Disaster Assistance Loans Essential Working Capital Application Form Non-Profit Organisations

V12 7/11/2022

Information checklist						
The following information must be provided to QRIDA:	Provided	with this form:				
Past 3 (three) Years' Financial Statements Including Profit and Loss Statement, Balance Sheet and depreciation schedules Cashbook figures are acceptable if financial statements have not been prepared Financials must be provided for the applicant entity and all associated entities	Yes	No - state why:				
Annual Report	Yes	Not applicable				
Monthly Cash Flows for the Current Financial Year	Yes					
Monthly Cash Flows for the Next Financial Year	Yes					
Schedule of Account Details A copy of the form is to be completed by each of your lenders (including banks, credit unions, lease/finance companies etc.) and attached to this application. Please arrange for your lenders to return this form to you prior to submission of the completed application to QRIDA.	Yes					
Australian Tax Office (ATO) Integrated Client Account Statement Copy of the ATO Integrated Client Account Statement (previous 12 months) for the applicant and all associated entities.	Yes					
Organisation Constitution or Rules of Association and Certificate of Incorporation	Yes					

Which eligible disaster caused damage to your primary production non-profit organisation? (Refer Disaster Assistance Scheme Guidelines)

Section 1 - Organisation details									
Full legal name of the organisation									
Is it incorporated? Yes No Incorporation number:									
Under which act are you i	Under which act are you incorporated?								
Borrower's ABN:									
Section 2 - Contact details	;								
Please nominate a contact	person for the orga	nisation:							
Title Surname		Given names	Job title (e.g. CEO, Accounts Manager)						
Business telephone number	Fax number	Mobile number	Email address						



1800 623 946 qrida.qld.gov.au









Section 2 - Contact details (continued)		
Road address of organisation:	Postal address of organisation: Postal name	Please tick if same as road address
Town/city State Postcode	Postal address	
Local Government area	Town/city	State Postcode
Business telephone number Fax number Mobile nu	umber Email address	
By ticking this box, you consent to QRIDA using your personal informa telephone (including by text or SMS or electronically) about this loan is successful, loan account statements and payment reminders. Pleas	product, including the progress of your lo	oan application, and if your application
Section 3 - Payment details		
Please provide the organisation's bank account details for payme Bank Branch	nt of the assistance funds by Electr	ronic Funds Transfer: BSB
Account name	Account Num	ber:
Section 4 - Organisation description and background		
When did the organisation commence operations in the defined o	disaster area (DD/MM/YYYY)?	
Number of paid employees (excluding office bearers):	- Frankrich - Mirror	ah an af
Full time Part time Number (unpaid)		nber of embers
Calculating Full Time Equivalent Employees: Full time work is 35 hours pe number of hours worked by these employees and divide that total by 35 to hours per week totalling 36 hours per week, equates to one full time empl	determine full time equivalents. (For ex	
Briefly describe the history of the organisation, what it does and Section 5 - Details of disaster	its objectives. Please attach separate	page if more space is required.
How did the disaster event impact upon the organisation's incom	e? Please attach a senarate nage if more	snace is required
now and the disaster event impact upon the digamsation's income	e: Please allach à Séparale page ij more	space is required.

Section 5 - Details of disaster (cont	inued)					
Does the organisation hold an insur						
No Yes - if yes, please prov	de the following de	etails of your claim:				
Insurance company			C	laim amount		
Details of claim						
Claim outcome						
Section 6 - Proposed disaster-relat	ed project and fund	ding details				
Please detail the additional essentia to one year. Note: this assistance is suffered as a result of the <i>eligible di</i> .	not intended to con					
Funding requirement (refer examp	le page 8)				Amount	
Peak closing bank balance shown		next financial year c	ash flow projection	ı		
Less your contribution - cash or inv	estments*					
Less overdraft limit*						
Indicated cashflow shortfall (pleas						
* You must use all liquid assets and	available normal cı	redit limits to be elig	gible for assistance	under this schem	e.	
Preferred terms and conditions	I					
Loan terms - Disaster Assistance (loan up to \$100,000)	years (ma	aximum 10 years)	Interest only f	or: One year	Two years	N/A
Repayment frequency	Monthly	Quarterly	Half yearly	Yearly		
Section 7 - Property details						
Please show all properties owned o property.	r leased by the org	anisation. Please cop	y and attach additio	nal pages if the orga	nisation has more	e than one
Property type						
(e.g. clubhouse)		Purchase	Cı	ırrent market		
Owned Purchase date		price	Ci	value		
Leased Lease payment (p.a.)		Expiry		Options		
Registered owners						
Title reference No or Lease No	Lot	F	Plan	Area	(ha)	
Property address						
Section 8 - Security						
The Disaster Assistance Scheme red mortgage). Please outline your avai						

Section 9 - Statement of assets and liabilities

Please list all of the assets and liabilities of the organisation.

Please tick if your statement of assets and liabilities is included in a separate template

Assets (show present fair market value)	\$ Liabilities (current amount owing)	\$
Cash at Bank	Overdraft (Limit:\$)	
Term Deposits		
	Term loans	
Real estate		
Address:		
	Other Loans (e.g. Private Loans)	
Stock (show type)	Stock Loans/Floor plans	
Stock (Show type)	Stock Edulis/11001 plans	
Plant and machinery	Hire Purchase, Leasing & Chattel Mortgage (transfer total from table below)	
Vehicles		
	Entitlements Owing to Employees	
	Taxation Debt	
Accounts Receivable	Accounts Payable	
Debentures/Shares/Investments	Margin Loans	
Other Assets (detail)	Other Liabilities (detail)	
Total Assets	Total Liabilities	

Hire purchase and lease repayment schedule

			I	Instalments	Lease r	esidual			
Item	Lender	(a) Instalment amount	Frequency e.g. monthly/ yearly	(b) No. of payments remaining	Date of final payment	(c) Overdue payments (Arrears)	(d) Amount	Due date	Total owing (a x b + c + d)
Total owing (transfer total to (Statement of Accests and Liabilities' above)									

Total owing (transfer total to 'Statement of Assets and Liabilities' above)

Section 10 - Acknowledgements, consents and privacy statement

In the following sections, titled acknowledgements, consents and privacy statement:

- QRIDA means Queensland Rural and Industry Development Authority; and
- Identify Verification Service Provider and credit reporting body means Dun & Bradstreet (Australia) Pty Limited ACN 006 399 677 trading as Illion.

Please tick each of the below to indicate your acceptance. Your acknowledgement and acceptance of each item is a condition of submitting a valid application.

Acknowledgements

I/We have read and understood the guidelines at qrida.qld.gov.au for the Disaster Assistance Loan Essential Working Capital – Non profit Organisations and have obtained clarification where needed.

I/We certify that all of the information provided in the whole of this application is true and accurate and discloses my/our correct financial position.

I/We certify that to the extent this application or any information provided in relation to this application contains information of, or about, another person, I/we have the authorisation of that person to provide the information and for it to be used and disclosed in accordance with the above authorisations.

I/We are aware that it is an offence and that penalties may be applied under the Rural and Regional Adjustment Act 1994 (Qld) if any information provided in an application or any document provided in respect of an application is found to be false misleading or incomplete in a material manner.

I/We have read the Collection Notice and the Privacy Statement below and understand how personal information provided in my/our application may be collected, used and disclosed.

I/We certify that the business which is subject of this application is not in administration, liquidation or a state of insolvency and that all of the business owners are similarly, to the best of my/our knowledge, not in a state of bankruptcy, insolvency, financial distress or difficulty.

I/We are aware that QRIDA is bound by the Public Records Act 2002 and are unable to return any documents forwarded as part of this application.

Do you have, or have you had, any business dealings with QRIDA that could be considered an actual, potential or perceived conflict of interest with this application?

