Form Preview

Global Expansion Program

* indicates a required field

Before completing this application, please ensure you have read the relevant grant guidelines. These are available on our **website**.

For any queries regarding this form, the grant application process or about your eligibility, please email the Trade Grants Team at dsd.gep@sa.gov.au.

APPLICATIONS CLOSE 11:00PM ACDT WEDNESDAY 20 NOVEMBER 2024

Name of the person First Name	completing this app Last Name	lication *	
Email address * Must be an email address			
ELIGIBILITY CRITE	RIA		
	must demonstrate that	ilobal Expansion Progr at they fit within one of t	
STAGES OF EXPORT			
achieving sustaina 2.New Market Entro barriers to entry in 3.In-Country Focus knowledge. 4.New Exporter: Bu	ble and ongoing intern ry: exporting well in ex new markets(s). s: exporters that lack in	cisting market(s) but have n-country partnerships, e mised domestic markets	e clear specialised expertise and
Which of the followin ☐ Infrequent Exporter		best describes the app Focus 🗆 Other	
□ New Market Entry	□ New Export	er	
Which Industry Sector Creative Industries		est aligned to? O Health and Medical of Industries	○ Other:
Critical and enabling technologies	Food, Wine and Agribusiness	 Renewables, energy and green economy 	

Does the applicant have an ○ Yes		Australian re ○ No	gistered ABN? *
If the applicant ABN is NOT significant operations in So			-
O Tes	ONO		 Not Applicable
Is the applicant registered ○ Yes		○ No	
Can the applicant demonst for 24 months or more? *	-	_	evenue in South Australia
O Yes Financial Statements must be upl		No orting document	ts
Is the applicant currently e ○ Yes		nsidered as € ○ No	export ready? *
Does the applicant have an market(s)? *	n exportable pr	oduct or serv	vice for an identified
○ Yes		○ No	
Are the products or service applicants own brand? * O Yes		marily in Sout	th Australia* under the
	. (This program is		ors, traders or businesses who sell
Has the applicant previous Program? *	ly received fur	nding under t	he Global Expansion
○ Yes		○ No	
If applicable, has the applications? *	cant met all pr	evious South	Australian Government
○ Yes	○ No		 I have never received a previous South Australian Government grant
Does the applicant meet al O Yes	l of the Eligibil	lity Criteria li	sted above? *
You will not be able to proceed wi	thout meeting the	•	
You are not eligible.			
Based on the answers in the e grant program and therefore u			
To access more support, visit	Trade and Invest	tment	
You may be eligible.			

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Please proceed with the remainder of this application. 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 proof to confirm any of the information you have indicated in the Eligibility Check or throughout the form.

Applicant

* indicates a required field

ENTITY

The applicant is **the entity** applying for the grant.

Applicant Legal Business Name *

This is the legal entity name that appears on all official documents or legal papers. This may be different to your Register Business Name.

Applicant's entity type *

PARTNERSHIP DETAILS

List all partners in the partnership

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

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COMPANY DETAILS

List all	company	directors
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Title	First Name	Last Name
Title	First Name	Last Name

APPLICANT DETAILS

Business Trading Name

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 Bus	iness 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	

Business Phone Number *		
Primary address * Address		
Physical Location		
Website *		

Authorised Contact

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Person authorised to represent and/or act on behalf of the applicant in relation to this grant application. Successful Grant Offers will be addressed to this person.

Name * Title	First Name	Last Name	
TICLE	Tilst Name	Last Name	
Position	title *		
Position	title "		
Phone N	umber (mobile o	or landline) *	
Email *			
Yes	he applicant like Person will be the fir		Contact Person? O No on behalf of the Authorised Contact.
Contac	t Person		
between			Contact person will be the first point of contact erseeing the effective administration of the
Name *			
Title	First Name	Last Name	
Position	Title *		
Phone N	umber (mobile d	or landline) *	
Email *			
Would t	ne annlicant like	to nominate a S	Secondary Contact Person? *
↑ Yes	ic applicant like	to nonniate a s	

Secondary contact

The Secondary contact may be used when the Primary contact is unavailable.

