About this form

IMPORTANT

Before completing this application, ensure you have read the relevant grant guidelines. These are available on our website **Small Business Energy Efficiency Grants**.

For any queries regarding this form, the grant application process or about your eligibility, email smallbusinessenergygrants@sa.gov.au.

Applications close 5:00PM ACST Friday 29 November 2024.

Eligibility Check	
I have a valid and active Australian Busin ○ Yes	ness Number (ABN) O No
I am registered for Goods and Services T ○ Yes	Tax (GST). ○ No
My business is located and operates in S ○ Yes	outh Australia.
My business is a small business electricity consumes less than 160MWh of electricity Yes	ty customer (including not-for-profit) that ty per year.
My business is a home-based business. ○ Yes	○ No
My business is a public company. ○ Yes	○ No
	re any work or goods will be installed or
used. ○ Yes	○ No
I am able to provide matched funding of ○ Yes	at least 50 per cent of eligible costs.
I am a not-for-profit organisation that ha \$75,000. ○ Yes	os an annual turnover that is greater than
I have an Australia-wide grouped payroll O Yes	of less than \$1.5 million in 2023/24.

Small Business Energy Efficiency Grants - Application Form

You are not eligible.

Based on your answers in the eligibility check above, you are not eligible for this grant program. You will not be able to complete the remainder of this form.

To access more support for your organisation, visit Office of Small and Family Business.

You may be eligible.

Please proceed with the remainder of this form. Ensure you have all the required documents and information on hand to complete this form.

Disclaimer

Completing this Eligibility Check does not mean you are eligible. Your application will be assessed in full. We may request further proof to confirm any of the information you have indicated in the Eligibility Check or throughout the form.

Information required to complete this form

Check that you have all the following information and documents on hand to complete this application form.

- 1.Australian Business Number The business has a registered active ABN.
- 2.**Bank statement** Provide a copy of applicant's business bank account statement. The bank account statement must show the name of the business (sole trader, partnership, company or trust name), address, BSB and account number.
- 3.**Business insurance** Provide a copy of business insurance certificate of currency showing the name of the business (sole trader, partnership, company or trust name), insured business address or address where contents or public liability is insured, and the policy end date. *If you do not have any business insurance, additional evidence may be requested in the form.*
- 4.**Electricity bills covering the previous 12 months** Provide copies of the most recent 12 months of electricity bills for your business to show annual usage.
- 5.If your business is on a separately metered business tariff that consumes more than 160MWh of electricity per year OR if you are in an embedded network, PAYG statement Provide a copy of your most recent lodged PAYG statement for 2023-24 showing the total salary amount paid for that period.
- 6.**If you are a not-for-profit organisation which is not GST registered** Provide a copy of your most recently lodged tax return.
- 7.**If you are applying with other businesses on the same embedded network** Provide a list of all businesses applying together and their ABNs.
- 8.**Evidence of reduced energy consumption of any proposed expenditure** Take screenshots of the Energy Savings Calculator for each item that you are looking to purchase to show the amount to be saved for each goods purchase.
- 9 For grant application up to \$15,000 (total business spend up to \$30,000),
 - one quote for work(s) required to be undertaken and/or
 - one quote for each of the proposed goods to be purchased.
- 10For grant applications over \$15,000 up to \$50,000 (total business spend up to \$100,000),
 - two quotes for work(s) required to be undertaken, and/or

• two quotes for each of the proposed goods to be purchased.

Useful links and information

In this application, the following terms and definitions apply.

Applicant refers to the business entity to which this application relates.

Department refers to the Department of State Development.

Minister refers to the South Australian Minister for Small and Family Business.

Program refers to the Economic Recovery Fund Round 2 - Small Business Energy Grant Program.

Treasurer refers to the South Australian Treasurer.

More information can be found at:

- Small Business Energy Efficiency Grant Guidelines
- Frequently Asked Questions
- Energy Efficiency Calculator

Applicant

* indicates a required field

1. Entity Type

The applicant is the legal entity applying for the grant. This can not be a Trust.

-	pplicant legal name * rganisation Name	
	nis is the legal entity name that appears on all office fferent to your Register Business Name.	cial documents or legal papers. This may be
A O O	B. J. J.	
Se 0 0	Not-for-profit (non-charity)	
Is	s the Applicant ACTING FOR A Trust? * Yes	⊃ No

Trust Name * Organisation Name		
Trust ABN		
The ABN provided will be used to look up the following Lookup above to check that you have entered the ABN		
Information from the Australian Bus	ness 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		

Partnership Details

List all partners in the partnership

Title	First Name	Last Name
Title	First Name	Last Name
These should b	e the partners of the partnership entity type, not the	e project partners.

