

COVID-19 Ipswich Small Business Funding Round 3

Form Preview

Ipswich Small Business Funding Program

* indicates a required field

Before you continue:

Please read the [Small Business Funding Program Funding Guidelines](#) before commencing your application.

If you need examples or support whilst completing your application, please go to <https://www.ipswich.qld.gov.au/services/funding-and-support> or book in a support session by emailing business@ipswich.qld.gov.au.

Business Details

Business Name *

Organisation Name

Please use your organisation's full name. Check your spelling and make sure you provide the same name that is listed in official documentation such as with the Australian Business Register and Australian Tax Office.

Business Street Address *

Address

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

Business Postal Address *

Address

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

Organisation's Website

Must be a URL.

If applicable

Business Bank Account *

Account Name

BSB Number

Account Number

Must be a valid Australian bank account format.

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Approved funds will be transferred directly to this nominated bank account.

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.

Are any business partners, associates or employees, Ipswich City Council staff? *

- ☐ Yes
☐ No

Council collects this information in accordance with its Related Party Disclosure Policy

Business Verification

I verify that: *

- ☐ business turnover is less than \$1.3 million per annum
☐ the business employs less than 20 staff
☐ the business is open and has recommenced trading at the date of application
☐ the business is not subject to any enforceable undertakings, legal actions or pending closure

At least 4 choices must be selected.

As you have indicated that a business partner, associate or employee is an Ipswich City Council staff member, you are ineligible to apply for this funding.

If you have any queries, please contact the Economic Development Team at business@ipswich.qld.gov.au.

Project and Budget Details

* indicates a required field

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Project Details

Ipswich businesses can apply for costs associated with:

- engaging a [professional service](#)
- purchase of [business inventory](#)
- cost of approved [memberships](#)
- cost of [COVID specific expenses](#)

Please outline how COVID continues to adversely affect your business. (Please provide supporting documentation if applicable). *

Supporting documentation

Attach a file:

Supporting documentation may include a comparison of your financial statements from the same period before and after COVID to show a downturn in income.

Please outline how this funding of up to \$2,000 will assist your business get back to trading profitably again. *

Budget Details

Local Small Businesses can apply for a maximum amount of \$2,000.00 (excluding GST).

Supporting documentation for this funding must include

- a current quotation for proposed costs, or,
- an invoice with proof of payment (if payment for goods, services and/or membership fees has already taken place after 1 July 2020).

Wherever possible, goods and services should be purchased from Ipswich based providers.

Expenditure Description (list goods, services and/or memberships)	\$ Total Cost
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	\$

Budget Totals

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Total Expenditure Amount

\$

This number/amount is calculated.

Total Funding Amount Requested *

\$

Must be a dollar amount up to a maximum of \$2,000.

Please provide current quotes or invoices with proof of payment for all services / goods / membership fees Council funds will be used towards. *

Attach a file:

Certification

*** indicates a required field**

This section must be completed by the business owner or business partners.

I certify that: *

- ☐ my business complies with all other Australian and Queensland Legislation including accounting and auditing requirements, anti-discrimination laws, privacy, confidentiality and freedom of information laws, registration and accreditation of professional employees, and preparation and dissemination of annual reports
- ☐ my business adhere to sound Workplace Health & Safety practices
- ☐ to the best of my knowledge the statements made within this application are true and correct
- ☐ I understand that if my business is approved for this funding, we will be required to accept the terms and conditions of the funding as outlined in the letter of approval and funding agreement

At least 4 choices must be selected.

Name of Authorised Person *

Title

First Name

Last Name

Position *

Position held in applicant business (e.g. Owner, Business Partner, etc.)

Contact Phone Number *

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant business

Contact Email *

Must be an email address.

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Date *

Must be a date.

Privacy Statement

Ipswich City Council is collecting your personal information so that we can process your request for the COVID-19 Ipswich Small Business Funding Program. We will not disclose your personal information outside of Council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to relevant Council Committees. By completing and signing this form, and returning it to Council, we will consider that you have given us your consent to manage your personal information in a manner described in Council's [Privacy Statement](#), Personal Information Digest and this collection notice.