

RBAP Expression of Interest Form

Form Preview

About the grant

* indicates a required field

Instructions for Applicants

Before completing this application form, you should have read the Northern Rivers Towns & Villages Resilient Business Activation Program (RBAP) Guidelines.

Please note the important information below regarding your application:

- Your application is not officially submitted for consideration until you click 'Review and Submit' at the end of the form. Once submitted, your form cannot be varied without contacting the team on the details below to have it reopened.
- Allow enough time to complete your application, consider the time to upload files.
- Ensure you save your application regularly to avoid losing any information. The save button is located at the top and bottom of each page.
- If you are unsure or unclear about any part of the application form, please contact us prior to submitting on 1300 679 673 from 8.30am to 4.30pm or email programdesigndelivery@regional.nsw.gov.au and quote your Application Number.

To help you prepare your application, additional information and resources are available on the Program webpage, including relevant application templates and frequently asked questions.

Application Number

This field is read only.

Program Details

The purpose of the Program is to support the economic recovery of villages and town centres through direct assistance to small and medium sized businesses and local government-led Central Business Districts (CBD) activation and revitalisation projects.

A total of \$9.5 million is available to support the most impacted disaster declared LGAs in the Northern Rivers region of NSW that experienced Direct Damage to local infrastructure due to the February 2022 floods.

The Program has been designed to support projects that will provide a public benefit, with funding available through two targeted streams:

- Stream 1 - Infrastructure support for Small and Medium sized businesses
- Stream 2 - CBD activation and revitalisation projects delivered by Councils

Grant Program Name

This field is read only.

Key Dates

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Please refer to the Program webpage for up-to date information.

Expression of Interest Applications Open

Friday 6 September 2024

Expressions of Interest Applications Close

2:00pm (AEST), 4 October 2024

Detailed Applications invited

25 October 2024

Detailed Applications close

2:00pm (AEDST), 29 November 2024

Assessment process

From 2 December 2024

Application outcome date

From 17 February 2025

Funding Deeds executed with successful applicants

Contracting will commence once the applicant has signed and returned their Letter of Conditional Offer with Confidentiality Undertaking.

Project completion

Projects must commence within six (6) months of the commencement date of a funding deed and be completed by October 2027.

Eligibility Confirmation

Please declare this application meets the Program eligibility criteria:

- It has been prepared by and is being submitted by an eligible applicant
- Project applications are specific to an eligible Local Government Area
- Projects can commence within six (6) months of the commencement date of a funding deed and be completed by October 2027
- Projects can be operated and maintained beyond the funding period
- Applicants will notify the Department if grant funding is secured from another source

I confirm that the applicant and project is eligible according to the criteria outlined in the Program Guidelines *

☐ Yes

Contact Details

* indicates a required field

Eligible Applicants

Eligible applicants for **Stream 1** are:

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- Small and Medium sized businesses (between 1 and 199 FTE employees) who:
 - Hold an active ABN registered prior to 22 February 2022;
 - Were operating in an eligible location for at least 12 months prior to 22 February 2022;
 - Are physically located and operating in an eligible LGA and this is reflected as the main business location on the Australian Business Register;
 - Suffered significant Direct Damage to assets as a direct result of the disaster events;
 - Intend to continue or re-establish their main business operations within an eligible location; and
 - Can demonstrate they were financially viable prior to the disaster events.

Eligible applicants for **Stream 2** are:

- Local Councils

Please select your Applicant type: *

- ☐ Small or Medium sized business (between 1 and 199 FTE employees)
- ☐ Local Council

Only Organisations are eligible to apply for the RBAP. Individuals are not eligible to apply for funding.

Please refer to the Eligible Applicant section of the Program Guidelines to confirm your organisation is eligible.

Select "Organisation" below and enter your organisation's details.

Applicant Details

Applicant *

- ☐ Individual ☐ Organisation

Organisation Name

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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For organisations: please use the organisations full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

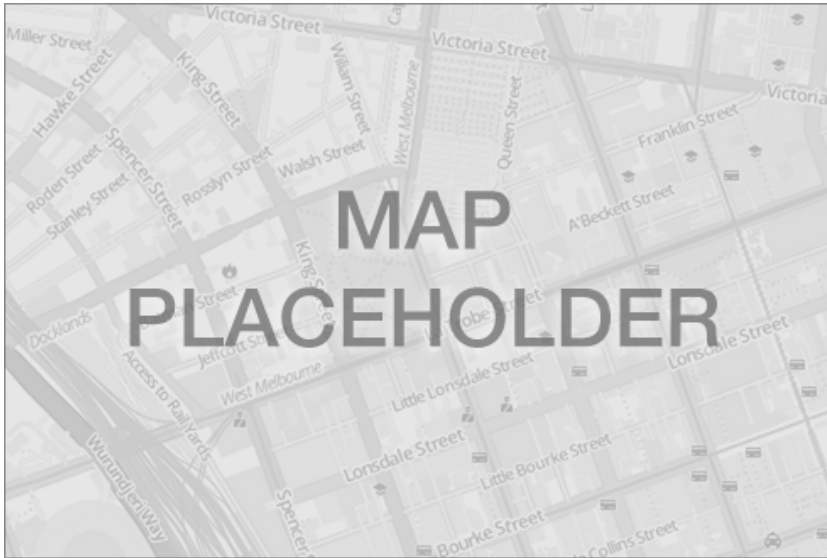
Applicant Primary Address

Address

<input type="text"/>
<input type="text"/>

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Applicant Postal Address

Address

Applicant Primary Phone Number *

Must be an Australian phone number.
Country code not required, area code for landlines is required.

Applicant Email Address *

Must be an email address.

Applicant Website

Must be a URL.

You have selected 'Individual' as your Applicant type.

Individuals are **NOT** eligible to apply for funding. Please select Organisation above and enter the Organisations details.

Primary Contact Details

Primary Contact *

Title First Name Last Name

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This is the person we will correspond with about this grant.

Primary Contact Position *

e.g., Manager, Board Member or Fundraising Coordinator.

Primary Contact Phone Number *

Must be an Australian phone number.

Country code not required, area code for landlines is required.

Primary Contact Other Phone Number

Must be an Australian phone number.

Country code not required, area code for landlines is required.

Primary Contact Email *

This is the address we will use to correspond with you about this grant.

Organisation Details

* indicates a required field

Does the applicant organisation have an Australian Business Number (ABN)? *

☐ Yes

☐ No

Applicant Organisation 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	

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Main business location

Must be an ABN.

Applicant Organisation Australian Company Number (ACN)

Does the organisation have a NSW Fair Trading Incorporation Number? *

☐ Yes

☐ No

Refer to the following link to check <https://applications.fairtrading.nsw.gov.au/assocregister/>

NSW Fair Trading Incorporation Number *

Must be a number.

Indigenous Corporation Number

Must be a number.

Public Liability Insurance

Does the applicant organisation have at least \$20 million in public liability insurance, or is willing to obtain \$20 million in public liability insurance? *

☐ Yes

☐ No, but willing to obtain

Applicants are required to hold at least \$20 million public liability insurance in order to enter into a funding deed with the NSW Government.

Please provide a Certificate of Currency displaying the Public Liability Insurance held by your organisation. *

Attach a file:

Details of Asset Damage

* indicates a required field

Details of Asset Damage

Direct Damage refers to physical damage and/or loss of functionality as a direct result of the severe flooding events from February 2022 onwards declared under Australian Government Reference Number [\(AGRN\) 1012](#).

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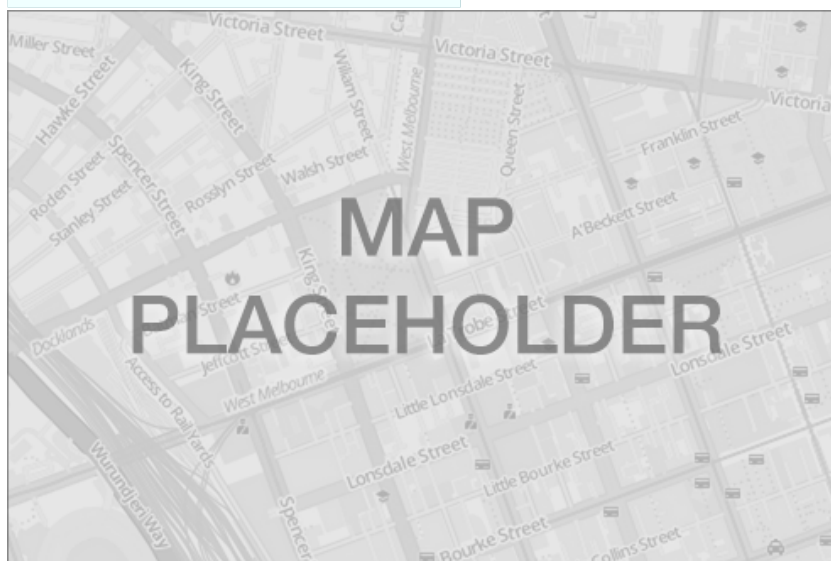
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Asset that sustained Direct Damage: *

What is the asset that sustained damage ie. name and type of business

Location of Asset that sustained damage: *

Address



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

Please provide details of Direct Damage to the asset identified above: *

Describe the physical or financial impacts the asset sustained due to the event. Include specific details such as structural damage, equipment malfunction, loss of inventory, or any other tangible consequences directly affecting the asset's functionality or value.

