About this form

The Whyalla Small Local Business Support Grants (WSLBSG) Program Grants are available to support South Australian Small Businesses located within the City of Whyalla that have been impacted by OneSteel Manufacturing Pty Limited (OneSteel) being placed into administration or experienced a material reduction in revenue as a result of the broader community impact arising from the recent decline in activity at OneSteel and its related businesses.

The available grant amount is \$10,000 (excluding GST) to support continued business operations.

Full Guidelines for the WSLBSG Program are available here.

More helpful information for this and other support measures:

- Whyalla Small Local Business Support information page
- Whyalla Business Support Package Frequently Asked Questions

Grant eligibility criteria

To be eligible for the grant, the applicant must:

- be a legal entity established in Australia. Incorporated entities must be incorporated in Australia;
- be a South Australian business;
- be conducting business operations and have their principal place of business registered at a premises within the City of Whyalla as at 1 February 2025;
- hold an active Australian Business Number (ABN) as at 1 February 2025;
- be registered for Goods and Services Tax ("GST"). Not-for-profit organisations not registered for GST will need to provide their most recent lodged tax return confirming annual turnover greater than \$75 000;
- have an Australia-wide grouped payroll of less than \$1.5 million in 2023-24;
- demonstrate a decline in revenue of 20% or more in any consecutive 3-month period within the prior 9 months, compared to the same 3-month period in the year prior ('Comparison period')
 - Businesses that have been operating for less than 15 months must demonstrate that revenue has declined over another period of operation not less than 2 months by 20% or more;
- demonstrate minimum revenue of \$15,000 in the 3 month comparative period;
 - Businesses that have been operating for less than 15 months must demonstrate that revenue would have been at least \$15,000 across a 3-month period since commencing/taking over operations;

• be able to describe, to the satisfaction of Department of State Development (DSD) and Department of Treasury and Finance (DTF), how their business has been negatively impacted by OneSteel entering administration or the recent decline in activity at OneSteel or its related businesses.

Evidence required

Applicants must declare that they meet the Eligibility Criteria when submitting the application and provide the following evidence in support of their application:

- Where you submit quarterly or monthly Business Activity Statements: copy of lodged business activity statements (BAS) downloaded from the Australian Taxation Office (ATO) portal for the relevant quarter/s and the comparison quarter/s in the previous as per eligibility criteria.
- Where this is not available: copies of income statements/financials validated by a registered and qualified accountant, with such qualifications as determined by the Treasurer or delegate, for the relevant quarter/s and the comparison quarter/s in the previous year.
- **Bank statement:** a copy of the business' bank statement, which must show the bank name and logo, business' bank account name(s), BSB and account number.
- **Insurance:** a Certificate of Currency for any business insurance policy [if the business does not have an insurance policy, the form will give the applicant the option to provide their most recent Business Activity Statement issued by the ATO].
- Where an existing business has been purchased: evidence of the downturn should be provided by comparing against income received against an equivalent quarter of the former business and independent verification from a registered and qualified accountant.
- Where a new business has commenced less than fifteen (15) months prior to being impacted: evidence of the downturn should be provided via other evidence verified by a registered and qualified accountant (which could include average monthly trading activity since business commencement).
- **Other:** any other information requested from time to time by DSD or DTF through the application process.

Organisations not eligible for assistance

The following organisations are not eligible for assistance:

- businesses that are not both Small businesses and South Australian Businesses.
- GFG entities (defined below)
- Public companies within the meaning of the *Corporations Act 2001* (Cth) (except for not-for-profit organisations that are established as a public corporation, limited by guarantee)
- Tax-exempt entities (except for registered charities that are income-tax exempt)
- Local Government and Councils
- Local Government Associations
- Industry Associations

• State or Federal Government agencies.

