

# Supply Chain Solver Grant Application Form

## Form Preview

### Business Details

\* indicates a required field

The Program is open to Businesses and Not-for-Profit Organisations that are experiencing difficulties in sourcing and securing business supplies. It will provide financial support to Eligible Recipients to build resilient and smart supply chains, including through infrastructure, new technologies, upskilling of employees and supply chain analysis.

#### **Important notes before you start**

##### **An Eligible Recipient:**

- is a Territory Enterprise (either a for-profit or not-for-profit business); and
- is a legal entity (including a sole trader or partnership trading under a business name registered in the NT) that held and continues to hold a valid Australian Business Number (ABN) as at 10 November 2020; and
- is operating in the Northern Territory, providing its services wholly or substantially in the Northern Territory for at least six months prior to submitting an application for funding; and
- has a significant permanent presence – maintains an office, facilities or other permanent base within the Northern Territory; and
- can demonstrate that it is actively trading and has an annual turnover of less than \$10 million and more than \$75 000; and
- has at least one full-time and less than 20 full-time employees; and
- in the case of a not-for-profit business its constitution reflects that it does not return profits to members; and
- can demonstrate that COVID-19 restrictions have impacted its ability to source and secure business supplies; and
- is not an Excluded Recipient.

**Excluded Recipient** means individuals (other than sole traders, who are Eligible Recipients), public and private schools, private and public educational institutions, home based businesses (where the applicant's residence is not located separately to its business), government agencies and government owned bodies, statutory corporations and local government bodies.

##### **Premises** means:

- a building or part of a building situated on a parcel of land in the Northern Territory or a moveable location (including a mobile business asset or conveyance, such as a boat, motor vehicle or trailer) if the Eligible Recipient operates its business permanently and continuously from that location; and
- the Eligible Recipient either owns the Premises or has a written agreement with the owner to occupy the Premises on a continuous basis ('agreement to occupy'); and
- the land (if relevant) on which the Premises is situated is being lawfully used by the Eligible Recipient for the purposes of it carrying on its business (notwithstanding that the Premises may also be used for other purposes such as residential); and
- if the Premises is not owned by the Eligible Recipient, it is legally entitled to carry out Eligible Works.

If a Premises contains multiple business tenancies, each individual business owner may apply to the Program in respect of its own tenancy but no application/s for a Grant to

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conduct Eligible Works to common areas of the Premises (or in common with other Eligible Recipients) will be approved.

The Department will in its absolute discretion ascertain and decide whether a recipient is eligible under this program.

The Department will carry out **spot audits** of recipients and service provider businesses throughout the duration of the program and for 12 months after it has ended.

### Are you eligible?

**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

**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 Supply Chain Solver Grant 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? \***

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Newspaper              | <input type="checkbox"/> TV                          | <input type="checkbox"/> Friend/ family/ acquaintance |
| <input type="checkbox"/> Social media           | <input type="checkbox"/> Radio                       | <input type="checkbox"/> Other: <input type="text"/>  |
| <input type="checkbox"/> Internet search engine | <input type="checkbox"/> Press Release/ Announcement |   |

**If the Supply Chain Solver Grant Program wasn't available... (select from the drop down menu below) \***

### Applicant details

**Please select what you are applying as: \***

- Business  Not-for-Profit Organisation

**Legal Entity Name/ Trustee Name/ Organisation Name \***

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

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### Incorporation Number

### Trading Name \*

Can be the same as legal entity name

### Legal Entity Type \*

Company       Partnership       Sole Trader       Trust

### 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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

**Please note:** An Eligible Recipient can **only apply once** to carry out one or two Works up to the total Maximum Grant Amount in relation to works on **one Premises**.

- **The eligible premises address MUST include shop/ office or unit numbers where applicable.**

### Premises (where works will be carried out or where mobile property is generally located) \*

Address

  

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

**Do you own the eligible premises or are you a tenant with a lease agreement? \***

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I am the owner

I am a tenant

### 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.

### Do you have public liability/ professional indemnity insurance cover? \*

Public liability

Professional indemnity

Both

### Provide current relevant certificate of insurance/s (you can upload more than 1 file) \*

Attach a file:

Insurance must have the correct Business name

## 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.

### Applicant Contact \*

Title

First Name

Last Name

### Position \*

### Phone Number \*

Include area code if a landline

### Email \*

Must be an email address.

## Trust Deed

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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

**Please contact your accountant if you are unsure.**

### Upload copy of Trust Deed \*

Attach a file:

## Approval to participate

**Important note:** if your organisation is not up to date with its legal obligations (AGM, annual return, etc.), your application will not be assessed until it is compliant.

### Has the Board authorised works and co-contribution? \*

Yes

No - ineligible

### Evidence of approval by Board \*

Attach a file:

Eg. Minutes of meeting or other relevant evidence.

## Evidence of annual turnover

Upload evidence of annual turnover.

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

If your business has been trading for less than 12 months, you must provide this information since the date your business commenced trading.

### Upload Annual Turnover \*

Attach a file:

## Business Issue/ Problem

\* indicates a required field

## Application Process

As part of the application process, the Eligible Recipient must:

1. be able to clearly explain what the issue/ problem is, through data or any other evidence-based method; and

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2. include relevant background information that provides context to the issue/ problem; and
3. agree to undertake a survey about their participation in the Program prior, upon completion and 6 months after completion; and
4. provide any other information or documentation that the Department may require in the application form.

The Assessment Panel will use the criteria in section '3.3 Application Process' to determine which applications will receive Grant Funding under the Program, in light of how the proposal meets 'value for the Territory' in line with the [NT Government's Buy Local Plan](#).

To be considered an Eligible Recipient, you **MUST** provide all evidence listed in the above dot points.

Failure to do so will result in longer processing times or outright rejection.

Please ensure all information is ready to be attached, OR save your application and come back to complete it at a later date.

### 1. Issue/ Problem

Clearly explain what the issue/ problem is, through data or any other evidence-based method

**Explain what the issue/ problem: \***

Word count:

Must be no more than 500 words.

**Upload supporting documentation to support the issue/ problem identified \***

Attach a file:

### 2. Context to the issue/ problem

Include relevant background information that provides context to the issue/ problem

**Provide any relevant background information that gives context to the issue/ problem: \***

Word count:

Must be no more than 500 words.

**Upload relevant supporting documentation (optional)**

Attach a file:

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### 3. Survey

**Do you agree to undertake a survey about your participation in the Program prior, upon completion and 6 months after completion? \***

Yes I agree to participate

### 4. Additional Supporting Documentation

Provide any other information or documentation that the Department may require

**Upload additional supporting information**

Attach a file:

## Business Solution

\* indicates a required field

Please note:

- **When an application only identifies a problem (but not a solution):**

The Department will undertake an Audit and make a recommendation from a suite of solutions. Eligible Recipients will then resubmit the application with a quote/quotes for Works in line with the recommendations in the Audit. Quotes must include all the information outlined under '4.1 Quotation'.

- **When an application identifies a problem and a proposed solution:**

The Assessment Panel will review and determine if the proposed solution falls within the intent and scope of the Program. The proposed solution will then either be accepted or an alternative proposed to the Eligible Applicant. Quotes must include all the information outlined under '4.1 Quotation'.

**Do you have a solution to the issue/ problem identified? \***

## Solution

When known, the application will also include a rationale for the solution, including all the following details:

1. expected outcomes, including expected metrics for the short, medium and long term; and
2. evidence that the initiative can be completed, having the right allocation of resources; and
  - include whether the Eligible Recipient has the ability and expertise to manage and deliver their proposal and all of its elements

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- 3. timeline for implementation; and
  - 4. a budget spreadsheet including all costs associated with the initiative; and
  - 5. include an evaluation plan, including metrics to measure success; and
  - 6. when solutions are proposed to come from outside the NT, Eligible Recipients must provide evidence that they are not available in the Northern Territory; and
- Quote(s) for the Eligible Works

### **Explain how the proposed solution will use new technologies to provide financial support to build resilient and smart supply chains \***

Word count:

Must be no more than 500 words.

### **Solution Recommended by Expert Panel**

When known, the application will also include a rationale for the solution, including all the following details:

- 1. expected outcomes, including expected metrics for the short, medium and long term; and
  - 2. evidence that the initiative can be completed, having the right allocation of resources; and
    - include whether the Eligible Recipient has the ability and expertise to manage and deliver their proposal and all of its elements
  - 3. timeline for implementation; and
  - 4. a budget spreadsheet including all costs associated with the initiative; and
  - 5. include an evaluation plan, including metrics to measure success; and
  - 6. when solutions are proposed to come from outside the NT, Eligible Recipients must provide evidence that they are not available in the Northern Territory; and
- Quote(s) for the Eligible Works

### **Upload recommended solution \***

Attach a file:

### **1. Upload your expected outcomes, including expected metrics for the short, medium and long term \***

Attach a file:

### **2. Upload evidence to prove that the initiative can be completed (financial and expertise) \***

Attach a file:



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### 3. Upload a timeline for the implementation of the solution \*

Attach a file:

### 4. Upload budget spreadsheet (MUST include all costs associated with the initiative) \*

Attach a file:

### 5. Upload your evaluation plan (MUST include metrics to measure success) \*

Attach a file:

### 6. Will the solution be sourced within the NT? (If not, you must provide evidence that the solution is not available in the NT) \*

Yes  No

### 6a. Upload evidence to prove the proposed solution cannot be sourced within the NT \*

Attach a file:

## Works

\* indicates a required field

**Maximum Grant Amount** means the sum of \$10,000 (exclusive of GST).

**Note: participation in the Program requires a dollar for dollar matching co-contribution.** That means if the Eligible Recipient requests \$10 000 in Grant Funding they will be required to contribute \$10 000 of their own funds towards the Eligible Works.

**Eligible Works** are the purchase of infrastructure, the adoption of new technologies, upskilling employees to support improvements and/or changes and analysis/advice in relation to the improvement of supply chain/s.

**Excluded Works** means the works excluded under Clause 2 in the Terms and Conditions.

Applicants must not submit quotation/s given by Businesses that are Related to or Relatives of the Eligible Recipient or the owner of the land on which the Premises is located (if it is not owned by the Eligible Recipient).

#### Time Limits of Eligible Works:

- Eligible Works **must not commence** until the Eligible Recipient has received **formal approval** from the Department.
- After the Department has issued formal approval, all Works must be **completed within three calendar months of the date of issue of the Voucher**. Notwithstanding the 3-month rule, all approved Works must be completed by 30 November 2021 and Vouchers submitted for payment by 31 January 2022.

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### Scope and cost of works

**I have a valid written quotation(s) from an Eligible business(es) as per the terms and conditions \***

- Yes  No - obtain itemised quotation(s) before you apply

If the business is not registered under the Jobs Rescue and Recovery Plan as an Eligible Business, they will need to register before your application is approved for works to go ahead.

**Have Eligible Works in this application commenced? \***

- No  Yes - ineligible - do not continue

As per the Program's [Terms and Conditions](#), Eligible Works must not commence until after an application has been approved by the Department and a voucher issued.

**IMPORTANT** – Applications received without compliant quotes may not be eligible, please ensure you have compliant quotations attached within this application PRIOR to submitting

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

**How many works are you applying for under this application? \***

- One  Two

In other words, are you submitting 1 or 2 quotations under this application?

### Works 1

**Select the type of work \***

- Purchase of infrastructure
- Adoption of new technologies
- Upskilling of employees
- Analysis/ advice to improve supply chain/s

The Total Cost of Works **MUST** match the Total Quote 1 Amount.

If they do not match, please correct figures you have entered.

Exclusive GST Amount + GST Amount = Inclusive GST Amount

<b>Total Quote 1 Amount (excl. GST)</b>	<b>GST Amount on Quote</b>	<b>Total Cost of Works 1 (incl. GST)</b>
DO NOT INCLUDE GST	If business is not registered for GST put 0	This number/amount is calculated.
\$	\$	\$

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**Please note:** uploading an invalid/ incomplete quotation may deem you ineligible.

**Quotation templates** can be downloaded from the [Term's and Conditions](#) under Clause 4.1

### **Upload works 1 quotation \***

Attach a file:

### Works 1 - Nominated Eligible Business

#### **Nominated Business who will be carrying out improvement works 1 \***

Organisation Name

If the business is not registered and on the website your application will not be assessed.

#### **Nominated Business ABN (refer to your quotation) \***

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

#### **Nominated Business Address \***

Address

  

If no search results are found, Please click "Can't find your address?"

#### **Nominated Business Phone Number \***

Must contain 10 characters and include area code if a landline

#### **Nominated Business Email \***

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Must be an email address.

### Works 2

#### Select the type of work \*

- Purchase of infrastructure
- Adoption of new technologies
- Upskilling of employees
- Analysis/ advice to improve supply chain/s

The Total Cost of Works **MUST** match the Total Quote 2 Amount.

If they do not match, please correct figures you have entered.

Exclusive GST Amount + GST Amount = Inclusive GST Amount

Total Quote 2 Amount (excl. GST)	GST Amount on Quote	Total Cost of Works 2 (incl. GST)
DO NOT INCLUDE GST	If business is not registered for GST put 0	This number/amount is calculated.
\$	\$	\$

**Please note:** uploading an invalid/ incomplete quotation may deem you ineligible.

**Quotation templates** can be downloaded from the [Term's and Conditions](#) under Clause 4.1.

#### Upload works 2 quotation \*

Attach a file:

### Works 2 - Nominated Eligible Business

#### Nominated Business who will be carrying out improvement works 2 \*

Organisation Name

If the business is not registered and on the website your application will not be assessed.

#### Nominated Business ABN (refer to your quotation) \*

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

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ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

### **Nominated Business Address \***

Address

  

If no search results are found, Please click "Can't find your address?"

### **Nominated Business Phone Number \***

Must contain 10 characters and include area code if a landline

### **Nominated Business Email \***

Must be an email address.

## 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 Jobs First Plan's Supply Chain Solver Grant.
- I have read, understood and agree to the [Privacy Statement](#).
- I understand and accept that I (and other joint owners, if any) can only apply once to the Jobs First Plan's Supply Chain Solver Grant, whether I have received the maximum grant amount under this application or not.
- I am an owner or tenant of the property (as defined in the [Terms and Conditions](#) that is the subject of this application and the property is lawfully used for business purposes only.

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- No other application for a voucher under this Supply Chain Solver Grant Program has been made by any other person in relation to the property.
- All works included in the quotation will be conducted at the property.
- I have made all due diligence inquiries about the business providing the quotation that I deem necessary or desirable.
- I have undertaken appropriate due diligence regarding the works to be undertaken on the property, and am satisfied either:
  1. that a building permit, occupancy certification, and/ or other approval under the *Building Act* is not required for those works; or
  2. that a building permit or other approval is required under the *Building Act* for those works, and I have obtained that building permit.
- I am not 'Related' to the business which gave me the quote (see definition in the [Terms and Conditions](#)).
- No offer of cashback or any other benefit (whether monetary or not) has been made to me by the business whose quotation I have included in this application or any third party as a condition of acceptance of a quotation during the course of the Program.
- I understand the processes contained in the [Terms and Conditions](#).
- 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 and service provider 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.
- I understand the dispute resolution processes, accept that the relationship under this grant is between me and the quoting business, and agree to indemnify the Northern Territory Government against any loss or damages sustained under or in connection to works undertaken as part of the grant.

**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"/>
----------------------	----------------------	----------------------

**Date of birth \***

Must be at least 18 years of age.

- **Businesses:** person signing the declaration MUST be a principal of the business (Director, Sole Trader, Partner, etc.)
- **Not-for-Profits:** person signing the declaration MUST be an Office-holder of the organisation (Chairperson, Vice Chairperson, Treasurer or Public Officer)

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**Position title \***

**Date of declaration \***

Must be a date.