Australian Government

Community Grants Hub
Improving your grant experience

Farm Business Transition Program

Submission Reference:

Application Information

The Australian Government has committed a transition assistance package for individuals, businesses and communities to confidently plan and adapt to laws passed by the Australian Parliament to end live sheep exports by sea from 1 May 2028.

The Farm Business Transition Program (the program) was announced as part of the Phase Out of Live Sheep Exports by Sea - transition assistance.

This program will support sheep producers who are impacted by the trade ending in 2028, to prepare and adapt ahead of the transition through the provision of funding to:

- support the development of business plans tailored to individual farm business circumstances, and
- incentivise increased on-farm adoption and uptake of alternative farming systems and practices identified within these business plans.

Through the investment and adoption of alternative sheep systems pre-farm gate, the ability of sheep producers to supply the volumes and specifications required for domestic sheep meat processing will be enhanced.

The objective of this grant opportunity is:

- To support sheep producers impacted by the phase out by enabling a range of planning, professional and technical advice, application of research and development innovations and extension activities, and investment in on-farm infrastructure and improvements to increase the uptake of alternative farming systems and practices.

The intended outcome of this grant opportunity is:

- Sheep producers impacted by the phase out of live sheep exports by sea access transition funding assisting them to obtain advice and make changes to their business operations.

Grant Round Administration

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Agriculture, Fisheries and Forestry.

Closing Date/Time

Please refer to the Closing Date/Time in the Grant Opportunity Guidelines

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the ‘Save and Close’ button. The ‘Continue’ button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Close', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current application form page to the 'Form Saved' page.

Note that the 'Save and Close' button will ask you to 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details. Optionally, you can access the saved form via the form open email received upon beginning the Application.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the GrantConnect website. Applications will be assessed using the process outlined in the Grant Opportunity Guidelines.

Note: Applicants will be notified of the grant funding outcome on completion of the assessment process.

Application Help

Information about the Application process is available on the GrantConnect and Community Grants Hub websites.

Applicants may direct any general enquiries, question relating to the Program, the Application process, and requests for technical help or support by contacting:

- Email to support@communitygrants.gov.au

Please note applicants may submit questions relating to the Program or Application Process up until five Business Days prior to the Closing Time and Date. A response will be provided within five business days.

Attachment Limits

This Application Form allows users to attach files to support their application. You must provide an attachment where mandatory. Use the 'Upload File' button to select your file

Accepted file types: .bmp, .doc, .docx, .gif, .jpeg, .jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsb, .xlsx.

Note: There is a 2mb limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique using English language/characters and MUST not include foreign characters.

Sharing this Form

More than one person should not access this form at the same time as there is risk of information being lost upon submission. Please ensure that only one user edits the form at any given time.

Submitting an application form

Upon starting the Application a 'Form Opened' email will be sent to the primary contact, which will include a link to the Application Form as well as a submission reference ID. This will enable the Applicant to access the form at any point in time.

Please note the form will no longer be accessible after two months of inactivity.

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Following electronic submission and completion of this Application Form, a message with your Submission Reference ID will appear on your screen. An email will be sent to the primary contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN)
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the Taxable payments annual report. Further information is available on the Australian Taxation Office website.

Privacy

This Application uses a form service made available by Services Australia.

When you complete your application, information in this form will be processed by Services Australia, the Department of Social Services, and the government agency administering the grant. Services Australia may also disclose information in the form to its contracted service providers if needed for ICT or other support services.

A reference number will be sent to the applicant's email address entered on this form, which can be used within 60 days to access a draft before submission.

By submitting this form, you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information including how to access or change your personal information or make a complaint, please see the Department of Social Services' Privacy Policy and the Services Australia Privacy Policy. The privacy statement in the relevant Grant Opportunity Guidelines should also be read and understood.

Use of Information

Your Submission Reference is:

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application email support@communitygrants.gov.au.

Your email address *

Confirm your email address *

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- Comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website
- Inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program
- Inform future assessments for Applications.