For the purposes of the above, GFG entities include:

- the 'Gupta Family Group Alliance' companies owned or controlled (within the meaning of s 50AA of the *Corporations Act 2001* (Cth)) in whole or part by Sanjeev Gupta or his interests;
- related body corporates (within the meaning of s50 of the *Corporations Act 2001* (Cth)) to those companies;
- associated entities (within the meaning of s50AAA of the *Corporations Act 2001* (Cth)) to those companies;
- directors, shareholders, investors or employees of those companies described in the preceding points above;
- any company, trust, association or partnership in which the entities or persons set out above have any ownership or any other legal or beneficial interest; and
- any other entity or person designated by the Treasurer or delegate in their reasonable opinion.

Initial screening

* indicates a required field

Applicant Type

Please provide details about the applicant which refers to the entity applying for the grant as defined by the ABN.

The applicant is a: *			officer of the a		s and have a	ector or chief executive uthority and permission
The applicant refers to the	ne entity app	lying for the	○ Yes		○ No	
grant.			Your Name *			
			Title	First Name	La	ist Name
Applicant ABN *						
All questions in this form	will be with	respect to this	Sposition in the	husiness *		
organisation			Position in the	e business ·		
3						
What year was the business esta	blished? *					
			Your Phone No	umber *		
Establishment month an	d year are re	equired.		A		
			Must be ar	n Australian p	none nun	nber.
Has an application been submitt already? *	ed for the applica	ant under this ABN				
○ Yes	○ No		Your Email *			
See the WSLBSG pr	ogram gui	delines for	Must be ar	n email addre	ess.	
more information.						

Eligibility requirements

Is the applicant registered for GST? * ○ Yes ○ No	Is the applicant a GFG entity? * ○ Yes ○ No
What was the applicant's turnover in 2023-24 financial year? *	For the purposes of this application, GFG entities include:
Did the applicant have an Australia-wide grouped payroll less than \$1.5 million in 2023-24 financial year? * O Yes O No The information you provide will be verified agains information held by Revenue SA. Is the applicant a South Australian business? O Yes O No For the purposes of this application, a South Australian Business as defined in the guidelines.	 the 'Gupta Family Group Alliance' companies owned or controlled (within the meaning of s 50AA of the Corporations Act 2001 (Cth)) in whole or part by Sanjeev Gupta or his interests; related body corporates (within the meaning of s50 of the Corporations Act 2001 (Cth)) to those companies; associated entities (within the meaning of s50AAA of the Corporations Act 2001 (Cth)) to those companies; directors, shareholders, investors or employees of those companies described in the preceding points above; any company, trust, association or partnership in which the entities or persons set out above have any ownership or any other legal or beneficial interest; and any other entity or person designated by the Treasurer or delegate in their reasonable opinion.
Can the applicant demonstrate a decline consecutive 3-month period within the pmonth period in the year prior (the 'com O Yes	rior 9 months, compared to the same 3-
Did the applicant have turnover of at leaperiod? *	st \$15,000 in the 3-month comparative
○ Yes	○ No
Did the applicant conduct business oper- business registered at a premises within 2025? *	
○ Yes	○ No
For the purposes of this application, the City of that are listed in the grant guidelines.	of Whyalla is defined as the selected suburbs
Additional information	
Please provide the applicant's most rece Attach a file:	nt lodged tax return *

If the applicant is a not-for-profit they must provide their most recent tax return to demonstrate income of at least \$75,000

You are not eligible.

Applicants will be deemed ineligible from applying for assistance under this program if they

- 1.have been approved for, or received funding already,
- 2.are a GFG entity as defined in the program guidelines, OR
- 3.do no meet all required eligibility or assessment criteria.

Based on the answers provided you are not eligible and will not be shown the remainder of the application form.

You may wish to provide your contact details below and submit the form and a member of the team will reach out regarding what support may be available to you.

Eligibility under exceptional circumstances may be considered by the Treasurer, or their delegate, on a case-by-case basis. The Treasurer, or their delegate, is not obliged to approve any application.

To find out more about additional support opportunities for those in Whyalla impacted by OneSteel being placed into Administration, please visit <u>statedevelopment.sa.gov.au/whyalla</u>.

Applicant det Title	ails First Name	Last Name	Please provide a brief outline of your circumstances for the Assessment team to review
Email *			
Must be an email address.			Word count: Must be no more than 150 words.
Phone Numbe	er		
Must be a	n Australian phon	e number.	

You may not be eligible.

Based on the answers provided you may not meet all eligibility criteria.

You can still complete the application in full and the assessment team will review it in detail to determine your eligibility.

Eligibility under exceptional circumstances may be considered by the Treasurer, or their delegate, on a case-by-case basis. The Treasurer, or their delegate, is not obliged to approve any application.

To find out more about additional support opportunities for those in Whyalla impacted by OneSteel being placed into Administration, please visit statedevelopment.sa.gov.au/whyalla.

Applicant de	e tails First Name	Last Name	Please provide a brief outline of your circumstances for the Assessment team to review
Title	riist Name	Last Name	Assessment team to review
Email			
			Word count:

Must be an email address.	Must be no mo	ore than 150 words.
Phone Number		
Must be an Australian phone number.		
You may be eligible.		
Please proceed with the remainde documents and information on ha		
Disclaimer		
Completing this Eligibility Check of assessed in full. We will require even the Eligibility Check and throughout the Eligibility Check and throughout the complete the complet	vidence to confirm the inf	
Applicants are required to agree (stipulating obligations of the appli is to be given (if approved).		
Applicant		
* indicates a required field		
Entity Type		
The applicant is the entity applying	ig for the grant.	
Please select applicant entity	type *	
Partnership Details		
r dreneromp Details		
List all partners in the partner	wahin	
Title	First Name	Last Name
Title	First Name	Last Name
Trust Details		
Who is the trustee of the trus	t? *	
Enter the trustee company na Organisation Name	me	
Only no midra d 'f the tree to		
Only required if the trustee is a comp	any	

List 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

Applicant Details

Applicant Legal Name *	Business phone number *
This is the entity with which the Grant Agreement is made.	Must be an Australian phone number.
	Business email *
Applicant Trading Name	
	Must be an email address.
Applicant ABN *	Road address of business * Address
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	_
	Address Line 1, Suburb/Town, State/Province,
ABN	Postcode, and Country are required. This address must be in the eligible disaster area.
Entity name	This address must be in the eligible disaster area
ABN status	Postal address of business * Address
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	Address Line 1, Suburb/Town, State/Province,
ATO Charity Type More informa	ttostcode, and Country are required.
ACNC Registration	Does the applicant have an active business insurance policy? *
Tax Concessions	O Yes
Main business location	

Must be an ABN.

Payment Details

* indicates a required field

Banking Details

Please provide:

- the bank account details for payment of the assistance funds by Electronic Funds Transfer
- a copy of a bank account statement, to ensure prompt payment.

Disclaimer: Providing business bank account details does not mean you are eligible for payment.

Bank *	
Branch name *	
Bank account d Account Name	etails *
BSB Number	Account Number
Must be a valid Aus	tralian bank account format.
Business bank s Attach a file:	statement *

A minimum of 1 file must be attached.

Please provide a copy of your bank account statement for the business account you intend to nominate in this form, which must show the bank name and logo, business' bank account name(s), BSB and account number.