Trust Details

Who is the trustee of the trust? *

If the trustee is a company, enter trustee company name Organisation Name

List all individual trustees OR trustee company directors

Title	First Name	Last Name
Title	First Name	Last Name

Company Details

List all company directors

Title	First Name	Last Name
Title	First Name	Last Name

2. Applicant Details

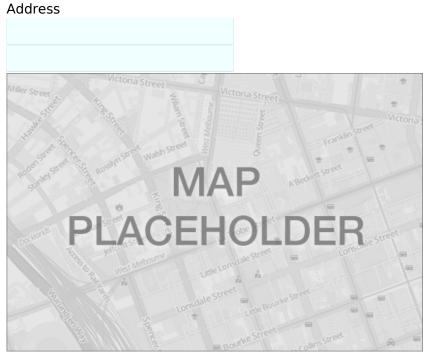
Registered Business Name	
Australian Business Number (ABN) *	
Additional Dusiness Number (ADN)	

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		

Australian Company Number (ACN)		
If required.		
Website (or Facebook page)		
Business phone *		
business priorie		
If landline, include area code.		
Business email *		

Operating premise address *



Applicant Primary Address

3. Authorised Contact

Person authorised to represent and/or act on behalf of the applicant or tenancy group on an embedded network in relation to this grant application.

Name *			
Title	First Name	Last Name	
Position	title *		
Phone (mobile) *			
	·		
Phone (d	office)		
1 110110 (0	Jinee,		
Email *			

4. Person preparing the application

If the person preparing this application form is the same as the Authorised Contact, please leave this section blank.

Name		
Title	First Name	Last Name
Position	or Relationship	to applicant
If other, pl	ease specify relation	onship with applicant
Position	title	
Phone (ı	mohile)	
i none (i	nobiic)	
	CC: \	
Phone (d	omce)	
Email		
Day (199. 6	nt Dotoile	
_	nt Details	
	es a required field	
5. Bank	king Details	
Please pr	ovide:	
• the Trans		tails for payment of
• a co	by of a bank acco	ount statement to e
Disclaim	er: Providing ba	nk account details
Bank *		
Branch I	Name *	
Bank ac	count details *	
Account I		
BSB Num	ber Account	Number
Must be a	valid Australian ba	nk account format.

Bank statement * Attach a file:	

Must be less than 25MB. Bank account statement must show the applicant name (sole trader, partnership, company or trust), address, BSB and account number. The bank details provided above must match your bank statement, any variation between the two may result in delays in payment.

Application Details

- * indicates a required field
- 6. Electricity Usage

Are you a part of an embedded network?

- Yes, I am in a group of tenancies in an embedded network.
- O No, I receive a separate electricity bill.

If you are applying under an embedded network arrangement, you are taken to have negotiated with your landlord any benefits that you may receive by making an energy-efficient purchase under this program.

Are you applying as group with other tenants in the embedded network? *

- O Yes, I am applying with other tenants.
- No, I am applying as an individual business.

Provide the following details in relation to each tenant that is a part of this application.

By entering the ABNs in the table below, the Authorised Contact declares that they have the authority to represent and/or act on behalf of all the businesses listed in relation to this grant application.

Notes on filling out this table

- maximise the table to enter all columns
- add rows if required.

Table 1: Details of tenants applying together.

Tenant name	ABN	Tenant contribution to the proposed expenditure (%)

Provide copies of the most recent 12 months of electricity bills for your business to show annual usage. The bills should show:

- the name of your business;
- the business address where the electricity is supplied; and
- the bill statement period.

Notes on filling out this table

•	maximise	the	table	to	enter	all	col	lumns
•	IIIUAIIIIII	u_{I}	LUDIC	··	CIICCI	un		uiiiii

• add rows if required.

Table 2: Electricity usage details and bills.

Bill start	Bill end	Usage	Bill upload
		Number only. MWh as shown on your bill.	Each file must be less than 25MB.

		Number only. MWh as shown on your bill.	Each file must be less than 25MB.
Total usage			
This MWh usage value is	calculated.		
7. Business Insura	ance		
Do you have any bus O Yes Includes any insurance po- liability		O No name, eg building insuran	ice, contents, public
• the name of your	business; ess address or address	tificate of currency show	
Upload certificate of Attach a file:	currency *		
Must be less than 25MB.			
7A. Financial Info	rmation		
Upload a copy of you Attach a file:	ur most recent BAS is	ssued by the ATO. *	
Must be less than 25MB.			

