NSW - Cooperative Loan Scheme - Application Form

NSW Cooperative Loan Scheme

The NSW Government Cooperative Loan Scheme facilitates loans to eligible cooperatives to expand or modernise their operations within NSW.

Under the scheme, Australian-based cooperatives that have been in operation for three or more years may qualify for a loan.

The scheme aims to encourage investment in regional industries that deliver job security and economic growth in regional parts of the state.

Key Benefits

Successful applicants are required to pay interest (on either a monthly or quarterly basis) until the loan's maturity date, at which point the principal is repaid.

Loan recipients may be eligible for tax deductions under section 120(1)(c) of the Income Tax Assessment Act 1936. Applicants should seek independent legal or tax advice to confirm their eligibility.

Cooperative Details

* indicates a required field

Eligible Organisations

The scheme is available to cooperatives that are:

- NSW-based cooperative
- Have been operating for at least three consecutive years
- Can demonstrate the ability to repay the loan
- Able to secure the required bank guarantee.

Under the NSW Cooperative Loan Scheme, a cooperative includes:

- corporations incorporated and registered pursuant to the *Co-operatives National Law* (NSW);
- a corporation incorporated and registered under the corresponding Co-operative National Law of any other State or Territory in Australia; and
- any other body corporate that is a co-operative company for the purposes of Part III Division 9 of the *Income Tax Assessment Act 1936*.

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Organisa	tion Name	*		

ABN *				
		sed to look up the ed the ABN correct		. Click Lookup above to
Information	on from the Australia	an Business Register	•	
ABN				
Entity nar	ne			
ABN statu	IS			
Entity typ	e			
Goods & S	Services Tax (GST)			
DGR Endo	orsed			
ATO Char	ity Type	More inform	ation	
ACNC Reg	gistration			
Tax Conce	essions			
Main busi	ness location			
Must be an	n ABN.			_
Please a Attach a	file: ottach a copy of	the cooperative	s Certificate of Inco	
Title	First Name	Last Name		
Position	*			
Email *				
Must be an	n email address.			
Primary	Phone Number	*		
Must be an	n Australian phone r	number.		
Mohile P	Phone Number *			

Must be an Australian ph	one number.		
Principal Business	s Details		
Please describe the	cooperative's	principal business activ	ty
Word count:			
Must be no more than 20	00 words.		
Please enter your A	NZSIC code (if	known)	
	ed financial re	ports for the past 3 year	'S
Attach a file:			
A minimum of 3 files mus	st be attached.		
Does the cooperativ	ve have any cu	rrent or pending materia	ı I
impact future cash f		○ No	
○ Yes		() INO	
		O 140	
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Please provide deta	ils. *	0 110	
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Establishment fee \$5,000

Prepayment fee \$1,000 per prepayment

Break costs may apply

Interest Payments and Loan Repayments

Interest payable on monthly/quarterly basis until loan maturity date Principal repayable on loan maturity date

Other requirements

Cooperatives must provide a bank guarantee from an Australian bank with a credit rating of A or higher for the full amount of the loan plus 6 months interest.

*The maximum allowable tenor for Cooperative loans is determined by the credit rating of the bank supplying the bank guarantee:

Credit Rating of Bank

Maximum	Loan	Term	(Tenor)
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AA-

7 years

A+

7 years

Α

3 years

Contact Details

Loan A _l	oplication Cont	act *
Title	First Name	Last Name
Positio	n *	
Email *		
Mushbaa		
Must be a	an email address.	
Phone I	Number *	
Must bo a	an Australian phon	o numbor
Must be a	an Australian phon	e number.
	A	
Mobile	Number *	
Must he	an Australian phon	e number
1-1036 DC 6	an Australian prior	C HUITIDEI.

Postal Add Address	ress *				
Address Line	1, Suburb/Town, Sta	te/Province, and F	Postcode are requ	ıired. Country m	ust be Australia
Proposed	Loan Details				
	Loan Amount	Loan Facility Term	Loan Facility Structure	Payment Frequency	Anticipated Drawdown Date
Loan 1	\$				Date
Loan 2	\$				
Loan 3	\$				
	Must be a dollar amount.				Must be a date.
Department or guidance 117-120 of t legal and oth Have you s cooperative Yes	of Regional NSW ato applicants on whe Income Tax Assorter advice on these ought independed under Section	and Treasury Co hether they are sessment Act 19 e issues and the ent advice as to 120(1)(c) the	e eligible for dec 936. Applicants eir application a to your eligibi Income Tax As No	ductions under are advised to s they see fit. lity for deducessessment Ac	Sections obtain their own ctions as a ct 1936? *
	ment Act 1936?		○ No		
independe	nch representation the second representation the second representation in the second representation repre	advice confirm	ning it meets (definition of d	cooperative
Bank Deta	ails				

Note that the bank providing a bank guarantee for a NSW Cooperative Loan must be rated at least A from S&P's rating agency.