Evidence required

* indicates a required field

Financial Details	
Impacted Period Select the period that your business was impacted by a debusiness income of 20% or more. *	Comparative Period Cline in Select the corresponding comparative period in the year prior. *
Impacted period is three consecutive month between 1 May 2024 and 31 January 2025	comparative period is the same consecutive three months as the impacted period in the previous financial year.
What was the income for the business during the impacted	period? * What was the income for the business during the comparison period? *
Must be a number.	
This \$ value must relate to the impacted per selected above.	riod Must be a number. This value must relate to the comparison period selected above.
Proof of business income for impacted period * Attach a file:	Proof of business income for comparison period *
	Attach a file:

What proof of income can you provide for the What proof of income can you provide for the

- Business Activity Statement (BAS) downloaded from the Australian Tax Office (ATO) portal for the relevant period(s), OR
- Income statements independently validated by a registered and qualified accountant (where BAS is not available).
- What proof of income can you provide for the impacted period?
 - Business Activity Statement/s (BAS) downloaded from the Australian Taxation Office (ATO) portal, OR
 - Income statements independently validated by a registered and qualified accountant (where BAS is not available), OR
 - For an existing business purchased such that BAS or income statements are not available, evidence comparing the impacted period against an equivalent quarter of the former business and by independent verification from a registered and qualified accountant
 - For businesses operating for less than 15 months, evidence could include average monthly trading activity since business commencement or other evidence verified by a registered and qualified accountant.

Financial Impact

impacted period?

Income decline amount (\$)	Income decline percentage (%)
This number/amount is calculated.	This number/amount is calculated.
	Rounding to the nearest percent is applied

Verified details check

Please provide contact details of the accountant used to independently verify applicant information.

They will be contacted to verify the information provided.

Registered and Qualified accountant information *			Phone Number *	
Title	First Name	Last Name	Must be an Australian phone number.	
			Email *	
			Must be an email address.	

Explanation of negative impact

Is this decline attributable to the impact in the C administration or the recent decline in activity at businesses? *		
○ Yes ○ No		
Describe how the applicant has been negatively administration or the recent decline in activity abusinesses. *		
Word count: The Treasurer, or their delegate, may decline an application i demonstrated to their satisfaction.	in the event a clear linkage is not	
Additional information from trust applicant	IS .	
Applicants on behalf of trusts must provide a letter from accountant, on an appropriate letterhead, to verify that to a trust trading/business activity that has been impact	t the income reported above relates	
Proof of business income for a trust * Attach a file:		
Other comparison period		
Businesses that have been operating for less than 15 months must demonstrate that revenue has declined over another period of operation not less than 2 months by 20% or more, to the satisfaction of the Treasurer, or their delegate.		
Evidence could include average monthly trading activit volumes of products produced/sold.	y, comparisons against projections,	
Outline the comparison period *		
This must include no less than 2 consecutive months		
Insurance		
Please upload the Certificate of Currency for any Attach a file:	business insurance policy *	
Application review		

It looks like you may not meet all eligibility or assessment criteria to be successful.

You can continue your application or provide your contact details below and submit the form and a member of the team will reach out regarding what support may be available to you.

Eligibility under exceptional circumstances will be considered by the Treasurer, or their delegate, on a case-by-case basis. The Treasurer, or their delegate, is not obliged to approve any application.

To find out more about additional support opportunities for those in Whyalla impacted by OneSteel being placed into Administration, please visit statedevelopment.sa.gov.au/whyalla.

Name * Title	First Name	Last Name	Please provide a brief outline of your circumstances for the Assessment team to review	
Email *				
			Word count:	
Must be a	n email address.		Must be no more than 150 words.	
Phone Number	er			
Must be a	n Australian phone r	number.		
Additio	nal Informat	ion		
Please n	vrovide anv addi	tional comments	s to support your application if you would	
like	noviue any addi	cional comments	s to support your application if you would	
Additional documents to support your application				
Attach a	ille:			
Did you	engage with an	other entity to c	omplete this application?	
Dia you	engage man			
If other, pl	ease specify.			
_				
Demog	graphics			
* indicate	es a required field			
Informa	ation about yo	ur business		

