

SB Recovery Assistance Grant, 2025 Queensland Monsoon Trough - Application Form

Form Preview

Welcome to the Small Business Recovery Assistance Grant, 2025 Queensland Monsoon Trough - Application

* indicates a required field

i About this form

- This application form relates to the specified disaster event: **2025 Queensland Monsoon Trough, Cyclone Koji, Cyclone Narelle and Severe Weather events 24 December 2025 - 24 April 2026.**
- Businesses in the following areas can apply for this grant:
 - Carpentaria Shire Council
 - Douglas Shire Council
 - Isaac Regional Council
- The **Department of Customer Services, Open Data, and Small and Family Business (CDSB)** administers this program.
- Look for these icons to guide you through the application:
 - **i Information** - General details or instructions
 - **# Hints/tips** - Helpful tips or guidance
 - **# Evidence Required** - Upload required documents
 - **⚠ Warning/Caution** - Critical information to avoid mistakes
- For Help, *****reopen the landing page for this form.*****

Before completing this application, please read the *Small Business Recovery Assistance Grant - 2025 Queensland Monsoon Trough [Guidelines](#)* which outline the defined disaster area and other eligibility criteria. These are also available on the [Business Queensland website](#).

If you have any questions regarding your eligibility, please contact the team via **13 QGOV** (13 64 78) or email disastergrants@desbt.qld.gov.au.

⚠ Submission rules

- Submit your application online through **SmartyGrants** with all required attachments.
- Ensure the application is made by an **Authorised Representative** directly linked to the business (not third parties).
- Use the **business's legal entity** name (not the business name or trading name).
- Submit **only one application** per business, related party, or financial beneficiary.
- Provide realistic and accurate answers.
- Respond to requests for additional information if assessors contact you.

Privacy Statement

The Department of Customer Services, Open Data and Small and Family Business (**CDSB, we, us, our**) is collecting your personal information on this application form to:

- assess your eligibility to receive grant funding under the Program,

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- administer the grant and ensure compliance with the program guidelines and the funding agreement, and
- promote relevant issues and services to you.

We will also use this information to assist in monitoring, evaluation, reporting, audit, and promoting the program.

We are authorised or required to collect this personal information for these purposes under Section 61 of the *Financial Accountability Act 2009* (Qld).

We may collect personal information about you from another person or entity (such as the Australian Business Register, the Australian Securities and Investments Commission or your grant project supplier) to ensure compliance with the program guidelines and the funding agreement.

Without this information, we are unable to assess your application or process your grant.

We usually give the personal information we are collecting to:

- Relevant Queensland Government departments and agencies
- Any relevant Minister (including his/her advisers) and the Parliament of the State of Queensland (including Parliamentary Committees); and
- External parties engaged to assist in the administration, monitoring, or auditing of the program.

We will not otherwise give your personal information to a third party without your agreement, except in accordance with the *Information Privacy Act 2009* or when we are authorised or required under Australian law, court, or tribunal to do so.

Please refer to our [Privacy Policy](#) for further information about your privacy, including how you can access and amend your personal information or complain about our management of your personal information.

Key Eligibility Check

This section is designed to help you and CDSB determine if you are eligible to apply for this grant. Please complete this section before proceeding to ensure eligibility.

If you have any questions in regard to the eligibility criteria, please contact the CDSB Small and Family Business team email disastergrants@desbt.qld.gov.au.

Is your business located in one of the defined areas for the 2025 Queensland Monsoon Trough disaster event? * Yes No

Do you have fewer than 20 employees (by headcount)? * Yes No

Is your annual turnover less than \$10 million? * Yes No

Does your business have an active Australian Yes No

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Business Number (ABN) and did it hold that same ABN at the time of the disaster event? *

Is your business registered for GST and was it registered for GST at the time of the disaster event? *

Yes

No

During a continuous 14-day period due to the disaster, was your business completely closed and unable to trade, or trading but lost at least 70% of its revenue compared to last year? *

Yes

No

Have you recommenced or intend to continue trading? *

Yes

No

⚠ Based on your responses, you may not be eligible. Please review the grant [guidelines](#) before continuing.