Upload supporting materials that substantiate the damage outlined above: *

Attach a file:

Supporting materials could include images (date and time stamped), damage assessment reports, insurance documentation, structural reports, statutory declaration. If attaching multiple documents, please name them accordingly.

Please provide details of the business activities/operations that took place at the asset site: *

When responding, describe how your business addressed local community needs. Explain the products or services offered, how they benefited the community, and any unique aspects of your operation that contributed positively. Include details on daily activities, staff involvement, and equipment used to illustrate your impact on the local community.

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Do you intend to re-establish the business operation at the existing site or a new site? *

- ☐ Existing site ☐ New site

Financial Viability

Please confirm the applicant organisation is financially viable. This means it is not insolvent, bankrupt or subject to ongoing legal proceedings. *

- ☐ Yes, the organisation is financially viable ☐ No

Confirmation of Financial Viability

Applicants are required to demonstrate that they were financially viable for two continuous years prior to the disaster event (February 2020 to February 2022).

Evidence of financial viability can include:

- financial statements (trading, profit and loss statements and balance sheets) for two continuous years
- other evidence of financial viability if statements are not available (for example a signed statement from an external accountant and shareholder financial statements where available).

Please upload evidence of financial viability here: *

Attach a file:

If attaching multiple documents, please name them accordingly.

Insurance Claims

Please confirm insurance details related to the asset that sustained Direct Damage in February 2022: *

- ☐ There was NO insurance policy existing for the asset and/or the contents of the asset
- ☐ There was insurance for the asset and/or the contents of the asset

Provide a copy of any written claim made on your policy and provide confirmation of:

- Its rejection from the insurer (including, if an appeal is made and any details of the appeal and its outcome)
- If the insurer has made a payment or a settlement offer in writing to you in respect of the loss or damage, provide a copy of correspondence which details the payment or a copy of each settlement offer.

Please provide details of the insurance policy: *

Please include supporting information: *

Attach a file:

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Small and Medium sized businesses

Small and Medium sized businesses are classified as businesses that employ between 1 and 199 FTE employees.

How many FTE employees were employed by your small or medium sized business at the time Direct Damage was sustained (February 2022)? *

Must be a number.

Supporting documentation may be requested. FTE refers to "full-time equivalent". For example, if a full-time position is defined as 40 hours per week, then a part-time employee working 20 hours per week would be considered 0.5 FTE.

Project Details

* indicates a required field

Funding Stream

The Northern Rivers Towns & Villages Resilient Business Activation Program is being delivered through two targeted funding streams:

Stream 1 - Infrastructure support for Small and Medium sized businesses

Stream 2 - CBD activation and revitalisation projects delivered by Councils

Which funding stream are you applying for? *

- ☐ Stream 1 - Infrastructure support for Small and Medium sized businesses
- ☐ Stream 2 - CBD activation and revitalisation projects delivered by Councils

Project Details and Dates

Project Title Instruction Provide a name for your project. Your title should be short but descriptive, noting the title will be published if successful. This will be used in correspondence and for publication requirements. Ensure it accurately describes the project activities you will be delivering. For example - Restoration of the (Business Name).

Brief Description Instruction This should be a short description for publication purposes. It should not give background information about your project, only about the activities you are applying for.

Dates Instruction Date must be recorded as DD/MM/YYYY and should reflect the anticipated project start date. Projects must not be retrospective and must commence within 6 months and be completed by October 2027.

Primary Location Instruction This should be the main project or site location where activities will be delivered for your project. Projects must be delivered within one of the seven (7) eligible Northern Rivers Local Government Areas, as outlined in the Program Guidelines.

Title *

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Word count:

Must be no more than 25 words.

Provide a name for your initiative. Your title should be short but descriptive.

Brief description *

Word count:

Must be no more than 50 words.