Upload a copy of your lodged 2023-24 PAYG statements. * Attach a file:

Must be less than 2!	5MB.			
Upload a copy o Attach a file: Must be less than 2!		ent lodged inco	me tax return. *	
8. Proposed E				
Review your propo		rvices against the	Eligible Expendit	:ure list in the
	g for Eligible Pr o 8	oject Activities	and Equipment f	rom: *
• add rows as r	e table to enter corequired gy Efficiency Ca		de Proof of Savings	for each line item,
Table 3.1: Propo	osed expenditui	re table for item	s in Categories 1	. to 8.
A. B. Item Activity detail category	C. Unit D. Qty price (\$)	total (\$)Estim energ bill savin per	G. H. atetstimatethoof y energy pricin savings gs per year \$)(MWh)	I. J. Proof of Second of g proof of current pricing equipment
Select a category. brand, product name, model number and energy star rating where applicable	RRP AUD, ex GST.	Calculated Use the AUD, ex Energy GST. Efficier Calcula linked above calcula	Use the Each fi Energy must b Icy Efficiency less the Icor Calculator 25MB. Iinked Examp to above to quotes te calculate website gs MWh screen	ne must be must be less than 25MB. 25MB. le: Example: Where you e website select a shoscreensho'replace' Required activity an if where category,

Total proposed expenditure for items in Categories 1 to 8.	Total estimated energy bill savings per year (\$)
This Australian Dollar amount is calculated. Excludes GST.	This Australian Dollar amount is calculated
Upload a screenshot of the Energy Efficiency Calculator showing calculations for all the above line items * Attach a file:	Total estimated energy savings per year (MWh) This number is calculated.
Must be less than 25MB. You can supply one PDF showing all items.	

Notes on filling out this table

- maximise the table to enter columns A to H
- add rows as required
- total proposed expenditure of Category 9 items must be greater \$20,000. If the total is less than \$20,000, it cannot be claimed under this Program.

Table 3.2: Proposed expenditure table for items in Category 9.

A.	B. Item	C. Unit	D. Qty	E. Item	F. Proof	G. Second	H. Proof
Equipment	description	pprice (\$)		total (\$)	of pricing	proof of	of current
type						pricing	equipment
		AUD, ex		Calculated	Each file	Each file	Each file
		GST.		AUD, ex	must be	must be	must be
				GST.	less than	less than	less than
					25MB.	25MB.	25MB.
					Example:	Example:	Provide a
					quotes,	quotes,	photo of
					website	website	your current
					screenshots	.screenshots.	equipment.

Total proposed expenditure for items in Category 9.

Must be more than \$20,000. This Australian Dollar amount is calculated. Excludes GST.

TOTAL PROPOSED EXPENDITURE

\$

This Australian Dollar amount is calculated. Excludes GST.

∆REMINDER!

Your total expenditure across all categories exceeds \$30,000.

Ensure you have provided second proof of pricing in *column I* for the above expenditure table/s.

Provide further	r energy usage	e details regardir	ng any goods	or services	that fall und	er
Category 9 Oth	her unique pro	iect and/or equi	oment.			

Notes	οn	filling	out	thic	tah	ےا
notes	UΠ	IIIIIIII	out	uns	Labi	E

- maximise the table to enter all columns
- add rows where required.

A.	В.	C.	D.	E.	F.	G.	H.	I.	J.	K.	L.	Μ.	N.	
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equip						o nohazirhyt								
	(qty)												awidge	
		(kW)	run	kWh	kWh	produ	ıction		(kW)	run	kWh	kWh	produ	ction
			time							time				
			(hour	s)						(hour	s)			
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9. Other Government Funding

Have you applied for any government grants in the last 2 years? * ○ Yes ○ No

This includes grants from the Government of South Australia, Australian Government, local government or another state government.

Provide details of all grant programs that you have applied for in the last 2 years including the value of the grant and the outcome of your application.

Prog nam		Department, agency or council Name	(\$)	Does the grant cover any of the proposed expenditure listed in this application?	Outcome
			AUD, ex GST		
	·				

Additional Information

- * indicates a required field
- 10. Additional information about your business

Which industry does your business operate in?