All information including personal information collected as part of this Application may be used by the department or shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above and that you have read and acknowledged the Hub Privacy Policy, the Privacy Statement, and all relevant material (including the Grant Opportunity Guidelines) as they relate to the collection and handling of personal information.

☐ I agree *

Existing Grant Recipient

Is the Applicant an existing Grant Recipient through the Community Grants Hub?

If you require assistance, please email support@communitygrants.gov.au.

☐ Yes ☐ No

If Yes, provide the Organisation ID number as it appears on your Grant Agreement and then click 'Verify ID' to confirm the details are correct.

Tip: Copy and paste the Organisation ID number from the Grant Agreement to avoid errors.

Organisation ID *

Applicant Legal Name

Registered Business Name

Entity Type ABN State

Postcode

☐ GST Registered ☐ Charity

☐ For Profit ☐ Withholding Tax Exempt

Are updates required to the Applicant's details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

☐ Yes ☐ No

Please contact your Funding Arrangement Manager to update your details.

Check this box to confirm that you have contacted your Funding Arrangement Manager and your organisation information is now current.

☐ I confirm that I have contacted my Funding Arrangement Manager and my organisation information is current. *

Eligibility Requirement

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Community Grants Hub website for further information.

Please note if you are applying as a Trustee on behalf of a Trust you must select the Trustee's entity type.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

Is the Applicant able to provide documentation to support the entity type? *

If yes is selected you will be required to provide documentation to support the legal entity.

NOTE: There is a maximum of two attachments for this question if the response is Yes.

You must respond to this question.

☐ Yes ☐ No

Please provide your supporting documentation. *

Organisation Type *

Is the Applicant an Indigenous organisation?

If **YES**, please select one definition below that best describes how your organisation is structured.

If **NO**, please select 'Non-Indigenous organisation'.

Definitions:

- **Indigenous community-controlled organisation**: an organisation that is, at least, 51% Indigenous owned and controlled, incorporated and not for profit.
- **Owned and operated Indigenous organisation:** an organisation that is, at least, 51% Indigenous owned and controlled.
- **Other Indigenous organisation:** an organisation that is, at least, 50% Indigenous owned OR controlled.

For more information, please refer to the Grant Opportunity Guidelines.

You must respond to this question.

Please select the relevant option.

☐ Indigenous community-controlled organisation

☐ Owned and controlled Indigenous organisation

☐ Other Indigenous organisation

☐ Non-Indigenous organisation

National Redress Scheme *

Please confirm you are NOT an organisation, and if applicable, your project partner/s is NOT an organisation, included on the National Redress Scheme's list of 'Institutions that have not joined or signified their intent to join the Scheme'.

The National Redress Scheme for Institutional Child Sexual Abuse Grant Connected Policy makes non-government institutions named in applications to the Scheme, or in the Royal Commission into Institutional Responses to Child Sexual Abuse, that do not join the Scheme ineligible for future Australian Government grant funding.

To be eligible for this Grant Opportunity you must respond to this question.

☐ I confirm

Workplace Gender Equality *

Please confirm you are NOT an organisation, and if applicable, your project partner/s is/are NOT an organisation, included on the Workplace Gender Equality Agency website on the non-compliant list.

To be eligible for this Grant Opportunity you must respond to this question.

☐ I confirm

Child Safety Statement and Declaration *

Can you confirm the relevant Child Safe measures will be in place before the proposed activity commences?

Note: If your proposed activity involves direct contact with children or contact with children is an expected part of the activity, you are confirming the following measures will be in place before your activity commences:

- Child related employees, contractors or volunteers delivering the activity are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks.
- National Principles for Child Safe Organisations are implemented.
- All Child-Related Personnel implement the National Principles for Child Safe Organisations.
- A risk assessment has been undertaken to identify the level of responsibility for Children and the level of risk of harm or abuse to Children and appropriate risk management strategies to manage any identified risks have been put in to place.
- A training and compliance regime is in place to ensure that all Child-Related Personnel are aware of, and comply with:
    - the National Principles for Child Safe Organisations;
    - the Grantee's risk management strategy;
    - Relevant Legislation relating to requirements for working with Children, including Working With Children Checks; and
    - Relevant Legislation relating to mandatory reporting of suspected child abuse or neglect, however described.

- Any subcontracting arrangement entered into by the Grantee imposes the same obligations set out here on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding. The delegate makes the final determination on eligibility.

Note: If your proposed activity involves irregular or unplanned contact with children, you are confirming the following measures are in place before your activity commences:

- Child related employees, contractors or volunteers are compliant with all State, Territory and Commonwealth law relating to the employment or engagement of people who work or volunteer with children, including mandatory reporting and Working With Children Checks however described; and
- Any subcontracting arrangement entered into by the Grantee, for the purposes of this grant opportunity, imposes the obligations above on the subcontractor and also requires the subcontractor to include those obligations in any secondary subcontracts.

If your proposed activity falls under this category, and you are unable to confirm that the above Child Safe measures will be in place before the activity commences, you may be ineligible for funding. The delegate makes the final determination on eligibility.

You must respond to this question.

Please select the relevant option.

Level of contact with children

Confirmation

Eligibility*

Please confirm that your business has actively participated in the live sheep exports by sea industry in at least 1 of the past 3 financial years and that you are able to provide evidentiary documentation in the attachment section of this application form as per Section 4.3 of the Grant Opportunity Guidelines.

☐ I confirm

Australian Business Number (ABN)*

To be eligible, please confirm you have an active ABN.

To be eligible for this Grant Opportunity you must respond to this question.

☐ I confirm

GST Registration*

To be eligible, please confirm you are registered for GST.

To be eligible for this Grant Opportunity you must respond to this question.

☐ I confirm

Australian Residency*

To be eligible, please confirm you are a resident of Australia for operational and tax purposes.

To be eligible for this Grant Opportunity you must respond to this question.

☐ I confirm

Australian Financial Institution*

To be eligible, please confirm you have an account with an Australian financial institution.

To be eligible for this Grant Opportunity you must respond to this question

☐ I confirm

Co-contribution confirmation*

Please confirm that you acknowledge that a 1:1 co-contribution is required to match any approved grant funding and that in-kind contributions will not be counted towards this requirement.

To be eligible for this Grant Opportunity you must respond to this question.

☐ I confirm

Governance

Relevant Persons *

Has any senior official or person to be involved in delivering the Activity been involved in any of the following events in the last 5 years?

You must tick at least one of the boxes below.

You may be contacted to provide more information and documentation in relation to these events.

☐ Governance Investigation of relevant person(s).
☐ Any business failure of relevant person(s) including business failure of entities in which they hold, or held at the time of the event, a management or board position. Examples of a business failure include a Court Ordered or a Creditors Voluntary Administration Liquidation, External Administration, or Receivership.
☐ Bankruptcies of relevant person(s).
☐ Bankruptcy proceedings, including part IX Debt Agreements or Part X Insolvency Agreements, against relevant person(s).
☐ Litigation against relevant person(s) including judgement debts.
or
☐ None of the above apply and there is no adverse information on any relevant person associate with this entity

First Name *

Last Name *

Position *

Description *

(Limit: approx. 300 words, 2,000 characters)

Reportable Events *

Select the appropriate box(es) that relate to any events to which your entity may have been subjected in the last 5 years.

You must tick at least one of the boxes below.

You may be contacted to provide more information and documentation in relation to these events.

☐ Governance Investigation of your organisation or related entities.
☐ Litigation or liquidation proceedings.
☐ A contract with your entity terminated by the other party.
☐ Contingent liabilities of a material amount.
☐ Overdue tax liabilities.
☐ Factors which might impact on your entity. For example, pending significant litigation, business commitments, collections by debt collection agencies on behalf of creditors, or potential liquidation proceedings.
☐ Any significant change in your entity's financial position not reflected in the financial statements provided.
☐ Any other particulars which are likely to adversely affect your capacity to undertake this project.

or

☐ None of the above events apply and there is no adverse information on my entity.

Does the Applicant have the following documents? *

Note: You may be required to provide copies of the below documentation within 7 days upon request.

1. Documented organisational and financial policies and procedures. *

☐ Yes ☐ No

2. Business plan and/or strategic plan. *

☐ Yes ☐ No

3. Risk management plan. *

☐ Yes ☐ No

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ $ %, other characters and formatting are not accepted.

(Limit: approx. 38 words, 250 characters)

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

(Limit: approx. 150 words, 1,000 characters)

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the service areas relevant to this grant opportunity.
- If applicable, choose the relevant state/territory to view the available service areas.
- Tick the applicable service area/s where you are proposing to deliver this Project/Activity.
- Untick the selected service area/s to remove selection.

IMPORTANT NOTE:
You may only select 40 service areas per form. If you wish to apply for more services areas, a separate form/s will need to be completed.

Selected service area/s *

☐ Australia

Grant Activities

Please select which grant activity/ies your project directly relates to:

- Option 1 - Adoption of research and development innovations as identified in the farm business plan.
- Option 2 - Engaging qualified or accredited professional services to support new or diversified business planning and models.
- Option 3 - Participation in accredited or industry-recognised training programs that build capability to enable the business transition.
- Option 4 - Infrastructure upgrades and equipment purchases to support new or diversified business models.

- Option 5 - Enhancement of feed base and pasture management systems to support new or diversified business models.
- Option 6 - Adoption of traceability, animal welfare, carbon farming, or other technologies that reflect new or diversified business models.
- Option 7 - Participation in new domestic or export markets (such as, meat, crops or horticulture) through business diversification and supply chain engagement.
- Option 8 - Any other reasonable and relevant activities listed within the farm business plan that support a transition away from live sheep exports by sea and are not listed as ineligible expenditure items (as per section 5.3 of the Grant Opportunity Guidelines).

You must respond to this question.

Please select the relevant option/s.

☐ Option 1
☐ Option 2
☐ Option 3
☐ Option 4
☐ Option 5
☐ Option 6
☐ Option 7
☐ Option 8

Financials

Provide a breakdown of the requested grant funding for each previously selected service area/s.*

2025-2026 (exc GST) *

$

2026-2027 (exc GST) *

$

Total funding

$

Approx. % of Total

$

Summary

2025-2026 total

$

2026-2027 total

$

Total funding

$

Provide bank account details for receipt of grant payments should the Application be successful.

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc.

NOTE: This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @, other characters and formatting are not accepted.

BSB Number*

Account number*

Account Name*

You must attach verification documentation to verify bank account details. *

Bank verification must accompany all applications. The following information is required in order to verify the bank account details provided.

Acceptable verification documentation is a recent bank statement, issued in the last 6 months, in a pdf file type. The bank account must be in the name of the organisation applying for funding. The transaction details and balances can be hidden but the BSB, Account Number and Account Name must be visible.

You may be contacted by the Community Grants Hub seeking additional information to support the verification of your bank account details.

Assessment Criteria

Criterion 1: Impact of the phase out on your business (50%) *

Describe the past and future impacts of the cessation of the live sheep exports by sea trade on your business.

When addressing the criterion, strong applicants will:

- explain the impact of the cessation of the trade on your business
- demonstrate the average proportion of business income derived from the live sheep exports by sea industry over the past 3 financial years
- describe the impact on your future business of the cessation of the trade.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ $ %, other characters and formatting are not accepted.

(Limit: approx. 900 words, 6,000 characters)

Criterion 2: Alignment of the proposed Grant Activity to program objectives and outcomes (25%)*

Describe the proposed Grant Activity.

When addressing the criterion, strong applicants will:

- provide detail on the project proposal
- explain how the project integrates with the rest of your business
- demonstrate the impact it will have on your business and how it will assist transition your business away from reliance on the Trade
- describe the project's potential for long-term sustainability and potential growth.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ $ %, other characters and formatting are not accepted.

(Limit: approx. 900 words, 6,000 characters)

Criterion 3: Project budget and Delivery (25%) *

Describe the project costing and timeline for delivery.

When addressing the criterion, strong applicants will:

- describe how the elements of the Grant Activity will be obtained and delivered and the timeframe for the project
- detail risks in delivery and to the projected benefits of the project for your business, and how risks will be managed.

To satisfy this criterion, you **must**:

1. Complete the Budget Table and Other Funding Table in the *Additional Information* section of the application form (mandatory)
2. Complete the Activity Deliverables Table in the *Additional Information* section of the application form (mandatory)
3. Upload quotes and cost estimates in the *Attachments* section to support your budget
4. Complete the Risk Management Plan in the *Additional Information* section of the application form (mandatory).

Please note that the Budget and Other Funding Tables, Activity Deliverables Table, Risk Management Plan and supporting quotes will be assessed together against this criterion. Applicants do not need to duplicate information across sections however incomplete or inconsistent information may affect the assessment outcome.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, ( ) , . ' & - / \ @ $ %, other characters and formatting are not accepted.

(Limit: approx. 900 words, 6,000 characters)

Additional Information

Commonwealth/State Funding *

Please confirm that you have not applied for or received funding for this project activity through other Commonwealth or state government programs, including the Supply Chain Capacity program managed by the WA Department of Primary Industries and Regional Development.

You must respond to this question.

☐ I Confirm

Verification check confirmation *

The Department of Agriculture, Fisheries and Forestry, as the administering authority for the Farm Business Transition Program grant, may conduct verification checks in connection with this application. As part of these checks, the department may disclose information contained in this application, including, but not limited to, the Applicant's name and Australian Business Number, to the West Australian Department of Primary Industries and Regional Development. By submitting this application, you confirm and consent to the disclosure of such information for the purpose of verification.

You must respond to this question.

☐ I Confirm

Budget Table 1 *

Complete the table below with budget details for your proposed project activity.

As a minimum, please include indicative costs against the eligible expenditure items included in section 5.2 of the Grant Opportunity Guidelines.

You must include only eligible expenditure items that will be funded by the amount you are requesting through this grant.

Ensure eligible expenditure items are clearly linked to activity deliverables in the Activity Deliverables Table. Costs must directly support the proposed activities.

You must respond to this question.

Budget Table Item 1

Budget Item	Amount
	$
Total Budget Amount:	$

If you have more than ten budget items, please provide an attachment for any additional information.

Other Funding *

Do you have other funding that will support your proposed project activity?

You must include expenditure items that will be supported by your cash co-contribution here.

You may include expenditure items that will be supported by other grants (e.g. philanthropic, government, corporate), sponsorships, donations, or other sources.

Ensure expenditure items are clearly linked to activity deliverables in the Activity Deliverables Table. Costs must directly support the proposed activities.

You must respond to this question.

Please select the relevant option.

☐ Yes ☐ No

If Yes, provide details of other contributions which will be relied upon to complete this Activity.

Please note that you may be requested to provide letters of support or other forms of evidence before your Application is considered further in the assessment process.

Other Funding Item 1

Source of funding (List a maximum of 10)

(Limit: approx. 15 words, 100 characters)

Amount of Funding (exc GST)

$

Can this proceed without funding?

Has funding been secured?

Total funding amount: $

Activity Deliverables

Complete the below table to describe the specific deliverables associated with your proposed project activity, including objectives, deliverables, success measures, timeframe, status, and any relevant comments.

Each activity should be specific, measurable, and aligned with your overall project objectives and supported by the resources outlined in your budget and other funding tables.

You must respond to this question.

Activity Deliverables 1

Project Item Name *

(Limit: approx. 38 words, 250 characters)

Objective *

(Limit: approx. 600 words, 4,000 characters)

Deliverable *

(Limit: approx. 600 words, 4,000 characters)

Measures of Success *

(Limit: approx. 300 words, 2,000 characters)

Timeframe Start Date *

Timeframe End Date *

Current Status *

Comments/Other Information Progress Report

(Limit: approx. 300 words, 2,000 characters)

Risk Management Plan *

Complete the below table to outline your risk management plan for your proposed project activity.

Consider the key risks that could affect your project and outline how you plan to manage them throughout delivery. Focus on anything that might delay progress or reduce the quality of your outcomes.

You should consider risks such as:

- Accessing materials, equipment, or contractors within required timeframes
- Unexpected events such as severe weather or natural disasters
- Work health and safety risks for you, your team, or contractors
- Protecting First Nations Cultural and Intellectual Property, where applicable.

You must respond to this question.

Risk Plan 1

Risk Name *

(Limit: approx. 38 words, 250 characters)

Details of Risk *

(Limit: approx. 600 words, 4,000 characters)

How the Risk will be Managed *

(Limit: approx. 600 words, 4,000 characters)

Comments/Other Information/Risk Report

(Limit: approx. 300 words, 2,000 characters)

Attachments

Business Plan *

Please provide your business plan (if applicable).

Note the 2MB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Quotes or cost estimates *

Please provide your quotes or cost estimate

You must respond to this question.

Note the 2MB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Evidentiary documentation *

Evidentiary documentation (see sections 4.2 and 4.3 of the Grant Opportunity Guidelines and the relevant Questions and Answers document on GrantConnect for guidance).

You must provide at least one of the following to demonstrate your business has actively participated in the live sheep exports by sea industry in at least 1 of the past 3 financial years:

- Waybill or National Vendor Declaration showing transport of your sheep to an export approved Registered Establishment either direct or via an approved saleyard.
- Contract for the sale of your sheep with a Registered Exporter or Stock and Station Agent operating on behalf of a Registered Exporter.
- Invoice for the sale of your sheep with a Registered Exporter or Stock and Station Agent operating on behalf of a Registered Exporter.
- Electronic Identification data showing transport of your sheep to an export approved Registered Establishment either direct or via an approved saleyard.
- Any other document, which would be subject to acceptance by the department.

You must respond to this question.

Note the 2MB limit per attachment. Multiple documents should be scanned into a single document. Compressed or zip files are not accepted. File names must be unique and not include foreign characters.

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application?

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title *

First Name * | Last Name *

Position * | Position Title *

Telephone * | Mobile *

Email address *

Provide an alternate authorised contact for this Application.

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title *

First Name * | Last Name *

Position * | Position Title *

Telephone * | Mobile *

Email address *

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

☐ Yes ☐ No

Describe any conflicts of interest that may occur from submitting this Application. *

(Limit: approx. 150 words, 1,000 characters)

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Grant Opportunity Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receive a Recipient Created Tax Invoice (RCTI) for this funding, should this Application be successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where any personal details of a third party are included, the third party has been made aware of, and given their permission for those details to appear in this Application and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.
- I consent to receive correspondence, legal notices, grant agreements and any subsequent letters of variations to the agreement electronically. I understand and agree that my electronic correspondences constitute a valid and legally binding method for interacting under the grant agreement and the *Electronic Transactions Act 1999* (Cth).

☐ I understand and agree to the declaration above. *

☐ I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the *Criminal Code Act 1995* (Cth). *

Full name of Authorised Officer* Position of Authorised Officer* Date

Program Feedback

How did you hear about the grant opportunity? *

Did you read the grant opportunity guidelines? *

We welcome any additional feedback on the guidelines.

Your response is limited to 750 characters including spaces and does not support formatting.

How satisfied were you with the process of applying for a grant?

We welcome any additional feedback on the application process.

Your response is limited to 750 characters including spaces and does not support formatting.

Please provide an estimate of the time taken to complete this Application Form, including:

- Actual time spent reading the guidelines, instructions and questions
- Time spent by all employees in collecting and providing the information
- Time spent completing all questions in the Application Form.

Hours Minutes

A copy of the receipt will be sent to: (the email provided)