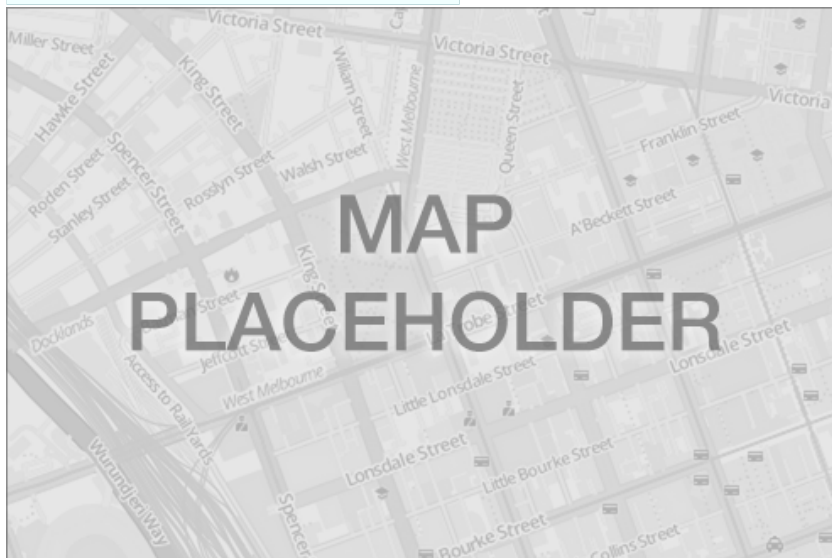
Include a brief summary of who will benefit from this initiative, what activities you will do and what outcomes you expect from your activities.

Anticipated start date *

Anticipated end date *

Primary location of your initiative

Address



Any, but at least one field is required.

Primary location does not need to be a specific address, and can be postcode, suburb, state, etc. If delivered online, please specify the area of focus for delivery.

Detailed project description *

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Word count:

Must be no more than 500 words.

This should outline the exact scope of works that will be delivered with the grant funding. It should include what you will do and how you will do it.

Will your project be delivered across more than one location? *

☐ Yes

☐ No

Additional project location details

How many additional locations will the program be delivered across? *

Brief description of the activity at your Primary Location entered above. *

Word count:

Must be no more than 25 words.

Project Location 2 *

Address

Brief description of the activity at Location 2 *

Word count:

Must be no more than 25 words.

Project Location 3 *

Address

Brief description of the activity at Location 3 *

Word count:

Must be no more than 25 words.

Project Location 4 *

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Address

Brief description of the activity at Location 4 *

Word count:

Must be no more than 25 words.

Project Location 5 *

Address

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

Brief description of the activity at Location 5 *

Word count:

Must be no more than 25 words.

Program Funding

* indicates a required field

Funding Available

A total of \$9.5 million is available through two targeted funding streams:

Grant amounts

Stream 1

Infrastructure support for Small and Medium sized businesses

Minimum \$250,000

Maximum \$2 million

Stream 2

CBD activation and revitalisation projects delivered by Councils

Minimum \$50,000

Maximum \$500,000

Should my grant request include GST?

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- GST is not payable on grant payments to local councils because the payments are between government related entities.
- For applicants registered for GST and where it is payable, we will pay the approved grant amount plus 10 per cent.
- If applicants are not registered for GST, they will need to incorporate any GST payable by them to third parties into the project budget and grant amount. Please ensure any project costs include any GST payable to deliver the project.

Total Amount Requested: *

Must be a dollar amount.

What is the total financial support you are requesting in this application?

Project Co-contribution

Applications are required to have a financial co-contribution of at least 30 per cent of the total grant amount.

Co-contributions must be cash and cannot be made in-kind, and evidence of the cash co-contributions must be provided as part of the application (for example, bank statements or shareholders financial statements).

Applicants can indicate that there are extenuating circumstances preventing them from making the required co-contribution and these factors will be considered by the Assessment Panel.

Projects that maximise the co-contribution from the applicant, or other funding sources will be preferred.

Do you have a secured cash co-contribution of at least 30 per cent of the total grant amount? *

☐ Yes

☐ No

Total Co-contribution

Total Applicant Co-contribution Amount: *

Must be a dollar amount.

What is the total monetary amount the applicant will be contributing to this project? Co-contributions must be cash and cannot be in-kind.

Total Co-contribution Percentage:

This percentage is calculated.

Do you have extenuating circumstances preventing you from making the required co-contribution, including if the project is dependent on a co-contribution that has not yet been secured? *

☐ Yes

☐ No

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Please provide details of the extenuating circumstance/s preventing you from making the required co-contribution: *

Word count:

In addition to providing justification for extenuating circumstances, please also include details of any in-kind contributions you will make toward the project.

