

DIP Collaborative Research Fund Application Round 6

Form Preview

DIP: COLLABORATIVE RESEARCH FUND (CRF)

* indicates a required field

DSTG Contribution to DIP CRF Funding

Would you like this application to be considered for DSTG funding?

DSTG provide an annual contribution to DIP CRF funding. There are two conditions to be satisfied for CRF applicants to be eligible for this share of the CRF funding pool:

1. The scope of the CRF activity must align with one of the 11 [Next Generation Technology Fund \(NGTF\) priorities](#) ; and
2. The successful lead participant must execute a [Deed](#) accented intellectual property (IP) clauses 'for Commonwealth purposes'. The IP clauses are the same clauses included in the DST Defence Science Partnerships (DSP) Agreement.

Please consider my application for this share of the CRF funding pool. *

- Yes
- No

Please nominate a relevant NGTF priority for your activity and confirm your agreement to execute the IP Deed should your application be successful. *

- Integrated intelligence, surveillance & reconnaissance
- Space capabilities
- Enhanced human performance
- Medical countermeasure products
- Multidisciplinary material sciences
- Quantum technologies
- Trusted autonomous systems
- Cyber
- Advanced sensors
- Hypersonics
- Directed energy capabilities

We agree to execute a Deed to accept IP clauses for Commonwealth purposes should our application be successful *

- Yes
- No

PARTICIPANT INFORMATION

* indicates a required field

CRF Participants

Please list all the participants that are collaborating and/or making contributions (cash and/or in-kind) to this application. Please start with the lead participant.

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Ideally, a CRF partnership should include participants from Defence/government and South Australian universities, and an Industry or translation partner.

Legal or Registered Entity Name

Entity name refers to the name that will appear on all official documents or legal papers. The entity name may be different from the business trading name.

Lead Participant

The lead participant must be the primary proponent and will be required to enter into a Funding Agreement with the Minister for Defence and Space should the application be successful. The lead participant should be familiar with the CRF Funding Agreement template and be satisfied that it is appropriate for and capable of fulfilling the role of Recipient under that agreement.

Applicant *

Organisation Name

Name of the organisation or Trading Name

Applicant ABN *

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Must be the ABN of the Legal or Registered Entity Name

Applicant ACN

Australian Company Number if applicable

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Applicant Legal or Registered Entity Name *

Legal or Registered Entity Name for legal documentation, may be different from the trading Name of your organisation

Lead Participant Type *

- Large Industry SME (< 200 employees) Research Other:

Select the option that best represents your organisation; if you have selected "Other" please clarify

Lead Participant Primary Contact

This is the person authorised to act on behalf of the lead participant. (Note: At least one phone or mobile number must be entered and all other fields are mandatory unless stated otherwise.)

Note: the DIP will only communicate with the primary contact. Any requests from participants to a particular application will be referred to the primary contact on the application. It is the responsibility of the primary contact to distribute a copy of the submitted application to the participants listed in the application and to inform participants of the outcome of the application.

Applicant Project Contact *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Applicant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required. Country must be Australia

Applicant Postal Address

Address

Applicant Primary Phone Number *

Must be an Australian phone number.

Applicant Primary Email *

Must be an email address.

Other Participant information

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Other Participant Name *

Organisation Name

Name of Organisation

Other Participant Primary Address *

Address

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

Other Participant Type *

- Large Industry SME (< 200 employees) Research DST Group Other:

Does the Other Participant have an ABN and /or ACN? *

- Yes No

Other Participant ABN

The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.

Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Enter your ABN number (no spaces) if you have one or leave blank if you don't.

Other Participant ACN

Enter your Australian Company Number if you have one or leave blank if you don't

Other Participant Legal or Registered Entity Name *

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Legal or Registered Entity Name for legal documentation, may be different from the trading Name of your organisation

ACTIVITY INFORMATION

* indicates a required field

Activity Support

Do you have access to the resources you need to complete this activity? (eg: infrastructure, systems, trial subjects etc) *

- Yes No

Department of Defence

Have you discussed this activity with anyone in the Department of Defence? *

- Yes No

It is not mandatory to obtain a letter of support from Defence. Contact name and details are the only requirements.

If yes ... with whom?

Do you have letters of commitment from your sponsors to support your activity? *

- Yes No

Support letters are not required from collaborating parties just from those that support the research but at this stage are not controlling

Letters of Support

Activity Support Documentation *

Attach a file:

Intellectual property

Is there any IP that will be generated by the completion of this activity? *

- Yes No

If yes describe

If the project depends on access to protected IP, select the relevant category. *

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- Applicant developed and owns IP
- Applicant has licensed IP from a third party
- Third party will license or assign IP to the applicant
- Not applicable to the project

ACTIVITY DETAILS AND FUNDING

* indicates a required field

Activity Title *

Word count:

Must be no more than 30 words.

If the application is successful, this Activity Title may be used by the South Australian government in published material.

Activity brief description *

Word count:

Must be no more than 300 words.

If the application is successful, this short activity description may be used by the South Australian Government in published material. It should be written in plain English avoiding technical or industry specific terminology. Once a final application is submitted, the description is considered approved by the applicant for the purposes of media release and other promotional material unless there are security or commercial implications in doing so. Ensure this activity description is focused on the key problem to be solved, key market opportunity for the product, process or service to be commercialised or potential benefit to Defence. It must include the key target market and how CRF support will be used to assist in achieving commercial outcomes.

Activity Duration

Start Date *

Must be a date.

End Date *

Must be a date.

Ensure date is later than the start date.

Grant Funds Requested

Complete the information requested in this section to show the breakdown of the grant funding sought over the life of the activity in financial years. Where practical the DIP Funding Agreement will seek to provide the full CRF payment within a single financial year.

What will the CRF funds provided for? (e.g. services, consumables, facilities, research or technical staff cost)

If the amount for a category is nil, please enter a 0 into the field

FTE (Salaries)

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Amount *

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Hardware

Amount *

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Software

Amount *

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Infrastructure Levies and Overheads (Please refer to the [FAQs](#) on the DIP website for more detail)

Amount *

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

SAMPLE ONLY FORM
Application must be made via SmartyGrants (online)

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If the dollar value for this line item is zero please enter NA in the Comments Field

Research Infrastructure (Lab access etc.)

Amount *

\$

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Trial Participants

Amount *

\$

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Travel

Amount *

\$

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Data Analysis

Amount *

\$

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

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If the dollar value for this line item is zero please enter NA in the Comments Field

Other

Amount *

Must be a dollar amount.

Comments (Please list individual items with cost associated) *

If the dollar value for this line item is zero please enter NA in the Comments Field

Total Grant Funds Requested

This number/amount is calculated.

This is the total amount of the Grant Funds requested (dollars)

Participant Contributions

Funding will be provided for agreed expenditure directly associated with delivering the activity.

Expenditure should be shown in GST exclusive figures. You may be asked for additional information on expenditure breakdown during the application process.

Cash, FTE in-kind, non-staff in-kind, and any other contributions to the activity from activity participants must be confirmed by a Participant Declaration. Participant Declarations are required to be submitted with this application as supporting documents.

Cash Contribution

Amount *

Must be a dollar amount.

Description *

If the dollar value for this line item is zero please enter NA in the Comments Field

FTE In-kind Value

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Amount *

\$

Must be a dollar amount.

Description *

If the dollar value for this line item is zero please enter NA in the Comments Field

Non-staff (FTE) in-kind

Amount *

\$

Must be a dollar amount.

Description *

If the dollar value for this line item is zero please enter NA in the Comments Field

Other

Amount *

\$

Must be a dollar amount.

Description *

If the dollar value for this line item is zero please enter NA in the Comments Field

Total Participants Contribution

This number/amount is calculated.

This is the total of all contributions made to the project by participants (excludes the value of this grant request)

Grant Amount Sought

\$

This number/amount is calculated.

This is the total of grant funding requested above

Activity Budget

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\$

This number/amount is calculated.

This is the total cost of your activity made up of the grant funds requested in this application plus the other costs you will incur to undertake the activity

OUTCOMES AND MILESTONES

* indicates a required field

Details

Provide details on the expected outcome for this activity and each milestone.

Milestones should have a specific and measurable outcome or deliverable.

Completion reporting will be required after the activity end date

Outcome

Description of key outcomes *

Word count:

Must be no more than 200 words.

Describe three things you want the project to achieve in terms of benefits for participants and/or others (200 words recommended)

Milestones

Add milestones

Milestone Date

Must be a date

Milestone Description

SUPPORTING INFORMATION

* indicates a required field

Participant Declaration

This [declaration](#) is to be completed by **each** participant (**including the lead participant**) in the collaboration. All declarations must be submitted with the application as a supporting document.

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Documentation Checklist

Documentation Checklist *

- Lead Participant Declaration *
- Participant(s) Declaration(s) *
- Letters of commitment and/or support (where applicable)

Letters of commitment examples: potential Defence sponsor, customer, etc. *Indicates mandatory support document

Documentation Upload

Attach a file:

Additional Project Support Documentation

The Defence Innovation Partnership will accept one additional page of information in support of the online application. The document can be no more than one A4 page in total, with a minimum acceptable font size of 10. Any additional information submitted will not be considered as part of the application or subsequent assessment.

Do you have additional support documentation? *

- Yes
- No

Attach a file:

Application Feedback

How did you hear about the DIP CRF program? *

- Advertisement
- Public forum or meeting
- Direct Mail / Email
- Industry Group
- Internet
- Newspaper / Magazine
- Word of mouth
- Social Media

Other:

Confidentiality

Information provided by applicants will be considered confidential and treated as

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such by the South Australian Government, the DIP, members of the DIP Advisory Board, the DIP Research Working Group and any third parties from whom advice is sought. Confidential information will only be released with the applicant's agreement or when required by law.

APPLICANT DECLARATION

* indicates a required field

LEAD PARTICIPANT DECLARATION

I declare that:

- The application, activity and/or any associated expenditure has been endorsed by the lead participant's Board or person with authority to commit the participant to this
- The information contained in this application together with any statement provided is, to the best of my knowledge, true, accurate and complete
- The lead participant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws
- I am authorised to complete this form and to sign and submit this declaration on behalf of all participants.

*

By checking this box I agree to all of the above declarations and confirm all of the above statements to be true.

Name *

Title First Name Last Name

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Position *

Organisation *

Organisation Name

Other Information

Other information that may be useful for your application:

[Assessment Criteria](#)

[Draft Funding Agreement](#)

[Intellectual Property Policy](#)