

Application form

The South Australian Government has partnered with the Commonwealth Government to offer financial assistance under Disaster Recovery Arrangements to those impacted by bushfires in South Australia.

Up to \$50,000 is available to impacted small businesses for costs associated with clean-up, restoration and rebuilding.

This grant is not intended to replace the need for insurance or to compensate for loss of income suffered as a result of the bushfire. The grant is not available for repairs to housing, to repair or replace non-business assets, or to cover costs which have been or will be reimbursed through an insurance claim.

Lodging applications

Please lodge completed application forms, including required documentation, with the Department for Innovation and Skills:

Post: Department for Innovation and Skills
C/- Small Business Team
GPO Box 320
ADELAIDE SA 5001

Applications must be lodged no later than **24 July 2020**.

Applications and invoices received after **24 July 2020** will **not** be accepted.

Eligibility criteria

Did you suffer direct damage to small business infrastructure as a direct result of an eligible disaster event? **Yes No**
☐ ☐

Is your small business located in one of the eligible disaster event areas? **Yes No**
☐ ☐

Was your small business operating in the disaster area prior to and including the date of the fires? **Yes No**
☐ ☐

Will the grant be used to reimburse eligible costs incurred by you? **Yes No**
☐ ☐

Does your small business have an ABN? **Yes No**
☐ ☐

Supporting evidence:

Please include the following with your application:

- ☐ Current financial statements for the small business, and personal tax returns for each member of the small business for FY 17/18 or FY 18/19 if available.
- ☐ A copy of the claim for insurance that has been made as a result of the eligible declared emergency event.
- ☐ A copy of your latest council rates notice or other evidence of land ownership OR if the property is leased, a copy of the current lease.
- ☐ Copies of tax invoices or receipts evidencing quotes or expenditure incurred, and written evidence regarding the result of an associated insurance claim.
- ☐ Photographic evidence of the direct damage incurred (optional).



1. Applicant details

Primary contact:

First name:

.....

Last name:

.....

Your role in the business:

(Director, Manager)

.....

Phone number:

.....

Email address:

.....

If you have applied previously, or you are a partner, or you have a financial involvement with any other small business or primary producer applying for a Disaster Recovery Grant, please provide details below:

Secondary contact:

First name:

.....

Last name:

.....

Your role in the business:

(Director, Manager)

.....

Phone number:

.....

Email address:

.....

If you have applied previously, or you are a partner, or you have a financial involvement with any other small business or primary producer applying for a Disaster Recovery Grant, please provide details below:

2. Business details:

Trading name

.....

Legal/registered name

.....

Street address

.....

Postal address

.....

Business type (eg retail, bakery, travel agency)

.....

ABN/ACN

.....

Number of full-time employees

.....

Number of part-time employees

.....

Under normal circumstances, is more than 50% of your total gross income derived from the business which is claiming? **Yes** **No**

☐

☐

Is the business a publicly listed company? **Yes** **No**

☐

☐

Is the business part of a national retail chain? **Yes** **No**

☐

☐

Is the business a franchise? **Yes** **No**

☐

☐

Does the business intend to resume trading/development in the same community or region? **Yes** **No**

☐

☐

HERE TO HELP

If you are unsure about any of the questions in this application, or are unable to provide the information requested at this time, please contact a member of the **Small Business Team** on **8429 3242**. We are here to help.

3. Your claim

Please note the grant is calculated on the GST-exclusive eligible costs incurred.

Please attach all relevant invoices/quotes/receipts to support your claim, together with written evidence of the outcome of your insurance claim.

Make sure you keep a photocopy of all documents submitted.

Briefly describe the damage claimed NOT covered by insurance.

Damage covered by insurance is not eligible – for further information please refer to the guidelines.

What is the estimated value of the damage?

\$

Claim amount (maximum \$50,000)

\$

4. Bank account details

Subject to approval, the grant payment will be credited directly to your bank account via Electronic Funds Transfer (EFT). Please provide your bank account details:

Account Name:

BSB:

Account No:

5. Supporting contacts

Name of Insurance Company:

Contact person:

Phone:

Name of Accountant:

Phone:

6. Authorisation, declaration and certification

1. I/We authorise the Minister for Innovation and Skills (Minister), acting through the Department for Innovation and Skills (DIS), to obtain and exchange any information regarding my/our affairs from my/our banker, accountant, insurance company or other source. I/we authorise my/our banker, accountant, insurance company or any other business contacts to supply any required information to DIS.
2. I/We declare that I/we own a small business located in the defined area, have suffered damage to small business infrastructure as the direct result of the 2019/2020 bushfires and that the costs cannot be claimed from our insurance company.
3. I/We declare that I/we as the business owner(s) derive more than 50 per cent of my/our individual income from the small business.
4. I/We declare that the small business was operating or preparing to operate in the defined area prior to the declared date of the event; the small business will be re-established within the defined area; and none of the grant funding claimed in this application will be used to cover costs that have been or will be covered by insurance payments.

5. I/We certify that:

- i) my/our claim on my/our insurance policy with respect to the damage suffered to my/our small business infrastructure has been refused by my/our insurer; or
- ii) my/our insurance entitlement will not cover in full the damage suffered to my/our small business infrastructure; or
- iii) I/we are not insured with respect to the damage suffered to my/our small business infrastructure.
- iv) my/our claim on my/our insurance policy with respect to the damage suffered to my/our small business infrastructure has not yet been assessed by my/our insurer. I/we acknowledge that if my/our claim is successful I/we will repay the amount recovered by the insurance company in respect to these claims (up to the amount of grant received).

(Delete whichever is inapplicable).

Name:

Signature:

7. Terms and conditions

1. I/We acknowledge and agree that if I/we receive a grant pursuant to this application that this application will constitute a legally binding agreement between the Minister and I/us, and I/we accept and undertake to comply with these terms and conditions.
2. I/We acknowledge the grant is by way of reimbursement for costs outlined in this application in relation to clean up and reinstatement costs for my/our primary producer business, resulting from the 2019/2020 bushfires in South Australia.
3. I/We agree to an officer of DIS or delegate undertaking an inspection of our property to verify the claims in this application, including preparing a damage assessment.
4. I/We will keep separate records of the use of the grant. If requested, I/we agree to provide copies of these financial records to DIS.
5. If requested, I/we will complete and submit an acquittal of the grant expenditure.
6. I/We agree to provide DIS with such information and/or reports as DIS may reasonably require to enable DIS to monitor my/our performance of my/our obligations under this application and ensure that the grant is being used for the reimbursement of costs of clean up or repairs and replacement outlined in this application.
7. I/We agree to an officer of DIS or delegate undertaking an inspection of our property to confirm that the grant provided has been used for the reimbursement of costs of clean up, repairs and replacements outlined in this application.
8. I/We agree that any activity that I/we undertake in connection with my/our use of the grant complies with the laws from time to time in force in South Australia.
9. I/We agree that if I/we
 - i) fail to comply with any of these terms and conditions;
 - ii) have in any dealings with the Minister or with DIS, or in this application, provided any false, misleading, incomplete or incorrect information,then I/we will be liable to repay such amount of the grant to the Minister as the Minister may demand.
10. I/We enter into the obligation under clause 8) to repay all or a portion of the grant with the intention that it is a legally binding, valid and enforceable obligation owed by me/us to the Minister.
11. I/We agree that nothing in this application or the payment of grant pursuant to this application constitutes a partnership, joint venture or association of any kind between me/us and the Minister or DIS or renders them liable for the debts or liabilities incurred by me/us.
12. I/We agree that neither the Minister nor DIS will be liable to reimburse any losses of mine/ours that may result from this application or the payment of the grant pursuant to this application or the clean-up and reinstatement costs outlined in this application.
13. I/We agree to provide DIS with such information and/or reports as DIS may reasonably require to enable it to monitor my/our performance of my/our obligations under these terms and conditions.
14. I/We warrant that the information provided in this application (including in section 8 Authorisation, Declaration and Certification) is true and correct in every particular.
15. In the event that I/we become entitled to or receive any proceeds from any insurance policy or policies with respect to the damage suffered to my/our small business infrastructure and funded by this grant, I/we must repay to the Minister an amount equivalent to the insurance proceeds, provided that the amount repayable will not exceed the amount of the grant paid or payable to me/us.
16. I/We acknowledge that this application, including any attachments and supporting documents, once submitted to DIS will become subject to the operation of the *Freedom of Information Act 1982* (SA), and could, subject to the provisions of that Act, be released pursuant to a request made under that Act.
17. I/We authorise the Minister, acting through DIS to disclose any information contained in this application, and any attachments and supporting documents, to any other agency of the South Australian Government or to any agency of any other State for the purpose of or in connection with the administration of the Disaster Recovery event or similar program or scheme.

Name:

Signature:

If successful, this application will be EXECUTED as an AGREEMENT with the applicant named below:

Applicant (Print Name/s)

Signature

Date

Note: If the small business is a company then:

- the company must be named as the applicant; and
- the application must be signed by either two directors or a director and the company secretary of the company (unless the company has a sole director and company secretary in which case that sole director and company secretary must sign this application form).

For Department for Innovation and Skills use only

DIS Representative

Approved ☐ Yes ☐ No

Signature

Date

More information

For more information, to discuss your application, and to lodge your application contact:

Department for Innovation and Skills

Small Business Team

Level 4, 11 Waymouth Street

ADELAIDE SA 5001

Phone: 8429 3242

Email: DIS.SmallBusiness@sa.gov.au