



Special Disaster Loan

Bushfire Working Capital Loan

Application Form Not for Profit

Bushfires from 31st August 2019

Need help filling in this form?

If you have difficulty understanding or completing this form, free confidential assistance for small businesses is available from Business Connect. Find your local advisor on the website: www.business-connect-register.industry.nsw.gov.au or phone 1300 134 359.

You can also give the RAA permission to work with your own private financial advisor or accountant to assist you however you will be liable for any professional fees charged.

Language Services (Interpreting and Translating) are available by contacting Multicultural NSW on 1300 651 500 or by visiting languageservices@multicultural.nsw.gov.au

You can also speak directly with the Rural Assistance Authority team on 1800 678 593.

This is an application form for the Special Disaster Bushfire Working Capital Loan and is to be completed by the Not for Profit organisation.

Are you applying for a:

< \$50,000 Working Capital Loan

Yes

Before you start

Find out if you are eligible

Were you operating your Organisation in the defined disaster area prior to and at the time of the eligible disaster?

Yes

No

Do you intend to continue/re-establish your Organisation in the defined disaster area?

Yes

No

Are you primarily responsible for meeting the costs being claimed in this Special Disaster Loan 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

Further information about this loan is available in the Guidelines and can be viewed at www.raa.nsw.gov.au

Are you an existing NSW Rural Assistance Authority (RAA) customer

Have you previously applied for assistance from the RAA?

Yes

No

If yes, please provide your six digit BP Number (if known)

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Have this information ready to submit with your form

File types accepted: Word, Excel, PDF, JPEG

Maximum file size accepted: 25MB

Local Government rates notice (if you own the property)

Yes

Lease Agreement (If you lease the property) If you were operating in the defined disaster area, proof is required eg. work contract, photos, bank statements.

Evidence of impact or proof of loss of income

Yes

This may include quotes, tax invoices, evidence of lost earnings, list of cancelled bookings, BAS statements or photographs (if related to infrastructure damage).

1 year of business tax returns

Yes

If you have previously submitted tax returns to the NSW RAA for Financial Year 2016/17 or more recent, you do not need to provide your tax return.

Held by RAA

If not, please provide your most recent tax return OR provide permission for the NSW RAA to contact your accountant directly to obtain.

Attached

I hereby give permission for the NSW RAA to contact my accountant directly to obtain my most recent tax return.

Yes

No

| | |
|-----------------------|----------------|
| Business Name: | |
| Contact Name: | |
| Phone: | Mobile: |
| Email: | |

Which eligible disaster impacted your organisation?

| | | | |
|-----------------------|--|------------|--|
| Bushfire date: | | LGA | |
|-----------------------|--|------------|--|

Section 1 – About your organisation

Please select:

- Board Member
- CEO
- Treasurer
- Non-exec Director
- Committee member
- Secretary
- Volunteer
- Other

| Title | Surname | Given Names | Date of Birth |
|-------|---------|-------------|---------------|
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Trading name:

Organisation ACN:

Section 2 – Your contact details

Nominated contact person: Telephone:
 (from Section 1)

Telephone: Mobile: Email address:

Road address of disaster affected organisation:

Town/city State Postcode

Local Government Area

Postal address of organisation:
 Please tick if same as road address

Postal name

Postal address

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 organisation

Number of employees:

| | | | |
|----------------------|--|--------------------|--|
| Paid employees | <input style="width: 90%;" type="text"/> | Years of operation | <input style="width: 90%;" type="text"/> |
| Non paid / volunteer | <input style="width: 90%;" type="text"/> | | |

Section 5 – Details of the impact sustained as a result of the eligible disaster

Was the impact sustained at the address detailed above? Yes No

What was damaged

What is the impact on the resumption of your organisation's activities? Include loss of income.

Section 6 – Details of expenditure

Estimated cost of the impact to your organisation

Estimated cost of repair to bring your organisation back to pre-disaster level

Repayment terms

(Please specify the months you wish to make repayments for Quarterly, Half Yearly & Annual Payments)

Monthly

Last day of the month

Quarterly

Half Yearly

Annual

Requested loan amount for this application *(maximum loan of \$50,000 available)*

Were any losses covered by insurance? Yes No

(If yes, please give full details and provide copy of insurance policy)

Name of Agent

Phone

Email

Provide details of claims made

Section 7 – Recovery plans

Outline your recovery plans *(For example, how you plan to; pay wages, rent and creditors; replenish stock; improve cashflow; marketing and advertising)*

Is your organisation's Taxation liability, including GST, up to date?

Yes

No

If no, what is the amount outstanding?

If No, what arrangements do you have with the ATO?

Section 8 – Expected cash flow

This information is no longer required for the Working Capital Loan.

Section 9 – Property holdings

The property where work is to be carried out

Property A

Street Town/city State Postcode

Registered Proprietor/s

Area Current market value Amount owing

Title reference/s

Property B

Street Town/city State Postcode

Registered Proprietor/s

Area Current market value Amount owing

Title reference/s

Section 10 – Liabilities (Provide attachment if required)

Part A

Overdraft, Commercial Bills, Credit Cards

| Type (O/D, Credit Card etc) | Lender | Interest Rate | Limit | Balance Owing | Repayment frequency <i>e.g. Fortnightly, Monthly, Half Yearly, Annual etc</i> | Repayment amount <i>If Interest only, enter I/O</i> |
|-----------------------------|--------|---------------|-------|---------------|--|--|
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| | | | | | | |
| TOTAL | | | | | | |

Part B

Term Loans, Fixed Rate Loans, Investment, Private or Family Loans, Lease Arrangement, Hire Purchase/ Asset Finance

| Type <i>e.g. Term Loan, Investment etc</i> | Lender | Interest Rate | Balance Owing | Repayment frequency <i>e.g. Fortnightly, Monthly, Half Yearly, Annual etc</i> | Repayment amount <i>If Interest only, enter I/O</i> |
|---|--------|---------------|---------------|--|--|
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| | | | | | |
| TOTAL | | | | | |

Section 11 – Commitment Schedule *(Provide attachment if required)***Financial Position – Properties****Property A**

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street | Town/city | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Area | Total | | |
| <input type="text"/> | <input type="text"/> | | |

Property B

| | | | |
|----------------------|----------------------|----------------------|----------------------|
| Street | Town/city | State | Postcode |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Area | Total | | |
| <input type="text"/> | <input type="text"/> | | |

Financial Position – Assets

| | |
|------------------------------|--|
| Debtors – Current | |
| Debtors – 30-60 days | |
| Debtors – 60 days + | |
| Motor Vehicle(s) | |
| Cash at bank | |
| Other Investments (describe) | |
| Superannuation | |
| Other (describe) | |
| Other (describe) | |

Has the organisation ever been bankrupt, assigned a liquidator, or are there any unsatisfactory judgements against the organisation in any court? *(If Yes, give details)*

Yes No

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Section 12 – Contact details

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|---------------------------------|
| Main Financier's details |
| Bank or Company Name: |
| Contact Name: |
| Phone: Mobile: |
| Email: |

Declaration and authorisation

I/We understand and declare that:

1. I have read, understood and I will comply with the scheme guidelines.
2. The information I have provided in this application is true and correct.
3. If I am applying on behalf of a partnership, trust or corporation, I have the authority to make this application on its behalf.
4. The Organisation listed in this application:
 - a. suffered direct damage to their assets and/or a significant loss of income as a result of the NSW Bushfires from 31 August 2019, and
 - b. is an eligible Organisation.
5. It is intended that the Organisation will be re-established within the affected area.
6. Any overpayment will be recovered.
7. I/We have made a claim for insurance where eligible, or insurance has been refused or the payout does not cover all costs, and proof of this claim is attached.
8. When asked for financial information, I must provide my personal tax returns in addition to financial information for all business entities with which I have a formal interest including companies, partnerships and self-managed super funds.
9. The invoices for this application have not been used to secure any other NSW Government funding. (i.e. I have not been reimbursed for these invoices in the past).
10. I authorise RAA to discuss this application with relevant private/public authorities, financial lending institutions and accountants, including my nominated financial counsellor/advisor. If required, I will provide documents from the relevant authority to permit the RAA to do this.
11. Any assistance received under this scheme will be applied in accordance with the scheme guidelines and the RAA may conduct an audit or inspection to ensure I have complied.
12. I have obtained/will obtain all required work approvals and permits prior to commencing work, and I understand the need for any development to be ecologically sustainable.
13. The NSW Rural Assistance Authority can make relevant enquiries to ensure I receive my correct entitlement.
14. Prior to applying for this assistance I/we sought independent financial advice and the taxation implications of any assistance granted has been explained to me.
15. Statistics may be collected and analysed in such a way as to protect my anonymity.
16. I/We agree to provide feedback in relation to this Scheme.
17. I confirm loan funds will be used for items not covered by insurance.

All Organisation directors or trustees must sign below:

| Applicant | Signature | Name | Position | Date |
|-----------|-----------|------|----------|------|
| One | | | | |
| Two | | | | |
| Three | | | | |
| Four | | | | |

How to submit your application

Please submit your completed application and include all supporting documents to the NSW RAA by:

Post: Locked Bag 23, Orange NSW 2800

Email: rural.assist@raa.nsw.gov.au

Fax: (02) 6391 3098

What happens next?

Once your form is received the RAA team will assess your application and will contact you if further information is required.

Privacy

The information in this application is provided voluntarily and is being collected by the NSW Rural Assistance Authority for purposes related to the administration of the scheme of assistance under which you have applied, including the assessment of the effectiveness of the scheme. This may involve disclosing the information in this application to contractors engaged by the Authority or to either State or Commonwealth government agencies. We will supply you with details of those that we have disclosed information to, if you apply to us in writing. Information regarding your application may also be discussed and exchanged with the nominated contact persons listed by you in your application. Not providing the information requested in this application or providing false or misleading or incomplete information may impact on the ability of the Authority to accurately assess your application. The NSW Rural Assistance Authority agrees to take all reasonable measures to ensure that the personal information collected by it is stored securely. You may access or correct your personal information by contacting the Authority by telephone on 1800 678 593 (toll free) or by writing to: Manager Administration, NSW Rural Assistance Authority, Locked Bag 23, ORANGE, NSW, 2800. Calls to "1800" numbers from your home phone are free. Calls from public phones and mobiles may be timed and attract charges.