If Yes - please provide details of all your business dealings with QRIDA that may be considered an actual, potential or perceived conflict of interest:

Consent to Third Party Disclosures

I/We authorise any Relevant Person to disclose to QRIDA and each of its authorised representatives such information as QRIDA or an authorised representative considers to be necessary or appropriate in connection with this application or any aspect of the Scheme from a Relevant Person ^, including my/our financial statements and personal taxation returns and other supporting information to verify my/our identity, determine if my/our business is eligible to receive a loan under the Scheme and in relation to the administration and management of the Scheme and any loan provided to me/us under the Scheme.

^ For the purposes of the above consents, Relevant Person includes:

- · the Identity Verification Service Provider and credit reporting body, any accountant, solicitor, business consultant, bank, financier, supplier,
- processor, or other agent named or identified in this application or in supporting documentation provided with, or in support of, this application; and
- any Commonwealth, state or local government department, agency or authority that QRIDA or an authorised representative may consider relevant.

Credit information

To enable QRIDA to assess your application for a loan, QRIDA may need to be provided credit reporting information and credit eligibility information about your business and yourself.

I appoint QRIDA as an access seeker under the *Privacy Act 1988* (Cth) and authorise QRIDA to make applications on my behalf to request credit reporting information and credit eligibility information from the Credit Reporting Body and other credit providers. I authorise QRIDA to disclose personal information to the Credit Reporting Body and other credit providers in order to request credit reporting information and credit eligibility information and to obtain and use information contained in the Failure Risk Report and any other information provided to us by the Credit Reporting Body and other credit providers.

Notice that credit information may be given to a credit reporting body:

To assist the Australian credit reporting system to function effectively, QRIDA may disclose to a credit reporting body certain business and personal information about you which includes:

- a) your identification;
- b) that credit has been applied for and the amount;
- c) that QRIDA is a current credit provider to you (although is not a 'credit provider' for the purposes of the Privacy Act 1988 (Cth));
- d) details of payments which become overdue for more than 60 days;
- e) that payments are no longer overdue;
- f) details of payments made by you which have been dishonoured more than once;
- that you have committed fraud in applying for or receiving credit from QRIDA or in evading your obligations regarding the credit received, or have attempted to do so;
- h) that the credit provided to you by QRIDA has been paid or discharged.

Credit reporting bodies may include the above information in reports provided to other credit providers to assist them to assess your credit worthiness.

Information Collection Notice

Collection and use of your personal information

QRIDA and its authorised representatives are collecting and obtaining (from you and from the Relevant Persons) your personal information in connection with the Scheme, for the following purposes:

- verification of your identity and credit reporting information;
- assessment of your application and your eligibility for the Scheme at the time of making the application and on an ongoing basis;
- the administration and management of the Scheme or any loan provided to me/us under the Scheme including for compliance and enforcement purposes; and
- any other purposes related, or otherwise necessary to give effect, to the purposes listed above.

 $\label{eq:QRIDA} \textbf{QRIDA} \ \textbf{and} \ \textbf{its} \ \textbf{authorised} \ \textbf{representatives} \ \textbf{may} \ \textbf{also} \ \textbf{use} \ \textbf{your} \ \textbf{personal} \ \textbf{information} \ \textbf{for the following purposes:}$

- to contact you in relation to your application, and the evaluation of the Disaster Assistance Loan Essential Working Capital;
- to facilitate its internal business operations and fulfil legal obligations;
- to assess the performance of QRIDA and other Queensland and Commonwealth Government grant and loan programs and services;
- to promote or market QRIDA and other Queensland and Commonwealth Government grant and loan programs and services (including the success and outcomes of the programs and services);
- research and development of QRIDA and other Queensland and Commonwealth Government actual and proposed services;
- to identify and assess your eligibility for or interest in other QRIDA and Queensland and Commonwealth Government administered grant and loan programs or services;
- to collate statistical data; and
- as permitted by law, including in accordance with QRIDA's disclosure rights under s. 40 of the Rural and Regional Adjustment Act 1994.