Funding request details

*** indicates a required field**

Disaster event impact and damage

Was your business actively trading immediately prior to being affected by the 2025 Queensland Monsoon Trough, Cyclone Koji, Cyclone Narelle and Severe Weather events 24 December 2025 - 24 April 2026? *

Yes

No

Businesses need to have been actively trading prior to the disaster event.

If you are an existing QRIDA client, please provide your QRIDA Client ID number:

Number should be at least 6 digits. Must be a number.

Have you applied for other disaster grants or loans such as the Exceptional Disaster Assistance Recovery Grant (EDARG) or the Disaster Assistance Loan (DAL)? *

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Yes

No

#Please ensure you tick Yes if you have applied for any disaster recovery grants or loans

Other Government Assistance

Complete the below table to list any other government help you have applied for or received for the **2025 Queensland Monsoon Trough, Cyclone Koji, Cyclone Narelle and Severe Weather events 24 December 2025 - 24 April 2026.**

How to complete the Other Government Assistance Table:

- **Total funding received:** If you've received more than one payment from the same program (e.g. an Exceptional Disaster Assistance Recovery Grant (EDARG)) for the same disaster event, please enter the *total combined amount* received.
- **Date funding received:** If you haven't received any funding, you can *leave this question blank*.
- **Reason and period for claim:** Briefly describe what you're claiming for and the time period covered (e.g. *replacement of stock, operational expenses or repairs to business premises from December 2025 to February 2026*).
- **Please upload your application and or your approval letter:** Upload a copy of your application, claim form or approval letter.

#TIPS

- You can add additional rows to this table by selecting **Add More** or using the **plus (+) symbol**.
- Use the slider at the bottom of the table to view any hidden columns

What other government assistance have you applied for or received?	Date Applied	Total funding received	Date funding received	Reasons for claim and period of claim	#Please upload your application and/or approval letter
Other:					
	Must be a date.	Must be a dollar amount.	Must be a date.		

Insurance Coverage

Did your business hold an insurance policy at the time of the disaster? *

Yes

No

What did your insurance policy cover? *

Business premises/buildings

Motor vehicles / machinery

Contents / equipment

My business was uninsured

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Stock / inventory

Other:

Business interruption / loss of income

Only select 'My business was uninsured' if you did not have a valid insurance policy at the time of disaster

Have you made (or are intending to make) an insurance claim in relation to the damage or impact caused by the disaster? *

- Yes - I have made or will make a claim
 No - I cannot claim or have decided not to claim

Insurance policy documentation

#Please attach any relevant Insurance policy documents or policy extracts here *

Attach a file:

If you held an insurance policy at the time of disaster, you must provide the policy document for your application to be assessed

Relevant Insurance Policy documents or Policy extracts include:

- Certificate of currency showing coverage at the time of the disaster
- Relevant policy extracts showing what is/isn't covered

Insurance Claim Details

You have selected Yes - I have made or will make a claim. Please complete the below table:

- List the details of any insurance claims you have applied for or received for the **2025 Queensland Monsoon Trough** event.
- You can add additional rows to this table by selecting **Add More** or using the **plus (+) symbol**.
- Use the slider at the bottom of the table to view any hidden columns.

#Insurance claim evidence

You **must** upload at least one of the following before your application can be assessed:

- Insurance claim lodgement confirmation
- Insurer correspondence or settlement letter

⚠ If you are eligible to claim losses under insurance you must finalise this claim before applying for this grant.

#TIPS

- You can add additional rows to this table by selecting **Add More** or using the **plus (+) symbol**.
- Use the slider at the bottom of the table to view any hidden columns

Insurance Date Company applied / Name	Claim Amount	Claim status	Reasons for claim and	Total amount	Date received	#Insurance claim evidence
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	Intend to apply	sought (\$)		period of claim	received (\$)		
	Must be a date.	Must be a dollar amount.			Must be a dollar amount.	Must be a date.	

Did not/Will not claim insurance

TIPS

- Clearly explain why your insurance did not cover damage to business premises, equipment, or expenses such as stock replacement or wages/salaries.
- If your business did not have insurance, provide a brief explanation of why no insurance was in place.
- If your insurance policy excludes coverage for operational costs or disaster-related repairs, specify the relevant exclusions or limitations below. Please confirm which pages of your insurance policy show the exclusion or limitation that applies. This is required to substantiate your grant application.

You have selected No - please indicate why *

- Uninsured at the time of disaster (please explain below)
- My/our policy does not provide cover for the disaster event (you must attach insurance policy in the above section)
- Other (provide detail below)

Provide your explanation below: *

Examples of valid reasons: policy exclusions for flood/storm events, excess amount exceeds the loss, claim was denied, business interruption not covered under your policy type.

Confirmation of Insurance details

Please confirm one of the following statements that applies to your business: *

- I confirm that I have uploaded my insurance policy documents, including any relevant extracts showing applicable exclusions or limitations.
- I confirm that my business held no insurance policy of any kind at the time of the 2025 Queensland Monsoon Trough, Cyclone Koji, Cyclone Narelle and Severe Weather disaster event and I understand that additional documentation may be required to support this application.

#Select the statement that accurately reflects your insurance situation. Only one option may be selected.

Disaster Impact on Trading

For a specific consecutive 14-day period directly due to the impact of the specified disaster event, the business was either: *

- completely unable to conduct trading activities, or
- experienced a decrease in deposits (revenue) of at least 70% when compared to the same 14-day period in the preceding year.

You will be asked to select a specific 14-day window.

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Trading closure

As a result of the 2025 Queensland Monsoon Trough, Cyclone Koji, Cyclone Narelle and Severe Weather events 24 December 2025 - 24 April 2026, provide the dates your business was unable to trade, ensure:

- The closure period is at least 14 continuous days and was directly caused by the disaster
- Your start date is the first day your business was forced to close or could not operate due to the disaster
- This is able to be confirmed via your business bank statements

△ If your bank statement shows deposits during your nominated closure period, you must explain these or they may be treated as trading revenue and affect your eligibility.

You can explain deposits by uploading a separate document, annotating your PDF bank statement, or providing invoices showing the work was completed before closure.

Start date of your closure period *

Must be a date

Number of continuous closure days *

Exclude the day of re-opening from the count. Must be a number. Date Calculator: <https://www.timeanddate.com/date/duration.html>

Date re-opened or intended re-opening date *

Must be a date

Bank statements

When claiming **trading closure**, only upload a bank statement that includes the period your business was closed.

IMPORTANT: Please also upload any documents that explain deposits made during the closure period and/or provide invoices showing the deposits relate to work completed before the closure.

△ Redacted bank statements or statements that do not cover your nominated 14-day period cannot be assessed and may result in us requesting further information from you. This will delay your outcome.

Please read the below question carefully prior to checking the boxes:

I confirm: *

- Bank statement is complete (includes all pages of the bank statement)
- Bank statement is in PDF format. I understand excel spreadsheets or images (jpeg, png, gif) will not be accepted as bank statement evidence
- Bank statement confirms a minimum of 14 continuous days of trading closure
- Business name, business address, account name, BSB and account number are clearly visible and not redacted (blacked out)
- Bank statement is for the account that matches the business bank account details provided on page 3
- All transactions on the statement are visible and not redacted (blacked out)
- All supporting evidence to explain any deposits received during the trading closure has been provided

Failing to meet all of the above will impact the assessment of your application

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#Please upload your PDF bank statement/s and other clarification documents or invoices here *

Attach a file:

Upload your PDF bank statement that includes the 14 day period for which you are claiming trading closure. You can also upload invoices or word documents for any deposits received during that period.

Please provide an explanation of any deposits that appear in your bank statement during your nominated 14-day period that are not trading revenue (e.g. transfers from savings): *

If no unexplainable deposits, please input N/A

70% decrease in revenue

Choose the 14-day window where your deposits dropped most significantly (at least 70%) as a result of the *2025 Queensland Monsoon Trough, Cyclone Koji, Cyclone Narelle and Severe Weather events 24 December 2025 - 24 April 2026*, compared to the same period last year. You can use your bank statements to check this before completing this section.

Ensure:

- *The closure period is at least 14 continuous days and was directly caused by the disaster*
- *This is able to be confirmed via your business bank statements*
- *Your revenue reduction calculation includes all income received in the 14-day period for both years*

This is part of the eligibility assessment. The easier it is for assessors to calculate this reduction, the quicker your application will be processed.

Has your business been actively trading for less than 12 months? *

Yes

No

Select Yes if your business commenced after 24 December 2024

Number of days affected *

Include both the start and end date in your count. Must be 14 consecutive days

Start date of impacted period *

Must be a date.

End date of impacted period *

Must be a date 14 days after start date

Date Calculator: <https://www.timeanddate.com/date/duration.html>

Please calculate your revenue reduction percentage (%) by reviewing the deposits received on your bank statements for each 14-day period. See the steps below for how to calculate:

1) **Disaster impact period revenue total** - Add up your revenue (deposits) for the 14-day disaster impact period to get a total

2) **Comparison period revenue total** - Add up your revenue (deposits) for the same 14-day comparison period in the previous year

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3) Subtract your **Disaster impact period revenue total** from your **Comparison period revenue total = Revenue difference**

4) Divide the **Revenue difference** by your **Comparison period revenue total**

5) Multiply the figure from step 4 by 100 to get your revenue reduction percentage.

CALCULATION

(Comparison period revenue total - Disaster Impact revenue total) x 100

Comparison period revenue total

Calculated Revenue Reduction *

Please enter your calculated revenue reduction percentage (%)

Bank statements

You must upload bank statements for both periods (*14-day disaster-impacted period and the same 14-day period in the previous year for comparison*) as assessors will use these statements to calculate the revenue reduction.

Applications with a statement for only one period cannot be assessed and will result in delays in processing your application. A Profit and loss statement will not be accepted.

△ Redacted bank statements or statements that do not cover your nominated 14-day period cannot be assessed and may result in us requesting further information from you. This will delay your outcome.

Please read the below question carefully prior to checking the boxes:

I confirm: *

- Bank statement is complete (includes all pages of the bank statement)
- Bank statement is in PDF format. I understand excel spreadsheets or images (jpeg, png, gif) will not be accepted as bank statement evidence
- Bank statement confirms a minimum of 14 continuous days of trading closure
- Business name, business address, account name, BSB and account number are clearly visible and not redacted (blacked out)
- Bank statement is for the account that matches the business bank account details provided on page 3
- All transactions on the statement are visible and not redacted (blacked out)
- All supporting evidence to explain any deposits received during the trading closure has been provided

Failing to meet all of the above will impact the assessment of your application

#Please upload your PDF bank statement/s for the 14-day disaster impacted period *

Attach a file:

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Make sure you have uploaded all required bank statements. A minimum of 1 file must be attached

#Please upload your PDF bank statement/s for the same 14-day comparison period (previous year) *

Attach a file:

Make sure you have uploaded all required bank statements. A minimum of 1 file must be attached

New Business - 70% decrease in revenue

If the business has been actively trading for less than 12 months and cannot provide a bank statement for the same 14-day period in the previous year, it must instead provide Business Activity Statements (BAS) for both Q4 for the 2024-25 Financial Year and Q1 for the 2025-26 Financial Year.

- These must demonstrate a 70% reduction in revenue as a result of the disaster.
- Businesses that have not submitted a BAS for Q4 FY 2024-25 and Q1 FY 2025-26 will not be eligible.
- **Excel spreadsheets or images (jpeg, png, gif) will not be accepted as BAS evidence**

#Please upload your Business Activity Statements (BAS) for both Q4 FY 2024-25 and Q1 FY 2025-26 *

Attach a file:

Considering the recent disaster, we are seeking to understand the specific tangible impacts it has had on your business. As a result of this event, could you please detail the physical damages or other material effects that occurred? *

Word count:

Must be no more than 300 words.

For ease of analysis, please check all relevant categories below that describe the impacts your business has experienced due to the disaster event. This structured approach will help us gather more precise data. *

- Impact to trading through interruption or closure
- Loss of power, water or waste services
- Damage to premises
- Loss of access to premises by customers
- Loss of access to premises by owner/staff
- Damaged or perished stock
- Loss of tools of trade
- Damaged equipment
- Other:

You may select more than one impact

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How has your business's temporary closure or reduced trading affected the local community and residents? We're especially interested in how this has impacted the availability of goods and services and how its closure affected the community's togetherness, strength, and everyday life. *

Word count:

Must be no more than 350 words.

Provide Evidence of disaster impact on your business

To assist with accurately assessing your application, please provide supporting documentation demonstrating the impact the disaster event has had on your business.

Examples of supporting documentation include:

- 5-10 clear, high-quality photographs showing damage to your business (e.g. damaged equipment, spoiled stock, signage). Images must not be blurry and should include a mix of close-up and wide shots.
- Social media posts
- Receipts for repairs and other disaster recovery assistance funding
- Emails to customers advising of the business closure/trading impacts

#Please upload your supporting documentation here *

Attach a file:

Funding request

What are you requesting grant funding for? *

- Paying employee salaries and/or wages
- Covering rent or rates associated with the business premises
- Replacement of stock that was lost, spoiled, or rendered unusable due to the disaster and is not eligible for funding under the Exceptional Disaster Assistance Recovery Grant (EDARG)
- Marketing expenses aimed at regaining lost customers and re-establishing the business post-disaster

Please detail how the requested funds will be allocated towards extraordinary expenses directly tied to re-establishing your business operations or sustaining employment. Tell us how these costs are critical to your efforts in rebuilding your business or maintaining your workforce. *

Word count:

Must be for the specific disaster event. Must be no more than 350 words

Funding Request Expenditure claim

You can claim eligible expenses for a period of up to 6 weeks from when your business was first impacted - see the [guidelines](#) for further information.

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To support your claim, please provide the following information for each expense:

1. Expenses being claimed - describe each expense in enough detail for an assessor to verify it. Include what the expense is for, the period it covers and who it was paid to. *For example: 'Wages for 3 casual staff from 25 December 2025-7 January 2026' or 'Rent paid for period 1 January to 31 January 2026 to XYZ property group'.* Descriptions such as 'Payroll' or 'Operational Expenses' are not sufficient for assessment.

2. The amount you are claiming

3. Invoices/Payroll Summary/Receipts/Lease Agreements *Must be able to be matched to transactions on bank statements in next section.*

△ *Expenses that cannot be matched to your bank statement or are not sufficiently described may not be eligible for funding.*

#TIPS

- You can add additional rows to this table by selecting **Add More** or using the **plus (+) symbol**.
- Use the slider at the bottom of the table to view any hidden columns

Expenses being claimed (Clear Description and time of period)	Amount claimed (evidence of expenditure to be provided)	#Evidence: e.g. Invoices, Payroll Summary, Receipts, Lease Agreements
--	--	--

	Must be a dollar amount.	A minimum of 1 file must be attached.
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Evidence of expenditure - proof of payment

Please provide the following documents:

- A complete bank statement/s in **PDF format** for a period of up to 6 weeks from when your business was first impacted that:
 - Show each expense listed in your expenditure table above, clearly highlighted
 - Match the business bank account details provided on page 3
 - Cover the period in which each claimed expense was paid
- Supporting documents (e.g. tax invoices, receipts, payroll summaries) alongside your bank statement to help assessors match each expense quickly.

△ *Any expenses listed in the table above that aren't highlighted on your bank statements or supported by evidence may not be eligible for funding. The total of these expenses must be equal to or greater than the grant amount you are requesting.*

Excel spreadsheets or images (jpeg, png, gif) will not be accepted as bank statement evidence

Total Amount Requested

This is the total of all figures listed in the above table under Claim Amount. Must be no more than \$15,000

#Please upload your *highlighted* Funding Request bank statement/s here *

Attach a file:

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You must upload at least one file. Make sure your bank statement has the expenses highlighted

#Please upload any additional supporting evidence here

Attach a file:

#Upload additional supporting evidence here

Applicant Business details

* indicates a required field

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	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

The ABN you enter above must be the ABN associated with the Business Name below.

Applicant business name *

Organisation Name

Enter the entity name as above

If you conduct business under a different business or trading name, please enter here

Provide this information if your 'trading as' business name is different to the Applicant Business name above

Primary phone number *

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Must be an Australian landline with area code or mobile number

Primary email address *

Must be the primary email address of the business applying for the grant. The outcome of your application will be sent to this email address.

Business Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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This person must have the authority to enter into a Funding Agreement on behalf of the business.

Position *

e.g. Director, Owner, Manager

Please provide a **signed and witnessed [100-points of identification check form](#)** for the Authorised Representative.

⚠ **Your form will not be satisfactory if any of the following are missing:**

- Application ID — this is your SmartyGrants submission number, found at the top of your application
- At least two forms of identification were sighted by the approved witness, with at least one containing a signature
- Full name of the business owner/director submitting this application
- Business owner/director section fully completed — printed name, signature and date signed
- Approved Witness declaration fully completed — their position, name, law firm (if applicable), date ID was sighted, signature and date of signature

Your form must be signed and witnessed by an approved witness such as a Justice of the Peace (JP) or Commissioner for Declarations (Comm Dec). All pages must be uploaded.

Incomplete or improperly witnessed forms will delay the assessment of your application.

#Please upload your completed 100-points of identification check form *

Attach a file:

You must upload a completed 100-point ID check form, signed by an approved witness, unless alternative arrangements have been agreed upon with a CDSB staff member. A minimum of 1 file must be attached.

Please enter the **Queensland** street address location where you operate your business.

Enter your address in this format:

- Street number and name, Suburb, State, Postcode — for example, 123 Main Street, Cairns, QLD 4870.
- If a unit, please use Unit 1, 123 Main Street, Cairns, QLD, 4870.

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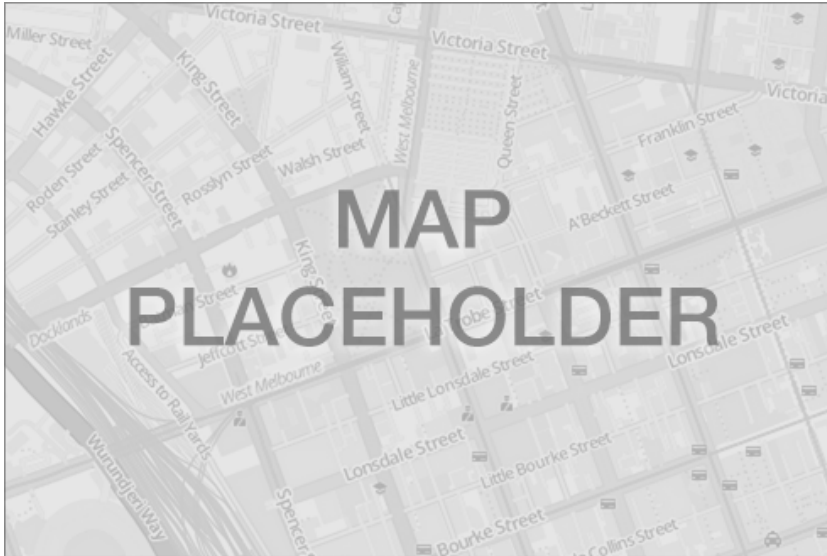
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⚠ Do not use abbreviations, PO Boxes, or property names only (e.g. "The Farm").

Your address should be able to be geo-located (e.g. through Google Maps).

Street Address *

Address



Must be a street address (not a PO Box). Address Line 1, Suburb/Town, State/Territory, Postcode and Country are required. Country must be Australia.

Business Bank Account details

Note: The Business Bank Account details must match the information on the bank statements provided in the Funding Request section.

BSB Number *

Must be a number. Do not include a dash between the numbers.

Account Name *

Name of your bank account as it appears on your bank statement

Account Number *

Must be a number. Do not include a dash between the numbers.

Demographics

The following questions apply to the owner-operator of the business:

Which of the following best describes the owner operator/s gender identity? *

- Man
- Woman
- Non-binary
- I use a different term

Does the owner operator/s speak a language other than English at home? *

- Yes, I speak a language other than English at home
- No
- I do not wish to answer this question

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I do not wish to answer this question

What is the owner operator/s age range? *

- 15-24 years
- 25-34 years
- 35-44 years
- 45-54 years
- 55-64 years
- 65-74 years
- 75-84 years
- 85 years and over
- Rather not say

Is the owner operator/s of Australian Indigenous descent? *

- Aboriginal
- Torres Strait Islander
- Australian South Sea Islander
- None of the above
- I do not wish to answer this question

Does the owner operator/s have a disability? *

- Yes
- No
- I do not wish to answer this question

Business operating details

* indicates a required field

What goods or services does your business offer to the community? *

Word count:

Describe your business, including the products or services it provides and your target market - include information regarding any support to other local businesses. **Must be no more than 100 words.**

Which business industry sector best classifies your business? *

(ANZSIC code) Type a keyword in the box and select the applicable industry at the lowest level (most indented)

How to select your industry above:

- Start typing a keyword into the box below.
- A list of matching industries (ANZSIC codes) will show.
- There are four levels in an ANZSIC code. Please select the lowest populated level (indented) matching code.
- If you can't find anything that matches, try using the [Australian Bureau of Statistics \(ABS\) ANZSIC search](#) to find the likely industry.
 - On the results page of the ABS ANZSIC search, copy the name of the class name into the below box.
 - A list of matching industries will be shown.
 - Select the most indented industry that matches the class name you copied.

Does your business identify as working within the following sectors?

- Tourism
- Social Enterprise (a business that exists to benefit the public and community rather than solely its shareholders)

What was your employee headcount traditionally during the affected period? *

How many years has the business been trading for? *

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Employee headcount: Count each employee, not the full-time equivalent - includes full-time, part-time, casual, fixed-term and non-fixed-term employees. Excludes individuals who are not employees, such as contractors or sub-contractors. **Must be a whole number.**

Must be a number.

Do you derive the majority of your income from this business? *
 Yes No

What was the total revenue for the business last financial year? *

\$

Must be a dollar amount.

Aboriginal or Torres Strait Islander business

Is your business 50% or more owned by Aboriginal or Torres Strait Islander people? *

Yes No

Are you registered with Supply Nation? *

Yes No

www.supplynation.org.au

Are you registered on Black Business Finder? *

Yes No

www.bbf.org.au

Are you a member of the Queensland Indigenous Business Network (QIBN)? *

Yes No

www.qibn.com.au/

Future Outlook

Do you expect to grow your revenue in the next 12 months? *

- No, we expect revenue to decrease substantially
- No, we expect revenue to decrease slightly
- We expect revenue to remain the same
- We expect revenue to increase slightly
- We expect revenue to increase substantially

Do you expect to grow your workforce (employee numbers) over the next 12 months? *

- No, we expect our workforce to decrease substantially
- No, we expect our workforce to decrease slightly
- We expect our workforce to remain the same
- We expect our workforce to increase slightly
- We expect our workforce to increase substantially

Declaration and submission

* indicates a required field

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⚠ Declaration and acknowledgement

By submitting an application, I declare that: *

- I am authorised to make this Declaration and submit this application on behalf of the applicant business;
- I agree to the Privacy Statement;
- I have read and understood the eligibility requirements as specified in the Guidelines;
- I have read, understood, and agree to the Terms and Conditions;
- I have disclosed all information relevant to the application;
- The business, along with its office holders, has complied with and will continue to adhere to all relevant local, State, and Australian laws and regulations;
- I understand that submitting an application does not guarantee that I receive a grant;
- The business intends to continue business operations into the future; and
- The business is not insolvent or has owners or directors who are undischarged bankrupts.
- My business is not required to participate in the National Redress Scheme

At least 10 choices must be selected.

I acknowledge that, if I am successful for grant funding, I: *

- am authorised to enter into a funding agreement on behalf of the applicant business;
- will submit all surveys and information as required by CDSB
- will fully acquit the grant within the required timeframe; and
- will participate in a follow up survey after acquitting the grant.

At least 4 choices must be selected.

Request for Business Assistance Officer Contact

Need some specific information or support? Our Regional team can help. Just let us know and we'll connect you with someone who can assist you. *

- Yes No

⚠ Submitting the application

- Pressing the submit button lodges your application. Please ensure you review your application before submitting it, as you cannot change it after lodgement.
- A return email receipt will be sent when the application has been successfully submitted.
- An application is only considered to have been received by the department once the submitter has received an email receipt.
- If you do not receive an email receipt within 2 business days of submitting your application, please contact the department using the contact details below.
- The email receipt does not provide any assurance of funding.
- **By submitting this application, you declare that the information provided in this application is true and correct. The department's obligation to provide a grant is subject to all information provided as part of the application and any reports being complete and accurate. If you provide false or misleading information, this may result in penalties to you, including refunding some or all of the grant funding.**

Enquiries

SB Recovery Assistance Grant, 2025 Queensland Monsoon Trough - Application Form

Form Preview

For further enquiries on this application form, please email disastergrants@desbt.qld.gov.au or call **13 QGOV** (13 74 68).