representatives to:

- a. collect information that QRIDA or its authorised representatives consider to be necessary or appropriate in connection with this application, from:
- i. any accountant, solicitor, business consultant, bank, other financier, processor, supplier or other person named or identified in this application or any supporting documentation provided with, or in support of, this application
 - ii. any Commonwealth, State or Local Government agency or authority that QRIDA or its authorised representatives may consider relevant to this application (each *Relevant Person*)
- b. disclose to any Relevant Person and to any contractor or agent of QRIDA involved in the assessment or processing of this application:
- i. that I/we have made this application
 - ii. information contained in this application or any supporting documentation provided with, or in support of, this application
 - iii. information collected by QRIDA or its authorised representatives under paragraph (a) above
 - iv. information about any previous application I/we have made to, or financial assistance received from, QRIDA

I / We authorise any *Relevant Person* to disclose to QRIDA and its authorised representatives such information as may be requested about me/us in connection with this application.

I / We authorise QRIDA to contact my/our insurance company to confirm or verify entitlements or the outcome of any claims made in relation to the eligible disaster.

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.

If you make more than one subsequent application for a Disaster Assistance Grant and the total assistance is in excess of \$25,000; please provide evidence of expenditure for the total Disaster Assistance Grant amount received at that time, noting that any partial grant payment previously provided will be deducted from the total expenditure for which evidence is provided.

Before submitting this application to QRIDA, please ensure all relevant questions have been completed and all required documentation and/or evidence of payments are attached (refer to checklist on page one).

Please ensure that all applicants 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@qrda.qld.gov.au

Fax: (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website: www.qrda.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.