Continued over page...

No

Section 10 - Acknowledgements, consents and privacy statement (continued)

Disclosure of your personal information

QRIDA may disclose your personal information to the Relevant Persons, QRIDA's employees, contractors, related affiliates and third parties to the extent necessary or convenient to enable QRIDA to further the purposes described above (which do not extend to commercial purposes). Government agencies to whom personal information is to be disclosed are:

- Department of Agriculture and Fisheries
- Queensland Reconstruction Authority
- Queensland Treasury

Consent

By completing and submitting this application, you are consenting to QRIDA using the email address listed in this application, should your loan be approved, for the provision of any or all necessary loan documentation and managing your personal information in the manner described in this Collection Notice and our Privacy Policy.

Privacy statement

More information about the way QRIDA uses, discloses, and secures your personal information, how you can access and correct that information, and how you can make a complaint about a breach of privacy can be found in its privacy policy. QRIDA will comply with the Human Rights Act 2019 (Qld) when making any decision, including with respect to collection, use, and disclosure of personal information.

By ticking this box, I/we are acknowledging and/or consenting to each of the matters I/we have indicated above.

Further information on the program is available on qrida.qld.gov.au

Signed for and on behalf of the organisation by:

Please ensure an authorised member of the Executive/Management Committee completes the section below.

Member of Executive / Management Committee to complete							
Signature	Name	Position	Date				
Please list the names and positions of the members of your management committee:							

Name	Position

Further information			
Did you engage with a QRIDA Regional Are	a Manager for this application?	Yes No	
Who else assisted you with this application			
Financial Counsellor	Accountant	Consultant	QRIDA - Head Office
Other, please specify:			
How did you find out about this assistance	?		
QRIDA Regional Area Manager	QRIDA Head Office	QRIDA Website	Financial Counsellor
Newspaper advertisement	Radio advertisement	Social media	Event (please specify below)
Prime Focus (QRIDA newsletter)	Word of mouth	Other, please specify:	

How to apply

Please submit your completed application including all supporting documents to QRIDA by:

GPO Box 211, Brisbane QLD 4001 Email: contact_us@qrida.qld.gov.au Fax: (07) 3032 0300

Enquiries

Further information on the program is available on the QRIDA website at qrida.qld.gov.au

If you need assistance with completing your application, or wish to speak to a Regional Area Manager, please contact QRIDA on 1800 623 946.

Application and cashflow guidance

General guidance

QRIDA has Regional Area Managers based in Brisbane, Bundaberg, Cloncurry, Emerald, Innisfail, Kingaroy, Mackay, Rockhampton, Roma, Toowoomba and Townsville who can assist you with any questions. To speak to your local Regional Area Manager, please contact QRIDA on **1800 623 946**.

Please complete each section in the application form and forward it to QRIDA with the required attachments (listed on page 1). Incomplete applications or missing attachments are likely to cause delays in assessing your application and may result in the application being declined.

Cashflow guidance

The cashflow forms should be completed by those who understand the business best. This is usually the owners and operators of the business. Your Accountant or Financial Advisor may be able to assist, if needed.

A projected cashflow, in which you estimate as accurately as you can the income and expenses for a current/future period, is probably the most important tool your business can have. You should base your projections on your historical results (past financials) and your knowledge of what might be different this year and the following year. The ability to check your actual results with what you expected will assist you to make critical decisions about your business.

QRIDA requires a monthly cashflow for the current year, plus the next full financial year. Microsoft Excel versions of the cashflow form are available to download from the QRIDA website (qrida.qld.gov.au). If you use the Excel cashflow, the totals will automatically calculate and you may find it is easier to complete. If you have your own computer prepared cashflows, please feel free to send them instead.

Completing a cashflow

The steps below outline how to complete a QRIDA application cashflow:

- 1. Fill in your name and QRIDA Client Identification Number (if known) at the top of the form and complete the relevant year.
- 2. Income
 - Refer to your past financials for suitable headings or use those shown as a guide. Please note that livestock/stock sales are shown (not the profit), with purchases shown in the purchases section of the form. These monthly figures should agree with the total sales shown in Section 9 (page 4) of your application form.
 - All income should be shown, including personal wages, interest and dividends from investments, rents from properties, any other personal income, government assistance and all business income. Use your historical records to estimate when income will be received, but adjust for your knowledge of any changes to sales patterns or income receipts. Do not include the QRIDA loan amount you are applying for.

3. Expenses

Again you should refer to your past financials for suitable headings for your business. Please use the headings shown as a
basic guide. These will also assist you with the timing of payments. Do not include non-cash items such as Depreciation or
Bad Debts in your cashflow.

4. Purchases

• Here you should include all your livestock/stock purchases in the months when you expect to pay for them. These figures should agree with the total purchases shown in Section 9 (page 4) of your application form. Capital purchases would include major items such as vehicles or equipment (the cash amount paid excluding lease/HP etc), major renovations or improvements, new fences, irrigation equipment etc. Please make a note of the type of capital purchase. Include in this section the costs to restore your business from Section 5 (page 2-3).

5. Other expenses

- Here you would list all of your:
 - lease, hire purchase or chattel mortgage payments interest on overdraft or similar type of non reducing facility, and
 - total repayments on term loans, personal loans, private loans, housing loans and credit cards.

You also need to record your personal drawings, medical contributions and payments, education expenses for yourselves or dependants and life insurance payments.

6. Surplus or (Deficit)

• This total will be automatically calculated if you are using the Microsoft Excel version of this form from the QRIDA website. If you are completing the form manually, please calculate the difference between Income and Expenses. If income is greater, you have made a surplus or profit. If Expenses are greater, you have made a (deficit) or loss.

7. Opening and closing bank balances

• If completing the cash flow for the current year, the opening bank balance of your overdraft or operating account for July should be taken from your bank statement and adjusted if necessary for outstanding cheques. If completing the cash flow for the following or subsequent years, the opening bank balance will be the closing bank balance from the previous year's cash flow which you have completed.

The purpose of this calculation is to provide an estimate of your bank balance (the closing balance) at the end of each month, and indicate your peak debt or credit. The closing balance is calculated by adding the opening balance to the monthly surplus or (deficit), which then becomes the opening balance for the next month.