Which industry does your business operate in? *

What is the nature of your business? *
In which year did your business begin operations? *
m which year did your business begin operations:
Must be a number.
Business postcode *
Must be a number.
How many full-time equivalent (FTE) staff are employed by the applicant? *
How to calculate full time employees: Full time work is 37.5 hours per week or more. If your business has casual or part time workers, sum up the total number of hours worked by all employees. Divide the total by 37.5 to determine full time equivalents. For example: 6 casual employees work 25 hours each per week, which equates to a total of 150 hours per week across the business. 150 hours per week equates to 4 full time equivalent employees.
Does your business ownership include: * ☐ Ownership by women? ☐ Ownership by First Nations people? ☐ Ownership by Culturally and Linguistically Diverse people? ☐ Ownership identifying as people with disabilities? ☐ Prefer not to say
Tell us more about what your business does. *
Terms and Conditions
* indicates a required field
By submitting the Application Form, Applicants agree to the following Terms and Conditions which set out the terms and conditions under which the Grant (if approved) will be provided to eligible Applicants.
* O I agree to the Terms and Conditions on behalf of the Applicant
Date of declaration *
This may be different to the submission date.

Terms and Conditions

1. Definitions

In these Terms and Conditions, the following definitions apply:

Applicant refers to the applicant that meets the Eligibility Criteria and has submitted the Application Form to receive the Grant under the Program.

Application Form means the application form to which these Terms and Conditions are attached.

City of Whyalla has the meaning given to it in the Program Guidelines.

Declaration Form means a document in a form approved by the Government Party to be completed by the Applicant or its authorised representative to confirm the Applicant's eligibility to receive the Grant under the Eligibility Criteria. By way of example, the Declaration Form may take the form of a statutory declaration required to be verified by the Applicant or its authorised representative under oath or affirmation under the Oaths Act 1936 (SA).

Eligibility Criteria means the eligibility criteria for the Program as set out in the Program Guidelines.

Department means the Department for State Development.

Government Party means the Minister for Small and Family Business.

Grant refers to the grant amount of \$10,000 (exclusive of applicable GST) to be provided by the Government Party to the Applicant for the Purpose on the terms and conditions set out in the Grant Agreement.

Grant Agreement refers to these Terms and Conditions together with the Application Form completed by the Applicant for the Program.

GFG entities has the meaning given to it in the Program Guidelines.

Material Reduction in Gross Revenue means a decline in revenue for the Applicant:

- (a) where, as at 1 February 2025, the Applicant has been operating for more than fifteen (15) whole calendar months:
- (i) of twenty percent (20%) or more in any consecutive three (3) whole calendar month period ("Impacted Period") within the preceding nine (9) whole calendar months prior to 19 February 2025; and
- (ii) when compared to the three (3) whole calendar month period corresponding to the Impacted Period in the year prior to it; or
- (b) where, as at 1 February 2025, the Applicant has been operating for less than fifteen (15) whole calendar months, of twenty percent (20%) or more over another period of operation not less than (2) months as identified by the Applicant in the Application Form.

Purpose means the purpose for the Program identified in the Program Guidelines, namely to support the continued viability of the applicant business.

Program means the Whyalla Small Local Business Support Grant program.

Program Guidelines refers to the guidelines for the Program.

Small Business has the meaning given to it in the Program Guidelines.

South Australian Business has the meaning given to it in the Program Guidelines.

Taxable Supply means a taxable supply within the meaning of A New Tax System (Goods and Services Tax) Act 1999 (SA).

WSLBSG Program means the Whyalla Small Local Business Support Grant program.

2. Warranties and Representations

The Applicant warrants and represents to the Government Party that the following matters are true, correct and not misleading:

- 2.1. all information provided by the Applicant to the Government Party (including, but not limited to, information in the Application Form and any associated information or documents provided by the Applicant to the Government Party).
- 2.2. the Applicant meets the Eligibility Criteria.
- 2.3. it has not previously submitted an application to the Program;
- 2.4 the Applicant conducts its business operations, and has its principal place of business registered, at premises within the City of Whyalla as at 1 February 2025.
- 2.5. the Applicant is a Small Business, a South Australian Business and not one of the GFG entities.
- 2.6 the Applicant has experienced a Material Reduction in Gross Revenue.

3. Grant Terms

The Grant is provided by the Government Party to the Applicant subject to the following terms and conditions:

- 3.1. The parties acknowledge the provision of the Grant under the Program does not constitute a Taxable Supply. The Applicant must not issue a Tax Invoice in respect of any Taxable Supply.
- 3.2. The Government Party will pay the Grant to the Applicant within fifteen (15) days of the following requirements being met:
- 3.2.1. approval and verification of the Applicant's Application Form by the Government Party in accordance with the Program Guidelines;
- 3.2.2. if a request is made in accordance with sub-clause 3.5 before approving and verifying the Applicant's Application Form, receipt of the information requested by the Government Party to its satisfaction; and
- 3.2.3. if a request is made in accordance with sub-clause 3.6 before approving and verifying the Applicant's Application Form, receipt of a completed Declaration Form by the Government Party.
- 3.3. The Government Party may elect, in its discretion, to pay the Grant prior to making any requests in accordance with sub-clauses 3.5 or 3.6 of this Grant Agreement and may make such requests at any time.
- 3.4. The Grant must only be used for the Purpose.
- 3.5. The Applicant agrees that the Government Party may request additional information from the Applicant at any time and from time to time (whether before or after assessment or approval of the Applicant's Application Form, and whether for the purposes of assessing the application, monitoring the Applicant's compliance with the Grant Agreement or any other relevant purpose) relating to the Grant, Eligibility Criteria and the Grant Agreement,

and the Applicant must provide the Government Party with any information requested within seven (7) days of the request.

- 3.6. The Applicant further agrees that, on request by the Government Party at any time, the Applicant will complete a Declaration Form and provide it to the Government Party within seven (7) days of the request.
- 3.7. In the event that:
- 3.7.1. the Applicant fails to comply with any clause of this Grant Agreement at any time; or
- 3.7.2. any declaration, warranty or representation given by way of clauses 2 and/or 5 of this Grant Agreement, or in the Application Form or Declaration Form (if required) is incorrect, incomplete, false or misleading,

then the Government Party may:

- 3.7.3. require the Applicant to repay either the whole or a portion of the Grant (whether expended or not), if paid, within fourteen (14) days of a written demand from the Government Party;
- 3.7.4. withhold funds not already paid;
- 3.7.5. withhold future or other grants from the Applicant; and/or
- 3.7.6. terminate this Grant Agreement.

4. Disclosure of Information and Privacy

In relation to collection or use of personal information within the meaning of the Privacy Act 1988 (Cth), the Applicant acknowledges that:

- 4.1. The Department collects personal information as reasonably necessary for the purposes and functions of:
- 4.1.1. administering its grants and funding program;
- 4.1.2. keeping the Applicant informed about relevant upcoming events, grants funding initiatives and outcomes, the Department's services, special events or client feedback surveys as well as its activities in general; and
- 4.1.3 improving its websites and other services.
- 4.2. The Department complies with the Government's Information Privacy Principles Instruction (Department of the Premier and Cabinet Circular PC012) when dealing with all personal information. The information provided in the Application Form or following a request by the Government Party under or in connection with this Grant Agreement may be used by the Department for:
- 4.2.1. providing to assessors for processing and assessing the Application Form;
- 4.2.2. processing, paying, and administering the Grant;
- 4.2.3. reviewing and evaluating its funding programs, strategies, plans and services the Department may contact the Applicant for this purpose; and
- 4.2.4. training, systems testing and process improvement including compiling statistics and reports.
- 4.3. The information submitted to the Government Party by the Applicant in the Application Form or following a request by the Government Party under or in connection with this Grant Agreement is treated as confidential if it is identified by the Applicant as confidential (except for details that may be included as "published details"). 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 Program, may be disclosed by the Department:

- 4.3.1. 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 Form);
- 4.3.2. within the Government of South Australia where this serves the legitimate interest of the Department;
- 4.3.3. in response to a request by a House or Committee of the Parliament of the Commonwealth of Australia or South Australia; and
- 4.3.4 where information is authorised or required by law to be disclosed; and where the information is already in the public domain.
- 4.4. If an application is successful, details of successful applicants may be publicly disclosed in official Government of South Australia media releases and websites. In addition, the Application Form and associated documents provided may be audited, which will mean disclosure of such documents, including any personal information, to auditors for audit purposes only.

5. Other Terms

The Applicant must:

- 5.1 retain all records required for assessment purposes under the Program, including any tax invoices, official receipts, bank statements, quotations or other similar records, for at least five (5) year(s) after the closing day for applications specified in the Program Guidelines.
- 5.2 consent to the Commonwealth Government and/or Department (or their nominee) conducting an audit of documentation used to support the Application Form to verify information provided, which may include contacting the nominated registered and qualified accountant to verify the financial information provided.

6. Declarations, Acknowledgements and Consents

- I, as the Applicant, or as authorised representative on behalf of the Applicant:
- 6.1. declare that I have authority to complete this Application Form and to make the declarations, consents and acknowledgements below either as, or on behalf of the Applicant, and further acknowledge that by including my name in this Application Form, I am deemed to have signed this Application Form as an authorised representative of the Applicant.
- 6.2. declare that I have read and agree to the Terms and Conditions included with this Application Form and which subject to verification of eligibility and approval by the Government Party, will form the Grant Agreement.
- 6.3. intend to bind myself or the Applicant (as the case may be) to the Grant Agreement.
- 6.4. declare that I have read and understood the Program Guidelines, these Terms and Conditions and the instructions set out in the Application Form (including, but not limited to, the terms relating to Disclosure of Information and Privacy contained in clause 4).
- 6.5. consent to the Department and Government of South Australia using the personal information in the Application Form and any other personal information collected for this Grant: (a) in accordance with the provisions as set out in clause 4 (including, but not limited

- to, for the purpose of managing the grant assessment and approval process, including the collation of statistics) and; (b) for the purposes of administering and implementing other Government of South Australia current and future grants (if applicable) pertaining to the Applicant.
- 6.6. declare that the information contained in the Application Form together with any statement attached and all other information provided in relation to the Application Form is, to the best of my knowledge and belief, true, accurate and complete. I also understand that the giving of false or misleading information is a serious offence under the Criminal Law Consolidation Act 1935 (SA).
- 6.7. acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in the Application Form (and/or associated documents) and that during the application process, the Department may consult with other government agencies or engage external advisors about the information provided in the Application Form (and associated documents).
- 6.8. acknowledge that if the Government Party is satisfied that any information provided in the Application Form (or in any associated documents) is incorrect, incomplete, false or misleading, the Government Party may, at its absolute discretion, take appropriate action which may include, but is not limited to, excluding the Application Form from consideration; withdrawing an offer and/or terminating any Grant Agreement including recovering funds already paid.
- 6.9. declare that the Applicant will comply with, and require that its employees and contractors comply with, all applicable laws and Government policies.
- 6.10. acknowledge that the assessment of the Application Form and any decision to approve any funding is at the absolute discretion of the Department and the South Australian Government.
- 6.11 acknowledge that these declarations, acknowledgements and consents form operative terms in the Grant Agreement.
- 6.12 consent to the receipt of requests or other documents issued under this Grant Agreement (including, but not limited to, requests made by the Government Party pursuant to clauses 3.5 and 3.6) by email to any email address nominated by the Applicant in the Application Form. Where a request or document is issued by email, it is deemed to be sent and received on the date the email is sent by or on behalf of the Government Party.

 \bigcirc I agree to the above declarations