



Name _____

Business Name _____

Address _____

Type of business _____

Office use

- | | | |
|---|--|--------------------------|
| 1. I am located in and have a physical presence in Esperance WA | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 2. I have been in business for over 12 months | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 3. I was forced to close or was heavily impacted by COVID-19
(loss of 30% or more income over a 60 day period) | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 4. I have between 1-15 employees | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 5. I have a turnover of more than \$75,000.00 per annum and
am registered for GST | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I have a payroll of less than \$750,000.00 per annum | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 7. I have an Australian Business Number | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 8. I will be able to provide appropriate documentation if requested
(proof of pay roll/outgoings etc) | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 9. I have received a grants during the COVID recovery? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 10. I currently have a COVID Plan in place | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 11. I currently have a website? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 12. I use Social Media to promote my business? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 13. I use a local accountant? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 14. I use a local bookkeeper? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |
| 15. I have engaged in HR services for my business? | Yes <input type="checkbox"/> No <input type="checkbox"/> | <input type="checkbox"/> |

16. How has COVID affected your business?
 • issues
 • opportunities
 • people/staff
 • supply chains

17. How will this business grant help your business during recovery?

18. What is the most important focus area for your business for the next 6 months?

What would you like to use this funding for?
 Digital assistance, accounting/bookkeeping or HR

Office use

Questions 1-10

Notified if approved on _____

Questions 16 -18

Total

Notified if unsuccessful on _____