Example cashflow projection and requirements and funding tables

Client Name: AB Cricket C	lub Inc				Client ID): 65432							
MONTHLY CASHFLOW FOR	R CURREN	T FINANCI	AL YEAR:	ULY 2020	- JUNE 20)21							
Income	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total
Sales	25,000	25,000	30,000	35,000	40,000	35,000	30,000	40,000	40,000	55,000	45,000	40,000	440,000
Membership fees	10,000	10,000	10,000	10,000	10,000	15,000	5,000	50,000	20,000	45,000	30,000	10,000	225,000
Other													
Total Income	35,000	35,000	40,000	45,000	50,000	50,000	35,000	90,000	60,000	100,000	75,000	50,000	665,000
Expenditure - fixed and va	ariable (an	nend, add	or delete	headings	s as neces	sary to s	uit your b	usiness -	refer to pa	st financi	als)		
Fixed costs	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	96,000
(Detail)													
Variable costs	22,750	22,750	26,000	29,250	32,500	32,250	22,750	58,500	39,000	65,000	48,750	32,500	432,250
(Detail)													
Sub total	30,750	30,750	34,000	37,250	40,500	40,500	30,750	66,500	47,000	73,000	56,750	40,500	528,250
Purchases									<u> </u>	<u> </u>		<u> </u>	
Ground repairs							30,000	30,000					60,000
Drainage repairs							68,000						68,000
Building repairs								30,000					30,000
Equipment replacement								27,000					27,000
Sub total							98,000	87,000					185,000
Other expenses													
Lease/HP/Chattel Mortgage	560	560	560	560	560	560	560	560	560	560	560	560	6,720
Interest	300	310	320	310	300	290	290	290	290	290	290	290	3,570
Loan repayments	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	4,000	48,000
Affiliation fees	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	24,000
Players' insurance	500	500	500	500	500	500	500	500	500	500	500	500	6,000
Sub total	7,360	7,370	7,380	7,370	7,360	7,350	7,350	7,350	7,350	7,350	7,350	7,350	88,290
Total Expenditure:	38,110	38,120	41,380	44,620	47,860	47,850	136,100	160,850	54,350	80,350	64,100	47,850	801,540
Surplus (Deficit)	-3,110	-3,120	-1,380	380	2,140	2,150	-101,100	-70,850	5,650	19,650	10,900	2,150	-136,540
Juipius (Delicit)			1 ,5	1	1 ' '	1	1	1	37.3			1	12.0
-		-56 220	-50.240	-60 720	-60 240	-58.200	-56 050	-157 150	-228.000	-222.350	-202.700	-191.800	
Opening bank balance Closing bank balance	-53,110 -56,220	-56,220 -59,340	-59,340 -60,720	-60,720 -60,340	-60,340 -58,200	-58,200 -56,050	-56,050 -157,150	-157,150 -228,000	-228,000 -222,350	-222,350 -202,700	-202,700 -191,800	-191,800 -189,650	

How QRIDA will determine your borrowing needs:

The level of assistance for which you may be eligible will be determined by:

- Establishing from your cashflow budgets accompanying this application the anticipated Peak Closing Debit Balance of your working account over the next 12 months.
- Deducting from that figure any available cash contribution and/or drawdown of undrawn lines of credit, (excluding your overdraft limit) to be applied toward your post disaster working capital needs.
- Then deducting your full overdraft limit (if any). 3.

Funding requirement	Amount	
Peak closing bank balance over next 12 months as shown on cashflow projection	\$228,000	
Less your contribution - cash or investments	nil	
Less overdraft limit	\$150,000	

Indicated Cashflow Shortfall	\$78,00
Less overdraft limit	\$150,00
Less your contribution - cash or investments	n
reak closing bank balance over next 12 months as shown on cashilow projection	\$220,00

Example two

Example one

Amount								
\$228,000								
\$10,000								
\$150,000								
\$68,000								

*Schedule of Account Details

A separate copy of this form is to be completed by each of your lenders. Please arrange for your lenders to return this form to you before submitting your completed application form to QRIDA. (Includes banks, finance companies, building societies, credit unions and private lenders. For applicants and all related entities)

Consent and Authorisation									Return Instructions			
To:	(Bank/Financier name)								Please return this form to me/us by:			
	this form to me/us according to the Return Instructions (shown to the and provide any information QRIDA may request regarding my/our					Fax: Email:						
Name/Company/Firm:		Applicant's Signature:							Post:			
Name/Company/Firm:		Applicant's Signature:										
		Loan /	Accounts, Eq	uipment Finance and (Other Borrov	wings (Debit Ac	counts)					
Account name	Account BSB & Number	Facility Type	Balance	Limit			Repayment Amount	Repay Frequ		Balloon or Residual	Arrears	
Contingent Liabilities:							T	<u> </u>				
				sits, Investment Accou	nts and othe	er Asset Accour	nts (Credit Account	s)				
Account name		Account BSB & Number				Account Type				Balance		
I/we confirm the above info	ormation is true and correc	t at the date execut	ted.									
Branch address/stamp:												
Manager name:			M	Manager signature:]	Date:				
Email address:			Ph	Phone number:				I	Fax Number:			
		Ana	additional Sch	adula of Account Datails f	orm is availab	ola on OPIDA's wa	phsita					

