



PROFESSIONAL SERVICES FUND GRANT – 2022 APPLICATION FORM

This application is for the Professional Services Fund Grant. Please ensure you have read the [guidelines](#) which contain eligibility criteria before applying.

All information provided throughout the application process will remain confidential.

Please return the completed form and supporting documentation to:

Email (preferred): smallbusiness@rfcssq.org.au

Post: Attn. Administration, PO BOX 433, ROMA QLD 4455

Please allow up to 14 business days from when your application is received at Head Office for processing.



If you have any questions or require assistance to complete this form, please call 1300 732 777.

Supporting documentation

The following supporting documents must be provided with your application:

- Proof of identification (e.g. driver licence)
- Rates notice / lease/ agreement – showing the business address within an eligible rural or regional area
- Two quotes (see guidelines for further information)

Your personal details (person completing the form)

First name:	Last name:	Date of birth:
Phone or mobile:	Email address:	
Residential address:		
Town or city:	State:	Postcode:
Relationship to the business:	<input type="checkbox"/> Owner	<input type="checkbox"/> Other, please specify

Business details

Entity type:	<input type="checkbox"/> Sole trader	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	
Legal name of entity:					
Australian business number (ABN):					
Business trading name:					
Road address of business:			Postal address of business: <input type="checkbox"/> Please tick if same as road address		
Town or city:	State:	Postcode:	Town or city:	State:	Postcode:

Business details continued

How many people does the business employ?	Full time	Part time	Casual
Sole traders only: Do you derive the majority of your income from this business? <i>Financial statements may be requested to confirm business income</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable

About the business

Main purpose of your business: (e.g. tyre service)	Time your business been operating: (e.g. 5 years, 2 months)
Industry type: (e.g. tyre retailing industry)	Goods/services produced or sold by the business: (e.g. vehicle tyres, wheel alignments and safety inspections)
Time your business has been experiencing or is at risk of financial hardship: (e.g. 6 months)	Cause/s of financial hardship: (e.g. flooding, drought, COVID-19)
Barriers impacting the business' financial recovery: (e.g. increased competition in town required promotions and marketing to be undertaken, previously relied upon word of mouth)	

Professional services details

Provide details about the specialist 3rd party advice, services or activities you are seeking funding for: <i>Refer to the guidelines for the types of eligible advice, services or activities</i>	
List the specific and direct benefits this advice, service or activity will make to your business:	
Expected timeframe for provision of the advice, service or activity:	Who will be responsible for implementing any changes resulting from the advice, service or activity: <i>Please specify the person's name and job title/position</i>

Acknowledgements

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

- I/ we have read and understood the guidelines for the Professional Services Fund Grant 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 of 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.

Applicant's signature:

Date:

Office use only:

Date received:

Counsellor name:

Client ID: