

# COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

## PARTICIPANT INFORMATION

### 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.

A CRF partnership should include at least one public South Australian University or DST Group and either an industry entity or a second research organisation as participants. This is a minimum requirement.

If a participant does not have an ABN or ACN please enter their details in the 'Participants without an ABN' section.

### 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 DETAILS

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 Industries 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.

#### Lead Participant

Australian Business Number (ABN)

Australian Company Number (ACN)

Legal or Registered Entity Name \*

Participant Type \*

*\* SME is less than 200 employees*

#### 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.

Given Name

Family Name

Position

Phone

Mobile

*Please enter either a phone or mobile number*

Email

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## Lead Participant Primary Contact Cont'd

Business address (Head Office)

Address Line 1

Address Line 2

Address Line 3

Suburb

State

Postcode

Is the postal address the same as the street address entered above? Yes / No

Lead participant website address

## Participant 2

Australian Business Number (ABN)

Australian Company Number (ACN)

Legal or Registered Entity Name \*

Participant Type \*

## Participant 3

Australian Business Number (ABN)

Australian Company Number (ACN)

Legal or Registered Entity Name \*

Participant Type \*

## Participant 4

Australian Business Number (ABN)

Australian Company Number (ACN)

Legal or Registered Entity Name \*

Participant Type \*

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### Participants without ABN

This is for overseas participants and Australian participants that do not have an ABN

Are there any Participants without ABN's? Yes / No

#### Participant

Entity Name \*

Participant Type \*

Country

\* SME is less than 200 employees

SAMPLE DOCUMENT ONLY

## COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

### RESEARCH THEMES

Please highlight which research theme(s) the project will address.

- |   |                           |
|---|---------------------------|
| Command and control                                 | Communications technology |
| Cyber defence                                       | Information technology    |
| Electronic Warfare                                  | Autonomous systems        |
| Fires and long range effects                        | Machine learning          |
| Air platforms                                       | Biometrics                |
| Maritime platforms                                  | Unmanned systems          |
| Combat vehicles                                     | Training                  |
| Soldier systems                                     | Simulation                |
| Deployable infrastructure                           | Power and energy          |
| Logistics   | Propulsion technology     |
| Support and sustainment                             | Situational understanding |
| Chemical, Biological, Radiological, Nuclear defence | Deployable water          |
| Space platforms                                     | Operations Analysis       |
| National support and infrastructure                 | Human performance         |
| Force protection                                    | Human activity systems    |
| Counter Improvised Threats                          | Air and missile defence   |
| <i>Other (please list)</i>                          |                           |

### ACTIVITY SUPPORT

Yes No

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

Do you have letters of commitment from your partners and/or sponsors to support your activity?

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

*If yes... with whom?*

### INTELLECTUAL PROPERTY

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

Yes No

*If yes, please describe*

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

- 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

# COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

## ACTIVITY DETAILS AND FUNDING

### Activity Title

*Provide an activity title. If the application is successful, this activity title may be used by the South Australian government in published material.*

### Activity Description

*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 may include the key target market and how CRF support will be used to assist in achieving commercial outcomes.*

### Activity Duration

Start Date

End Date

### Fund Amount Sought

*Complete the table 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 provide for? *e.g. services, consumables, facilities, research or technical staff costs.*

Categories	Exp \$ amount	Comments
		Please list individual items with cost associated
FTE (Salaries)		
Hardware		
Software		
Infrastructure Levies		
Research infrastructure <i>(lab access etc)</i>		
Trial Participants		
Travel		
Data Analysis		
Other <i>(please detail in comments)</i>		
<b>TOTAL</b>		

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### ACTIVITY BUDGET

Grants will be provided to assist in funding 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.

The Activity Budget will be equal to the total of the Participant's contributions and the Grant amount sought.

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.

	\$\$	Description
Grant amount sought		
Cash contribution		
FTE in kind value		
Non-staff (FTE) in-kind		
Other		
Total Value	\$	

SAMPLE DOCUMENT ONLY

## COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

### OUTCOME AND MILESTONES

Provide details on the expected outcome for this activity and each milestone (if any).

Milestones are not required for activities with a duration of less than six months. Milestones should have a specific and measurable outcome or deliverable. Completion reporting will be required after the activity end date.

#### OUTCOME

Title

Description of key activities

Start Date

End Date

#### MILESTONES (IF ANY)

Milestone	Date	Description
1		
2		
3		
4		

## COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

### SUPPORTING DOCUMENTATION CHECKLIST

#### Supporting Documentation

Lead Participant Declaration \*

Participant(s) Declaration(s) \*

Letters of commitment and/or support (where applicable)  
*eg, from potential Defence sponsor, customer*

*\*Indicates mandatory support document*

#### APPLICATION FEEDBACK

How did you hear about the DIP CRF programme?

Advertisement

Public forum or meeting

Direct Mail / Email

Industry Group

Internet

Newspaper / Magazine

Word of mouth

Social Media

Other

Information provided by applicants will be considered confidential and treated as such by the South Australian Government, the DIP, members of the DIP Advisory Board, the DIP RWG 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.

SAMPLED DOCUMENT ONLY



## COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

### APPLICANT DECLARATION

#### 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 activity.
- 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

Position

Organisation

SAMPLE DOCUMENT ONLY

## COLLABORATIVE RESEARCH GRANTS (CRF) APPLICATION

### 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.

This declaration needs to be completed by the key person involved in the activity. And signed by the person with authority to sign off on allocation of funding.

- I declare that (subject to this application being successful) the participant will support and actively participate in the proposed Project.
- I declare that the participant will contribute (subject to this application being successful) the people, funds and other resources indicated in the application and that the participant has obtained, or will obtain, the necessary authorisations to do so.
- Total participant contributions for the full project funding term are listed below and are consistent with the total contributions listed in the application form:

Contribution Type	Amount
Cash (\$AUD)	<input type="text"/>
FTE in kind (\$value)	<input type="text"/>
Non-staff (FTE)-in-kind	<input type="text"/>
Total	<input type="text"/>

- I declare that the participant will comply with, and require that its subcontractors and independent contractors comply with all applicable laws.
- I declare that the information contained in this application that relates to the participant together with any statement provided, is to the best of my knowledge, true, accurate and complete. I also understand that giving false or misleading information is a serious offence.
- I give my consent to be contacted by the Defence Innovation Partnership to discuss the particulars of the participant's commitment to the proposed CRF activity if required.
- I declare that I am authorised to sign and submit this declaration on behalf of the participant.

By signing below, I agree to the above declaration and confirm all of the above statements to be true.

Name of Project:

Participant (organisation name):

Authorised representative (name):

Position/role:

<input type="text"/>
<input type="text"/>
<input type="text"/>

List the names and positions of the key people involved in this activity from your organisation

Signature:

Date: