

Territory Small Business Survival Payment Application

Form Preview

Eligibility

* indicates a required field

The Territory Small Business Survival Payment ('Program') is established under the Jobs First Plan and to provide businesses significantly impacted by COVID-19 with funding to help them survive, adapt and prepare for the economic rebound.

NOTE: Not-for-profit organisations are **not** eligible under this program.

BEFORE YOU START: you must read and agree to the [Program Terms and Conditions](#) in full. Note in particular:

An **Eligible Business:**

- is a Territory Enterprise; and
- holds a valid Australian Business Number as at 1 October 2019; and
- was providing goods and/or services to the public wholly or substantially in the Northern Territory as at 1 October 2019; and
- is an actively trading private small business with an annual turnover of at least \$75,000 and less than \$10 million; and
- can demonstrate **a minimum of 50% reduction in turnover** experienced in October 2020 compared to October 2019; and
- can provide valid conclusive evidence of its employee numbers and financial situation.

Excluded Recipients are private and public schools, private and public educational institutions, government agencies, government owned/ controlled bodies, not-for-profit organisations, statutory corporations, and local government bodies.

FTE means a Full Time Equivalent Employee of the Eligible Business.

Grant means a one-off cash payment as described in Clause 3.3.

Territory Enterprise is a business that satisfies all of the following:

- operating in the Northern Territory - the enterprise is actively trading out of premises located in the Northern Territory; and
- has a significant permanent presence - the business maintains an office, manufacturing facilities or other permanent base within the Northern Territory; and
- employs Northern Territory residents.

Turnover is calculated using the same calculation of turnover as for the JobKeeper Payment (available at [Calculating turnover](#))

The Department reserves the right to conduct an Audit at any time during the Program or within 12 months after the Program's End Date.

I am an Eligible Recipient as defined under the Program Terms and Conditions *

- Yes No - ineligible - do not continue

This application is not submitted by anyone other than myself as the Eligible Recipient *

- Yes No - ineligible - do not continue

Territory Small Business Survival Payment Application

Form Preview

I consent to my personal information being shared between/ with relevant NT Government and external agencies/ advisers/ bodies for the purposes of ascertaining and validating my eligibility under this Program *

Yes

No - ineligible - do not continue

Monitoring and evaluation of the Program

These questions are for research and evaluation purposes only. Your answers are not used as part of your registration and will remain confidential.

How did you hear about the Program? *

Newspaper

TV

Friend/ family/ acquaintance

Social media

Radio

Other:

Internet search engine

Press Release/ Announcement

Business details

Legal Entity Name (or Trustee Name if the legal entity is a trust) *

Organisation Name

Legal entity name (not trading name). If a Trust, you must give the name of the Trustee of the Trust and attach a copy of the entire trust deed further below in this application form

Trading Name *

Can be the same as legal entity name

Legal Entity Type *

Company

Partnership

Sole Trader

Trust

NOT FOR PROFIT ORGANISATIONS ARE NOT ELIGIBLE TO APPLY.

Business 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	

Territory Small Business Survival Payment Application Form Preview

Tax Concessions

Main business location

Must be an ABN.

Business Physical Address *

Address

Please remember to include shop/office/unit numbers. If no search results are found, please click "Can't find your address?"

Contact phone number *

Please provide a phone number you can be contacted on if required. Include area code if a landline. Must contain 10 characters eg 0889995511

Email *

Please enter your preferred email address for all written correspondence, if approved your voucher/s will be sent here.

Website

Must be a URL.

Geographic region of operations (You can select more than 1 region) *

- | | |
|--|---|
| <input type="checkbox"/> Alice Springs / Central Australia | <input type="checkbox"/> East Arnhem |
| <input type="checkbox"/> Daly-Tiwi-West Arnhem | <input type="checkbox"/> Katherine & Big Rivers |
| <input type="checkbox"/> Darwin & Suburbs | <input type="checkbox"/> Palmerston & Suburbs |
| <input type="checkbox"/> Darwin Rural Area | <input type="checkbox"/> Tennant Creek & Barkly |

At least 1 choice must be selected.

Northern Territory Government Vendor ID Number (if known)

You can leave this blank for now. However you will need a vendor ID to redeem vouchers

If you are unsure or do not have a Vendor ID, please visit <https://invoicentg.nt.gov.au>.