Name of bank providing bank guarantee * Organisation Name
Bank Address * Address
Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia
Bank Phone Number *
Must be an Australian phone number.
Bank Email *
Must be an email address.
Please attach letter of support from bank with details of guarantee. * Attach a file:
Durnosa of Loan
Purpose of Loan
* indicates a required field
Eligible projects
The loan must be used in line with the primary activity of the cooperative borrower, either to improve production facilities or to purchase capital assets to expand or modernise. The project must be based in regional NSW (excludes Greater Sydney, Newcastle and Wollongong Local Government Areas).
Examples include purchasing new machinery or equipment to improve current production processes; making improvements to production facilities such as water treatment or waste treatment plants; and purchasing new storage or processing facilities.
Project Details
Project Title *

Please provide a short description of the probe used. *	oject scope outlining how the loan will
be used.	
Word count:	
Must be no more than 300 words.	
Provide a short description of your project - what are you	ou out to do?
Project Location * Address	
Miller Street Victoria	Nictoria :
MAP ABOUTESTS	The state of the s
DIACEHOIDE	D
PLACEHOLDE	Torschie Sueet
B. H. West Melbourte	-
Ale Street with Street	= =
London Lynde Boun	w w
Bourke street	et a
Must be in NSW	
Please select your Regional Local Governme	nt Area *
riedse sciect your regional Escar Sors	ant Area
Proposed project start date *	
Must be a date.	
Proposed project end date *	
Must be a date.	
Loan Expenditure	
Loan Expenditure Item \$	
\$	
\$	

Total Loan Amount

\$
This number/amount is calculated.
Note: Minimum Ioan amount \$500,000
Business Plan
* indicator a required field
* indicates a required field
Outline of the cooperatives experience in delivering projects similar in scope and scale to the proposed project or other details relevant to the cooperatives ability
to deliver the project. *
Word count:
Must be no more than 200 words.
Industry assessment
illudstry assessment
Please provide brief details on the current market conditions including trends,
barriers and opportunities the cooperative is looking to capitalise on with this
project. *
Word count: Must be no more than 200 words.
Must be no more than 200 words.
Who are your key competitors relative to this project and where are they located?
*
Word count: Must be no more than 200 words.
Must be no more than 200 words.
Project Outcomes
·
Please provide a brief financial analysis outlining the expected returns on the investment. *
Word count:
Must be no more than 300 words.
How many staff - full-time equivalent (FTE) do you currently employ? *

Must be a number.	
How many estimated new phase of the project? *	w jobs (FTE) will be created in the set up/constructions
Must be a number.	
How many ongoing susta the loan? *	ainable jobs will the project create (FTE) over the life of
Must be a number.	
Please provide a short de provide. *	escription of the benefits the project is expected to
	rds. related to the objectives of the loan scheme i.e. job security, job ic development in regional NSW.
Declaration	
* indicates a required field	
Required Documents	Checklist
 ☐ Business plan supportin ☐ Brief industry assessme conclusions and material us ☐ Letter from bank with furating agency) ☐ Representation letter confirming it meets definition 120(1)(c) of the Income Tax 	ent (documented in a full report which details the assessment sed to support those conclusion) ull details - Bank guarantee (bank rated at least A from S&P's onfirming coop has sought independent legal and tax advice on of cooperative and qualifies for deduction under section

The Applicant represents and warrants that this application has been authorised 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;

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and (ii) represent and warrant that you have the authority to represent and bind the Applicant as contemplated by this provision.

I declare this application meets the following eligibility criteria:

- 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.

Name of person submitting the form *		
Title	First Name	Last Name
	_	
Positio	n of person su	bmitting the form *
Organisation of person submitting form		
D-1- #		
Date *		
Must be	a date.	