Application Form T-Hub
Form Preview

T-Hub India Market Access Program (IMAP) Grant

* indicates a required field

APPLICATIONS CLOSE DAY DATE MONTH 2026 - 5:00PM

T-Hub India Market Access Program (IMAP) Grant Before starting your application, please read the T-Hub India Market Access Program (IMAP) Guidelines and confirm that the applicant meets all eligibility requirement.

The T-Hub India Market Access Program (IMAP) Grant is a pilot program supporting a minimum of five South Australian export-ready technology companies to explore commercial opportunities in India. T-Hub will deliver online preparation, mentoring, business matching, pitch support, in-market engagement and follow-up market access support.

Successful applicants will receive a grant of $10,000 (excluding GST) towards the T-Hub IMAP participation fee. Participating companies must pay their own travel, accommodation, logistics and other participation costs.

Duration: IMAP will run for minimum six months.

For any queries regarding this form, the grant application process or about your eligibility, please e-mail: ***dsd.trade@sa.gov.au***

You can save and return to the application before the closing time.

Business Trading Name *

As listed on ASIC

Name of the person completing this application *

Title | First Name | Last Name

This person will receive SmartyGrants notifications relating to this application. They do not need to be the business's Authorised Contact.

Email address *

Must be an email address.
SmartyGrants emails relating to this application will be sent to this email address.

ELIGIBILITY CRITERIA

The eligibility review in this form is a preliminary self-assessment only.

The Department of State Development will verify eligibility and may request further information.

To be eligible to apply, applicants must:

- have an active ABN registered in South Australia, or demonstrate significant operations in South Australia to DSD's satisfaction;
- be registered for GST;
- have generated sales revenue for at least six months before the application date and provide supporting evidence;
- have an exportable product or service suitable for the Indian market;
- operate in critical and enabling technologies, space and space-enabled technologies or services, renewables and the green economy, or digital and health technologies;
- be currently exporting or demonstrate that the business is export-ready;
- have the financial and operational capacity to participate fully in IMAP and meet all associated travel and other participation costs; and
- have met all obligations arising from previous South Australian Government grants.

Financial figures should be provided in Australian dollars excluding GST. Do not submit the application until all required declarations and documents are complete.

For further information and to view the frequently asked questions, please visit our website.

ELIGIBILITY CHECK

Does the applicant have an active Australian Business Number (ABN)? *
○ Yes ○ No

Is the applicant's ABN registered in South Australia? *
○ Yes ○ No

Is the applicant registered for GST? *
○ Yes ○ No

If the ABN is not registered in South Australia, does the applicant have significant business operations in South Australia? *
○ Yes ○ No

You will be asked to provide information about the applicant's South Australian operations later in this application.

Has the applicant generated sales revenue for at least six months prior to the date this application is submitted? *
○ Yes ○ No
Evidence demonstrating a minimum of 6 months of sales revenue will be required as part of this application.

Which best describes the applicant's current export status? *
○ Currently exporting internationally ○ Not export ready
○ Not currently exporting, but export ready
Refer to guidelines for definition of export ready

Does the applicant operate in critical and enabling technologies, space and space-enabled technologies or services, renewables and the green economy, or digital and health technologies? *

○ Yes ○ No

Does the applicant have the financial and operational capacity to participate fully in IMAP, including meeting all associated travel and other participation costs? *

○ Yes ○ No

This grant will only fund the IMAP participation fee. The applicant will be required to cover all other costs including travel, accommodation etc.

In the last three years, has the applicant received any other State or Federal Grant funding and met all obligations? *

○ Yes ○ No ○ Not Applicable

You are not eligible.

Based on the information provided, the applicant does not appear to meet the eligibility requirements of the Program.

Please review the Program Guidelines or contact the Services And Technology Exports Team if you believe you have answered a question incorrectly or would like to discuss your circumstances.

To access more support, visit Trade and Investment

○ I declare I do not meet the eligibility requirements and unable to proceed with this application

Based on your responses, you may be eligible to apply.

Please continue with your application. Final eligibility will be determined by the Department following review of your application and supporting documentation.

Please ensure you have all the required documents and information on hand. You can save and return to the application at any time prior to the closing date.

Disclaimer

Completing this Eligibility Check does not mean the applicant is eligible. The application will be assessed in full, and we may request further evidence to confirm any of the information you have indicated in the Eligibility Check or throughout the form.

Applicant

* indicates a required field

APPLICANT AND BUSINESS DETAILS

Applicant Legal Business Name *

Organisation Name

As listed on ABN lookup

Australian Business Number (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	

Applicant's entity type *

Other:

Main Business Address *

Address

Physical Location communication may be posted to this address

Business Phone Number *

Website and/ or Social Media link *

Which industry sector best describes the applicant's primary business activity? *

- ○ Critical and enabling technologies
- ○ Digital and health technologies
- ○ Renewables and the green economy
- ○ Space and space-enabled technologies or services
- ○ Other:

Does the applicant identify as a First Nations business? *
○ Yes ○ No ○ Prefer not to say

Is the applicant a woman-owned business? *
○ Yes ○ No ○ Prefer not to say
A minimum of 50% or more ownership is by a female

PARTNERSHIP DETAILS

List all partners in the partnership

Title	First Name	Last Name
Title	First Name	Last Name
These should be the partners of the partnership entity type, not the 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

Authorised Representative

Successful Funding Agreements will be signed by this person.

This person must be authorised to act on behalf of the applicant and, if funding is approved, enter into a Grant Agreement. The person or people may be listed above.

Name *
Title First Name Last Name

Position Title *

Phone Number (mobile or landline) *

Email *

Will the Authorised Representative also be the primary Project Contact for this application, if successful, the grant? *

○ Yes ○ No

To nominate an additional contact person, please select no.

Project Contact

Where an offer of Grant Funding is made to the business, the Project Contact will be the first point of contact between the Parties and is responsible for overseeing the effective administration of the grant and its obligations.

Name *

Title First Name Last Name

Position Title *

Phone Number (mobile or landline) *

Email *

Other Grant Funding or Financial Assistance

Please provide details of any grant funding or financial assistance you have received from the State or Federal Government in the last three years.

Name of funding agency

Eg: PIRSA, DSD, EDMG, Wine Australia, Tourism etc

Purpose of the funding

Eg: Drought relief

Funding Amount

Must be a dollar amount.

Status of funding ○ Active ○ Complete

Financial year funding allocated ○ 2025-26 ○ 2024-25 ○ 2023-24 ○ Other:

BUSINESS AND EXPORT PROFILE

* indicates a required field

Provide an overview of the business and its operations in South Australia. *

Word count:
Must be no more than 200 words.
Include what the business does, its principal products/services, how long it has operated and its key activities in South Australia.

How many Full-Time Equivalent (FTE) employees are employed by the applicant in South Australia? *

Must be a number.
Provide a number. Eg 13

What was the applicant's Gross Business Revenue in 2024-25 in Australian dollars? *

Must be a dollar amount.
AUD excluding GST.

What was the applicants approximate Export Sales in 2024-25 in Australian dollars?

Must be a dollar amount.
If not currently exporting please input $0 AUD excluding GST.

Does the applicant have an existing export strategy or plan to guide its international growth? *

○ Yes ○ No

Does the applicant have an existing strategy or plan specifically for entering or expanding into the Indian market? *

○ Yes ○ No

Which international markets does the applicant currently export to? *

☐ Bangladesh ☐ Hong Kong ☐ New Zealand ☐ Thailand
☐ Canada ☐ India ☐ Philippines ☐ Vietnam

☐ China
☐ Egypt
☐ France
☐ Germany
☐ Indonesia
☐ Japan
☐ Malaysia
☐ Middle East
☐ Singapore
☐ South Korea
☐ Taiwan
☐ United Kingdom
☐ United States
☐ Other:

Select all that apply

EXPORT OPPORTUNITY

* indicates a required field

Product/service and competitive position

Describe the product or service the applicant intends to introduce or grow in India, including what makes it innovative and how it aligns with the program's eligible sectors. *

Word count:
Must be no more than 200 words.
Explain the customer problem or need the product or service addresses, its key benefits and current stage of commercial development. Describe what makes it innovative and how it differs from competing products or services. This may include its technology, capabilities, intellectual property, quality, pricing, service model or other competitive advantages.

Indian Market opportunity

Describe the Indian market opportunity the applicant intends to pursue, including any key challenges or barriers to achieving its export objectives. *

Word count:
Must be no more than 200 words.
Identify the target market, potential customers and evidence supporting the opportunity. This may include market research, existing customer enquiries, distributors, partnerships or other market engagement. Outline any key challenges or barriers to entering or expanding in India, such as regulatory requirements, competition, distribution, customer acquisition, local partnerships or market knowledge.

What are the applicant's key objectives for participating in the T-Hub India Market Access Program, and what outcomes do they aim to achieve? *

Word count:
Must be no more than 200 words.

Describe the applicant's capability and capacity to participate in IMAP and pursue opportunities identified through the program. *

Word count:
Must be no more than 200 words.
Include the people who will lead the activity, their relevant commercial or international experience, and the financial, operational and other resources available to support market-entry activity.

Document Upload

* indicates a required field

Required Financial Information (Upload Documents)

Applicants must provide financial information confirming that their business has generated sales revenue for at least **six months prior to submitting their application**.

This can be demonstrated by providing either:

- **Business Activity Statements (BAS)** covering at least six months, as lodged with the Australian Taxation Office (ATO); or
- **Financial statements** for the most recent financial year, including a Profit and Loss Statement and Balance Sheet.

All financial information must relate to the **ABN under which the applicant is applying for funding**.

Financial Documents *
Attach a file:

Declaration and Submission

* indicates a required field

Conflicts of Interest

Do you have any actual, potential or perceived conflicts of interest in relation to this application and/or program?
○ Yes ○ No

Are you a Public Officer under the ICAC Act 2012 (SA)?
○ Yes ○ No

Provide details of actual, potential or perceived conflicts of interest in relation to this application and/or program.

Privacy

The Department is required to treat your personal information in compliance with the Government of South Australia's Information Privacy Principles (**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 or the **Minister for State Development** (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 or Minister is satisfied that any information provided in this Form (or in any associated documents) is incorrect, incomplete, false or misleading, the Department 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 declare that:

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

I understand and agree to the paragraphs above. The information provided in this application is true and correct. *

○ Yes I declare