The Secondary contact is used when the Primary is unavailable.

This is no	et a mandatory re	equirement.		
Name Title	First Name	Last Name		
Position				
Phone (ı	mobile)			
Phone (v	work)			
Email				
Busine	ss Activity			
* indicate	es a required field	d		
	a summary of t ustralia *	the business, deta	ailing its operations	and activities within
Word cou	i nt: o more than 250 w	ords.		
Describe to its su		the business's g	rowth and the strate	egies that contributed
Word cou Must be no	int: o more than 500 w	ords.		
selling p	roposition (US		or service? How do	nd what is the unique es it provide a
competi	ave auvantage	iii target iiiai ket	J.	
Word cou	int: o more than 500 w	ords.		

How many Full-Time Australia?	e Equivalent (FTE) st	aff are employed by	the business in South
Must be a number.			
What was the applic	cants approx. gross	revenue in 2023/24 ii	n Australian Dollars? *
Mush has a dellaw agencych			
Must be a dollar amount			
What was the applic	cants estimated exp	ort sales in 2023/24 i	n Australian Dollars?
Must be a dollar amount For existing exporters or			
	ears, has the applica the Government of	nt received any other South Australia? * No	r support, including
	de details of the add ant grant / support p		ding timeframes and
Word count: Must be no more than 25	50 words.		
Exporter Status			
* indicates a required	field		
la the spoliaget com	wombly assessment as 2 *		
Solution	rently exporting?	○ No	
What International	Market/s does the a	pplicant export to:	
☐ Bangladesh	☐ Hong Kong	☐ New Zealand	☐ Thailand
□ Canada□ China	□ India □ Indonesia	☐ Philippines☐ Singapore	☐ Vietnam☐ United Kingdom
☐ Egypt	□ Japan	☐ South Korea	☐ United States
☐ France	□ Malaysia	□ Taiwan	□ Other:
☐ Germany Select all that apply	☐ Middle East		
		does the applicant ex	-
☐ Australian Capital Territory	☐ Northern Territory	□ South Australia	□ Victoria
☐ New South Wales	☐ Queensland	□ Tasmania	☐ Western Australia

Does the applicant have an Export Strategy or Export Plan? * ○ Yes ○ No
Growth Path
* indicates a required field
What is the applicants export objectives over the next three years? *
Word count: Must be no more than 250 words.
What are the key challenges or opportunities for the business in reaching the applicants exporting objectives? *
Word count: Must be no more than 250 words.
What growth targets does the applicant aim to achieve in the next 12 months (in AUD)? *
Must be a dollar amount.
What growth targets does the applicant aim to achieve in the next three years (in AUD)? *
Must be a dollar amount.
What resources has the applicant committed towards export growth? *
Word count: Must be no more than 250 words.
What is the potential economic impact of the applicants export activities on South Australia and how do these activities contribute to local exports and job creation?
Word count: Must be no more than 250 words.

Form Preview

Document Upload

Financial statements Upload

Required for eligibility:

Document title

Financial Statements for financial years 2022-2023 & 2023-2024 must be supplied.

Financial statements must be prepared in accordance with Australian Accounting Standards and inclusive of (but not limited to) a Balance Sheet and Profit and Loss Statement. Your Financial Statements must support your application in terms of turnover and generation of sales revenue for a minimum of 24 months eligibility.

Financial Statements	Each file must be less than 25MB.
Declaration	
* indicates a required field	
Conflicts of Interest	
this application and/or program?	rceived conflicts of interest in relation to
○ Yes	○ No
Are you a Public Officer under the ICAC	Act 2012 (SA)?
○ Yes	○ No
Provide details of actual, potential or pethis application and/or program.	erceived conflicts of interest in relation to

Privacy

The Department is required to treat your personal information in compliance with the Government of South Australia's <u>Information Privacy Principles</u> (<u>IPPs</u>). 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 Trade and Investment** (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, the Authorised Contact, understand and agree to the paragraphs above. The information provided in this application is true and correct. *

Yes I declare