What is the nature of your business?	
Does your business have more than 50% ☐ Ownership by women? ☐ Ownership by First Nations people? ☐ Ownership by Culturally and Linguistically ☐ Ownership identifying as people with disable ☐ Prefer not to say	
When did your business start operating?	
How many full-time equivalent (FTE) emp	oloyees do you employ? *
Full-time equivalent hours is taken to be 37.5 hours	per week.
How many FTEs are residents of South A	ustralia? *
Average annual turnover (Financial Year) \$ Provide the average annual turnover over the last 2	
Tell us more about what your business do	Des.
Additional comments to support your app	olication
Additional supporting documents	
Upload additional documents that support you	r application below.
Document title	Upload
	Each file must be less than 25MB.

Declaration

^{*} indicates a required field

Are you, the Authorise	d Contact, a Public Officer under the ICAC Act 201	.2 (SA)? *
○ Yes	○ No	
-	Contact, have any actual, potential or perceived this application and/or program? *	conflicts
○ Yes	○ No	
Provide details of actu this application and/or	al, potential or perceived conflicts of interest in reprogram.	elation to

Confidential information

Conflicts of Interest

Confidentiality obligations apply to **Government of South Australia** (the 'Government') employees under their terms of employment and the *Public Sector Act 2009 (SA)*. The **Department of State Development** (the 'Department') will treat information provided by the applicant as confidential information if all the following is satisfied:

- the information is clearly identified as confidential and you explain why it should be treated as confidential;
- the information is of a confidential nature (e.g. commercially sensitive); and
- the information is provided with the understanding that it will stay confidential.

Information that is or becomes public knowledge (other than by breach of any confidentiality obligations) will not be considered to be confidential information.

Disclosure of information (including confidential information)

Any information contained in, or relating to, an application, including information identified by an Applicant as confidential information for the purposes of applying for funding under the **Economic Recovery Fund Round 2 - Small Business Energy Efficiency Grants Program** (the 'Program'), may be disclosed by the Department:

- to employees, advisers or third parties in order to manage the Program (including but not limited to, for the purposes of evaluating and assessing the application);
- within the Government where this serves the legitimate interest of the Department;
- in response to a request by a House or Committee of the Parliament of the Commonwealth of Australia or South Australia;
- where information is authorised or required by law to be disclosed; and
- where the information is already in the public domain.

Privacy

The Department is required to treat your personal information in compliance with the Government of South Australia's <u>Information Privacy Principles</u> (IPPs). The Department may

provide the personal information collected from you to Government employees, advisers or third parties so that the Department can manage, monitor and assess the Program. The Department, the **Treasurer** or the **Minister for Small and Family Business** (the 'Minister') may publicly announce details of successful applications including but not limited to, the name of applicant, project summary, estimated and actual economic outcomes and amount of funding, and publish personal information on the Department's social media and websites.

Declarations and Consents

- 1.I declare that I have authority to complete this **Application Form** (the 'Form') and to make these declarations and consents on behalf of the Applicant, and further acknowledge that by including my name in this Form, I am deemed to have signed this Form as an authorised representative of the Applicant.
- 2.I declare that I have read and understood the Program Guidelines and the instructions set out in this Form (including the provisions relating to Confidential Information, Disclosure of Information and Privacy outlined in this Form).
- 3.I declare that the information contained in this Form together with any statement attached and all other information provided in relation to this Form is, to the best of my knowledge, true, accurate and complete and that I will bring any relevant changes to the attention of the Department as soon as practicable during the assessment period. I also understand that giving of false or misleading information is a serious offence under the *Criminal Law Consolidation Act 1935 (SA)*.
- 4.I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this Form (and/or associated documents) and that during the Application process, the Department may consult with other Government agencies or engage external advisors/third parties about the information provided in this Form (and associated documents).
- 5.I acknowledge that if the Department, Treasurer or Minister is satisfied that any information provided in this Form (or in any associated documents) is incorrect, incomplete, false or misleading, the Department, Treasurer or Minister may, at its absolute discretion, take appropriate action which may include, but is not limited to:
 - excluding this Application from consideration;
 - withdrawing a funding offer; and/or
 - terminating any grant agreement including recovering funds already paid.
- 6.I declare that the Applicant will comply with, and require that its employees and contractors comply with, all applicable laws and Government policies.

By submitting this Form, you, as the Authorised Contact, declare that:

- you understand and agree to the paragraphs above; and
- the information provided in this application is true and correct.

Authorised contact *				
Title	First Name	Last Name		