Please provide evidence of the above co-contribution: *

Attach a file:

For example, bank statements, shareholders financial statements or evidence of insurance payout.

Income Table

Income	\$
RBAP Grant Request	
Applicant Co-contribution	
Insurance payout (to be used as Co-contribution)	
Please include any details of other funding sources.	

Income Total

Total Income Amount

This number/amount is calculated from amounts entered into the table above.

Total Project Cost

Total Project Cost: *

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

Declaration and Authorisation

* indicates a required field

Declaration

I declare this application meets the program's eligibility criteria:

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- ☐ Application has been prepared by and is being submitted by an eligible applicant
- ☐ Project is located in an eligible LGA
- ☐ Project can commence within six (6) months of the commencement date of a funding deed and be completed by October 2027
- ☐ Project can be operated and maintained beyond the funding period
- ☐ Applicant will notify the Department if grant funding is secured from another source
- ☐ I understand that if successful for funding, infrastructure assets will need to be maintained in line with the specified Maintenance Period.

The Applicant represents and warrants that this application has been submitted by an authorised representative of the Applicant (e.g. CEO, Chief Financial Officer, General Manager, Director, Chair of the Board, President, authorised manager etc).

Where this Application is submitted in the course of employment by a representative of any kind (e.g. authorised representative or agent) of the Applicant, you: (i) acknowledge and agree that the Applicant is deemed to be jointly and separately bound by this application; and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

By submitting this application form I hereby declare that:

- I agree for my project to be automatically considered in other NSW funding programs;
- I have read and understood each of the acknowledgements, agreements, representations and warranties provided above, and that each of these are true and correct;
- All information provided including the responses to each question in the relevant sections of this application is true and correct to the best of my knowledge;
- Any information contained in this application may be disclosed to other Government agencies, staff administering the program, and to external stakeholders (including consultants, lawyers and other advisers) as part of the assessment of this application;
- I am authorised to submit this application on behalf of, and have the authority to represent and bind the Applicant;
- I understand that any false declaration may render this application ineligible/invalid; and
- All relevant conflicts of interest have been declared

Disclaimer

The Applicant acknowledges and agrees that:

- submission of this application does not guarantee funding will be granted for any project, and the Department expressly reserves its right to accept or reject this application at its discretion;
- it must bear the costs of preparing and submitting this application and the Department does not accept any liability for such costs, whether or not this application is ultimately accepted or rejected; and
- it has read the Funding Guidelines for the Program and has fully informed itself of the relevant program requirements.

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Use of Information

By submitting this application form, the Applicant acknowledges and agrees that:

- if this project application is successful, the relevant details of the project will be made public, including details such as the names of the organisation (Applicant) and any partnering organisation (state government agency or non-government organisation), project title, project description, location, anticipated time for completion and amount awarded;
- the Department will use reasonable endeavours to ensure that any information received in or in respect of this application which is clearly marked 'Commercial-in-confidence' or 'Confidential' is treated as confidential, however, such documents will remain subject to the Government Information (Public Access) Act 2009 (NSW) (GIPA Act); and
- in some circumstances the Department may release information contained in this application form and other relevant information in relation to this application in response to a request lodged under the GIPA Act or otherwise as required or permitted by law.

Privacy Notice

By submitting this Application form, the Applicant acknowledges and agrees that:

- the Department is required to comply with the Privacy and Personal Information Protection Act 1998 (NSW) (the Privacy Act) and that any personal information (as defined by the Privacy Act) collected by the Department in relation to the program will be handled in accordance with the Privacy Act and its privacy policy (available at: <https://www.dpc.nsw.gov.au/privacy>);
- the information it provides to the Department in connection with this application will be collected and stored on a database and will only be used for the purposes for which it was collected (including, where necessary, being disclosed to other Government agencies in connection with the assessment of the merits of an application) or as otherwise permitted by the Privacy Act;
- it has taken steps to ensure that any person whose personal information (as defined by the Privacy Act) is included in this application has consented to the fact that the Department and other Government agencies may be supplied with that personal information, and has been made aware of the purposes for which it has been collected and may be used.

Authorisation

I agree *

☐ Yes

Name of authorised person *

Title First Name Last Name

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Must be a senior staff member, board member or appropriately authorised volunteer

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Position *

Position held in applicant organisation (e.g. CEO, Treasurer)

Phone number *

Must be an Australian phone number.
We may contact you to verify that this application is authorised
by the applicant organisation

Email *

Must be an email address.