Trust Deed

If your Legal Entity is a **Trust**, you will need to upload a copy of the Trust Deed to provide confirmation of who your Trustee is.

Legal Entity name in the Business details section should be written as;

ABC Pty Ltd the trustee for ABC Family Trust

or

John Smith the trustee for ABC Family Trust

Territory Small Business Survival Payment Application

Form Preview

Please contact your accountant if you are unsure.

Upload copy of Trust Deed *

Attach a file:

Contact person

The Department will use the below details to make contact with you, should we require anything further. This is also the person responsible for this application.

Contact person *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position *

Phone number *

Include area code if a landline

Alternate phone number

Include area code if a landline

Email *

Must be an email address.

Employee Details

Payroll details report for the month of October 2019 and October 2020 (rosters and timesheets are not acceptable).

This report must include:

- The employee names
- The hours that employees actually worked

FTE principles and calculations are as follows:

- Employees must work in the Northern Territory
- 1 FTE = 72hrs worked per fortnight, per employee in the business (36hrs worked per week)
- If a single employee works more than 72 hours in a fortnight this is still counted as a single FTE or max 72 hrs per the FTE hours.
- If a single employee works less than 72 hrs per fortnight, the FTE count is proportionate. Eg. Employee A works 18 hours in a fortnight this is calculated as $18\text{hrs}/72\text{hrs} = 0.25\text{FTE}$ or 18 hours per the FTE hours.
- A standard rounding processes to the nearest FTE will apply to the total. If the total FTE count is below 1FTE, these will be rounded up to 1FTE.

Territory Small Business Survival Payment Application

Form Preview

I have valid evidence of employees and financials as per the terms and conditions *

- I have valid evidence of employees and financials for October 2019
- I have valid evidence of employees and financials for October 2020

IMPORTANT – Applications received without valid evidence of employee details and your financial situation may not be eligible, please ensure you have valid evidence attached within this application **PRIOR** to submitting

Please save your application and return when you have valid evidence in line with the Program's [Terms and Conditions](#)

Evidence of Turnover

- Businesses with an annual turnover **below \$75,000 are ineligible.**
- Businesses with an annual turnover **above \$10 million are ineligible.**
- **Not for profit organisations are ineligible.**

Upload evidence of turnover.

This **MUST** be certified by an accountant/ ATO or provided from accounting software.

2019/2020 Financial Year Statement *

Attach a file:

October 2019 Turnover *

Attach a file:

eg. tax return, management accounts, etc.

October 2020 Turnover *

Attach a file:

eg. tax return, management accounts, etc.

October 2019 Employee Details

How many employees undertook paid work in October 2019? *

This can include owners/ directors who worked in the business and drew a wage.

Upload October 2019 pay summary *

Attach a file:

Can be payroll sheet and must include employee names and hours worked

Territory Small Business Survival Payment Application

Form Preview

October 2020 Employee Details

How many employees undertook paid work in October 2020? *

This can include owners/ directors who worked in the business and drew a wage.

Upload October 2020 pay summary *

Attach a file:

Can be payroll sheet and must include employee names and hours worked

Declaration

* indicates a required field

Unattested Declaration under the Oaths, Affidavits and Declarations Act

I (insert full name) *

solemnly and sincerely declare

- I have read, understood and agree to comply with the [Terms and Conditions](#) of the Territory Small Business Survival Payment Program.
- I have read, understood and agree to the [Privacy Statement](#).
- No other application for a voucher under this Territory Small Business Survival Payment Program has been made by any other person in relation to the property/ business the subject of this application.
- I will advise the Department immediately if any of the information and details provided in this application change during the course of the grant.
- I accept that the Department will carry out spot audits of grant recipients throughout the duration of the program and for 12 months after it has ended; I agree to provide all requested documents and information in relation to this application.

This declaration is true and I know that it is an offence to make a declaration that is false in any material particular. *

Confirm

This declaration is made at *

Location or town the declaration is made at, eg. Darwin, Alice Springs, etc.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Territory Small Business Survival Payment Application

Form Preview

Date of birth *

Must be at least 18 years of age.

Position title *

Must be a principal of the business applying ie. Director, Sole Trader, Partner etc.

Date of declaration *

Must be a date.