

Disaster Assistance Recovery Grants

Application Form Small Business

V10 07/05/2026

Fund code:

Before completing this application, please ensure that you have read the relevant scheme guidelines which outline the defined disaster area and other eligibility criteria. These are available on [QRIDA's website](#).
If you prefer to complete this application via QRIDA's online application portal please visit [ApplyOnline](#).

This application is for the following disaster event:

If you are an existing QRIDA client, please provide your Client ID number.

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Have you already been approved for QRIDA assistance for this disaster?

Yes No

Information checklist

Required information:	Provided with this form	Provided with initial application
<p>Proof of identification - Please provide proof of identification for at least one owner/director of the business. Acceptable documents include any two of the following: Medicare card, Passport, Driver's Licence/Proof of Age card, etc. Please note identification is only required with your initial application under the scheme. For Driver's Licences, please include both the front and back of the card.</p>		
<p>Rates Notice / Lease / Agreement - Your small business must be located within the defined disaster area.</p> <ul style="list-style-type: none"> If you own the property, please attach a copy of your most recent Local Government rates notice for the property affected by the disaster event. If you lease the property, please attach a copy of your current lease or agreement. Please provide information confirming that you are responsible for the costs being claimed. 		
<p>Photographs of damage - 5 - 10 photographs showing direct damage to the affected property. If photographs are not held, please provide quotes or tax invoices clearly identifiable as being related to damage from the eligible disaster.</p>		
<p>Financial statements and Tax Return/s - Financial statements and tax returns for the applicant and all related entities, including individual tax returns for all shareholders/partners or owners. Please indicate. Alternatively, if you have provided financial statements/tax returns to QRIDA for a different scheme within the current financial year, please indicate the scheme name and date it was submitted and confirm by marking this tick box that you give QRIDA permission to use them for this EDARG application. QRIDA may call you to confirm we have the correct financials from the scheme nominated.</p>		
<p>Evidence of expenditure / payment - For applications up to the maximum initial grant (i.e. for immediate resumption of business directly following the disaster event): Copies of quotes/invoices.</p> <p>OR</p> <p>For applications over the amount of the initial grant available or for subsequent applications: Copies of tax invoices AND evidence that these invoices have been paid (e.g. bank statements, electronic bank transfer confirmations or official supplier receipts).</p>		
<p>Bank statement - Please attach a copy of your bank statement for your business account nominated in Section 2 of this form.</p>		
<p>Details of insurance - If insured, full details of your insurance policy and insurance schedule, and/or claim must be provided. If yes, Section 5 must be completed. Note: QRIDA may be unable to finalise your Disaster Assistance Grant application until the outcome of your insurance claim is determined and claim outcome is provided.</p>		



Confirmation that you are a small business (*)

Do you derive the majority of your income from this business? (financial statements are requested to confirm business income)	Yes	No
How many people do you employ? *Calculating full time equivalent employees: Full time work is 35 hours per week or more. If your business has casual or part time workers, calculate the number of hours worked by these employees and divide that total by 35 to determine full time equivalents. e.g. 7 casual employees working 10 hours per week totalling 70 hours per week, equates to 2 full time equivalent employees.	Number of full time equivalent employees:	
Was the business operating in the defined disaster area prior to and at the time of the eligible disaster?	Yes	No
Does the business intend to continue/re-establish its operations in the defined disaster area?	Yes	No
Is the business primarily responsible for meeting the costs being claimed in this Disaster Assistance Recovery Grant application? (if leased, lease agreement is required)	Yes	No
Have you received any other government assistance for the costs now being claimed?	Yes	No
Are you a non-government institution that is required to join in the National Redress Scheme? If yes, what is the current participation status of your institution in the National Redress Scheme?	Yes	No
<input type="checkbox"/> Joined <input type="checkbox"/> Intending to join <input type="checkbox"/> Declined to join <input type="checkbox"/> Unresponsive		

Section 1 - Applicant details

Please select the applicant entity type: Sole trader Partnership Individual trustees Company directors	Title	Surname	Given Names	Date of Birth
<i>or</i>				
Company	Company name <small>Please list the Company Director/s' details above</small>			
<i>or</i>				
Trust	Trustee	Individual <small>(please provide the individual trustee/s details above)</small>		
		Company <small>(please provide the Company name and the Company Directors' details above)</small>		
	Trust name			
Trading name				
Trading name ABN	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Nominated contact person				
Landline	Fax	Mobile	Email address	
Road address of business:			Postal address of business: <small>Please tick if same as road address</small>	
Town/city	State	Postcode	Town/city	State
				Postcode

Section 2 - Payment details

N/A - subsequent application

For subsequent applications, only complete the below details if changed since submitting your initial claim.

Please provide your bank account details for payment of the assistance funds by Electronic Funds Transfer (Note: Bank account name must match the applicant entity).
 Please ensure a copy of your bank statement is provided to ensure prompt payment. The bank details provided for payment below must match the bank statement. Any variation between the details listed on this application form and the bank statement provided can result in delays in payment.

Bank	Branch	BSB
Account name	Account number	

Section 3 - Details of your business

N/A - subsequent application

For subsequent applications, only complete the below details if changed since submitting your initial claim.

Please provide information about your business.

What is the main purpose of your business?

How long has your business been operating?

What are the goods and services that you sell/produce?

What is your industry type?

What was your annual turnover for the last two years?	Year 1 (e.g. 2023/24)	Turnover
	Year 2 (e.g. 2024/25)	Turnover

If you would like QRIDA's Assessment Officer to contact your accountant or tax agent to clarify details for your application, please provide their contact details below.

Business name:	Contact name:
Phone number:	Email:

Other relevant information to indicate the scale or potential scale of your business prior to or at the time of the disaster:**Section 4 - Details of the direct damage as a result of the eligible disaster**

Please provide a description of the direct damage sustained as a result of the eligible disaster.

What is the road address where the damage was sustained?

In which Local Government Area is the property where the direct damage occurred as a result of the eligible disaster?

What was the damage?

Do you own/lease/multiple business properties in the defined disaster area?

To assist with your application, please provide a **signed agreement** which clearly states the legal arrangement including date, specific location, who is responsible for the reinstatement of damages.

Yes No

For subsequent applications, only complete the below details if changed since submitting your initial claim.

Have you made an insurance claim in relation to the direct damage caused by the disaster?

A copy of the outcome of your insurance claim must be provided to QRIDA once determined (refer to checklist on page one).

Yes - please provide insurance details below		No - please indicate why	
Insurance company			Uninsured (please explain below)
Policy/claim no.			My/our policy does not provide cover for the items damaged or damage caused by the eligible disaster (please attach insurance policy)
Claim manager name			Other (briefly detail below)
Claim manager phone no.			

Additional insurance / other details:

Section 6 - Details of expenditure (refer to scheme guidelines for a list of eligible expenditure that can be claimed)

This section relates to applications being made above the initial grant available.

- Please complete the 'Invoices/quotes being claimed' schedule (page 7) detailing the expenditure you have incurred which relates directly to the clean-up and reinstatement of your business (Schedule should also include any expenditure associated with a previous Disaster Assistance Recovery Grant application made under this scheme).

Please provide your quoted / estimated claim amounts next to each of the following activities:

Engaging a tradesperson to conduct a safety inspection of damage to a property, premises or equipment.	
Purchasing, hiring or leasing equipment or materials to clean a property, premises or equipment.	
Employing a person to clean a property, premises or equipment if: <ul style="list-style-type: none"> the cost would not ordinarily have been incurred in the absence of the eligible disaster; or the cost exceeds what would have ordinarily been incurred in the absence of the eligible disaster 	
Removing and disposing of debris or damaged goods and materials.	
Repairing a building or repairing or replacing fittings in a building, if the repair or replacement is essential for resuming operation of the small business (<i>funding is not available for repairs to a building that is used as a dwelling, unless it is used for carrying on the small business, for example, staff accommodation</i>).	
Purchasing, hiring or leasing equipment or materials that are essential for immediately resuming operation of the small business.	
Any of the activities listed below: <ul style="list-style-type: none"> replacing lost or damaged stock if the replacement is essential for immediately resuming operation of the small business; leasing a temporary premises for the purpose of resuming operation of the small business. 	

Is your business registered for GST?

Yes - your claim amounts below must **exclude** any GST shown on your invoices

No - your claim amounts below must **include** any GST shown on your invoices

Expenditure	Claim amount
Claim amount as per Invoices being claimed:	
Fuel, machinery and operator costs to conduct repairs (as per Fuel Calculator Schedule):	
Total clean-up and reinstatement claim amount:	
Less previously paid Disaster Assistance Grant amount:	
Disaster Assistance Grant amount now being claimed:	

Section 7 - 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** means Experian Australia Operations Pty Ltd ACN 006 399 677.

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 qrída.qld.gov.au for the Disaster Assistance Recovery Grants Scheme 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 2023* and are unable to return any documents forwarded as part of this application.

I/We have read and understood QRIDA's [Conflict of interest and arm's length webpage](#) and have obtained clarification where needed.

Do you have, or have you had, any dealings that could be considered a conflict of interest with this application?

Yes **No**

If Yes - please provide details of all your dealings with QRIDA that may be considered a perceived or existing conflict of interest:

Do you have a relationship with another party or parties that may create the perception that the arrangement is not at arm's length?

Yes **No**

If yes, please provide details, including the name and business entity details of the relationship/benefit, and what actions you have taken to address the perception.

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 grant under the Scheme and in relation to the administration and management of the Scheme and any grant provided to me/us under the Scheme.

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

- the Identity Verification Service Provider and 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.

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;
- 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 grant 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.

QRIDA and its authorised representatives may also use your personal information for the following purposes:

- to contact you in relation to your application, and the evaluation of the Disaster Assistance Recovery Grants Scheme;
- to facilitate its internal business operations and fulfil legal obligations;
- to assess the performance of QRIDA and other Queensland and Commonwealth Government grant 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...

Section 7 – 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 Primary Industries
- Queensland Reconstruction Authority
- Queensland Treasury

Consent

By completing and submitting this application, you are consenting to QRIDA 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.

Applicant	Signature	Name	Position	Date
One				
Two				
Three				
Four				

Further information

Did you engage with a QRIDA Regional Area Manager for this application?

Yes

No

Who else assisted you with this application process?

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:

Post: 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**.

