

### Introduction and Eligibility Checklist

\* indicates a required field

#### Purpose of the round

The Closure of Impacted Businesses Grant is a non-competitive grant program that aims to help any business reliant on native timber to exit the industry.

The grant offers eligible businesses up to \$50,000 in financial assistance to help with expenses associated with closing their business.

Financial assistance will be offered through a two-stage online application process with up to \$5,000 available in Stage 1 and up to \$45,000 in Stage 2 (or a total of \$50,000).

This application form is for **Stage 1**. Applicants will be issued a link to apply for Stage 2 on confirmation of eligibility.

Before completing this application form please read the **Closure of Impacted Businesses Guidelines and FAQs**.

If you have any questions regarding the eligibility criteria, please contact the Native Forest Transition team at [NFTEnquiries@swdc.wa.gov.au](mailto:NFTEnquiries@swdc.wa.gov.au) or phone (08) 9777 1555

#### Eligibility Checklist

Your business must be able to prove it has a demonstrated reliance on native forestry to be eligible for the CIB as noted in the Guidelines and FAQs. If you need more information to support your application, contact the NFT team at [NFTEnquiries@swdc.wa.gov.au](mailto:NFTEnquiries@swdc.wa.gov.au).

**Was your business operating for at least three years prior to the announcement date and does your business have a demonstrated reliance\* on native forestry or native forest products? (\*50% or more of your business turnover or business model in at least one of the 19/20, 20/21 or 21/22 financial years) \***

- ☐ Yes
- ☐ No

If no, you may not be eligible for this program. Please contact [NFTEnquiries@swdc.wa.gov.au](mailto:NFTEnquiries@swdc.wa.gov.au) before progressing further.

**Provide a description of your business's reliance on native forestry. \***

Word count:

Must be no more than 500 words.

This section will help understand the nature of your business and how it is connected to native forestry.

# Stage 1 - CIB

## Form Preview

List your business's core suppliers, clients, or customers, and if relevant, provide a percentage breakdown of the market share or contribution they make to your business's turnover.

You can use the comments field to provide any additional information or context about individual suppliers or customers.

You can add more rows by clicking the 'Add More' or '+' buttons.

Client or Customer Name	Percentage of contribution to turnover	Comments
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	Must be a number and between 0 and 100.	

### Upload supporting information

Attach a file:

This may include invoices, contracts and financial records.

### Does your business have an Australian Company Number (ACN) or an Australian Business Number (ABN)? \*

- ☐ Yes  
☐ No

Your business must have an ABN or ACN to be eligible for the CIB. If you need more information to support your application please contact the NFT team at [NFTEnquiries@swdc.wa.gov.au](mailto:NFTEnquiries@swdc.wa.gov.au)

### Is your business registered for GST? \*

- ☐ Yes  
☐ No

Your business must be registered for GST in order to be eligible for this grant. If you need more information to support your application, please contact the NFT team at [NFTEnquiries@swdc.wa.gov.au](mailto:NFTEnquiries@swdc.wa.gov.au).

## Applicant Information

\* indicates a required field

### Business Details

#### Business Name \*

# Stage 1 - CIB

## Form Preview

Organisation Name

**Applicant 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.

**Australian Company Number (ACN)**

Must be a number.

**Business Address \***

Address

  

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

**Postal Address**

Address

  

**Primary Applicant Contact Details**

**Name \***

Title

First Name

Last Name

# Stage 1 - CIB

## Form Preview

**Position \***

**Phone Number \***

Must be an Australian phone number.

**Email \***

Must be an email address.

### Secondary Applicant Contact Details (if required)

**Name**

Title

First Name

Last Name

**Position**

**Phone Number**

Must be an Australian phone number.

**Email**

Must be an email address.

### Financial Information

To support your application and the assessment process, please attach copies of financial statements and any other information that demonstrates reliance on native timber.

**Upload of financial statements**

Attach a file:

**Upload other supporting information**

Attach a file:

### Description of Funding Use

If eligible, describe how you plan to use the Stage 1 payment of up to \$5,000. The purpose of this funding is to support activities such as obtaining professional assistance in finance, accounting, legal, or well-being services. These services should help in making an informed decision about closing the business and in creating a detailed business closure schedule.

**Describe the purpose of initial payment**

# Stage 1 - CIB

## Form Preview

### Budget

Expenditure Activities	Amount (\$)	Completion date
		Must be a date.

### Budget Totals

#### Total Expenditure Amount

This number/amount is calculated.  
Max amount \$5,000.

#### Attach any quotes here

Attach a file:

### Business Closure Schedule

**Do you know the specific activities that you need to undertake to close your business? (This will need to be outlined in the Business Closure Schedule in the Stage 2 application form, if you are eligible)**

- ☐ Yes.  
☐ Not yet.  
☐ Other:

### Consent and confirmation

\* indicates a required field

### Privacy Statement

### Confidentiality

# Stage 1 - CIB

## Form Preview

JTSI will treat all information provided as confidential and commercial-in confidence, where relevant. Applicants should note information provided to the State is subject to the *Freedom of Information Act 1992*. Further information is available from the Office of the Information Commissioner website: <https://www.oic.wa.gov.au/en-au/>.

### Personal information and disclosure

JTSI may collect personal information for the purposes of administration and evaluation of an application. If the relevant information is not provided by applicants, JTSI and the State Government assessment panel will be unable to assess the application for funding.

Information from the application may be disclosed to other Western Australian Government agencies and may be published on the JTSI website, provided disclosure is consistent with relevant privacy laws, including the *Privacy Act 1988*. Personal information will be used and stored in accordance with Australian Privacy Principles (APPs) set out in the *Privacy Act 1988*.

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

If you wish to discuss how your application information is managed, please contact JTSI at [nft@jtsi.wa.gov.au](mailto:nft@jtsi.wa.gov.au).

This section must be completed by an appropriately authorised person on behalf of the applicant organisation.

### I have read and understand the confidentiality and personal information disclosure statements. \*

☐ Yes

### Applicant declaration

**I certify that to the best of my knowledge the statements made within this application are true and correct, and I understand that if the application is successful, we will be required to enter into a grant agreement based on the information in this application. \***

☐ Yes

**I do hereby declare that all the information supplied in this application form for the Closure of Impacted Grant is, to the best of my knowledge, accurate and complete and that JTSI will be notified of any change to the information supplied and any other information or circumstances arising that may affect this application. \***

☐ Yes

### Name \*

First Name

Last Name

### Position \*

