### LEAD ORGANISATION

\* indicates a required field

### **Essential Information**

Prior to commencing the Application please reference:

- Collaborative Research Fund Assessment Criteria
- Frequently Asked Questions
- Intellectual Policy

### LEAD ORGANISATION - PRIMARY CONTACT

The Lead Organisation for Collaborative Research Fund applications of best

- 1.a South Australian university; or
- 2.a South Australian based business.

The **Primary Contact** is the person authorised to act on behalf of the Lead Organisation.

The Defence Innovation Partnership (DIP) we need sometimes with the Primary Contact in relation to this application. Any enquiries in the Partner Organisations will be referred to the Primary Contact.

It is the responsibility of the Primary Cox act. distribute a copy of the submitted application to the Partner Organizations listed in the application and to inform the Partner Organizations of the outcome of the application.

| Title               | First Name Last lame          |
|---------------------|-------------------------------|
|                     |                               |
| -                   | ganisation *<br>tion Name     |
| This is the         | name of the Lead Organisation |
| Email *             | ,                             |
|                     |                               |
| Must be ar          | n email address.              |
| Phone N             | umber *                       |
|                     | n Australian phone number.    |
| Postal A<br>Address | ddress *                      |

| ddress I                | ne 1 Suhurh/Town    | n, State/Province, Post   | code and Count  | rv are re |
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|                         |                     | Team Member               | (s)             |           |
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| <b>Name of</b><br>Title | First Name          | Last Name                 |                 |           |
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| PLEASE                  | LIST ALL PROIE      | ECT TEAM MEMBE            | S OR ALL 'P     | ARTNE     |
|                         | · Individual        |                           |                 |           |
| Title                   | First Name          | Las . me                  |                 |           |
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| PROJE                   | CT INFORMA          | TION                      |                 |           |
| indicate                | es a required field | b                         |                 |           |
| PROJEC                  | T TITLE             |                           |                 |           |
| ROJECT                  | TITLE *             |                           |                 |           |
|                         |                     |                           |                 |           |
| Word cou                | int:                |                           |                 |           |

Must be no more than 30 words.

If the application is successful, the Project Title may be used by the South Australian Government in published material.

### **DURATION**

| Start Date *                    | End Date *   |
|---------------------------------|--|
|                                 |  |
| Must be a date.                 | Must be a date.  |
|                                 | Ensure date is later than the start date.                  |
|                                 |  |
| KEY OUTCOMEC                    |  |
| KEY OUTCOMES                    |  |
|                                 |  |
| Description *                   |  |
| •                               |  |
|                                 |  |
|                                 |  |
| Word count                      |  |
| Word count:                     |  |
| Must be no more than 200 words. |  |
|                                 | roject to achieve in terms of benefits participants and/or |
| others (200 words recommended)  |  |
|                                 |  |
| MILESTONES                      |  |
| MILLSTONES                      |  |
|                                 |  |
|                                 |  |
| Milestone Delivery Date         |  |
| ,                               |  |
|                                 |  |
| Must be a date.                 |  |
|                                 |  |
| Milestone Description           |  |
| Milestone Description           |  |
|                                 |  |
| Word count:                     |  |
| Must be no more than 150 words. |  |
| <b>_</b>                        | measurable deliverable.                                    |
| minuscomes should have a such   | HICASALADIC ACTIVETADIC:                                   |

### **NOVELTY**

Describe the novelty of the approach compared with existing approaches, including a description of the potential of this project to deliver the desired step change in Defence capabilities. \*

#### Word count:

Must be no more than 300 words.

Questions to consider: 1) who from Defence would be the key beneficiary; 2) have you engaged with Defence personnel?; 3) identify the direct Defence application of your approach (key concepts); 4) describe other industry sectors where your approach may have application.

### PROJECT RISK & MITIGATION STRATEGIES

|                 | ease complete the following table.  |   |
|-----------------|---|---|
| Pote            | ential Risk Identified  | Proposed Mitigation Strategy                  |
| IN              | TELLECTUAL PROPERTY   |   |
|                 | there any IP that will be generated by<br>Yes   | the completion of this activity? *  No        |
| lf <sub>2</sub> | yes, please describe  |   |
|                 |   |   |
| 0               | Applicant developed and owns IP Applicant has licensed IP from a to part Third party will license or assign IP to the   | sted R, select the relevant category. *       |
| Fl              | UNDING  |   |
| * iı            | ndicates a required field   |   |
|                 | efence Science and Technology G<br>RF Funding   | Group (DSTG) Contribution to DIP              |
|                 | TG provide an annual contribution to DIP Care of the CRF funding if:  | CRF funding and Applicants may be eligible to |
|                 | 1.The scope of the CRF activity aligns to the science and technology program; and 2.The successful Lead Participant agrees to Deed accepting intellectual property (IP) |   |

Please consider my application for this portion of CRF funding. \*

Would you like this application to be considered for the DSTG contribution?

YesNo

Agreement.

clauses are the same clauses included in the DST Defence Science Partnerships (DSP)

| Please nominate a relevant priority(ies) of the Defence innovation, Science and technology program for your activity and confirm your agreement to execute the IP Licence Deed should your application be successful. * |
|---|
| ☐ Hyersonics  |
| <ul><li>□ Directed Energy</li><li>□ Trusted Autonomy</li></ul>  |
| □ Quantum Technology  |
| <ul><li>☐ Information Warfare</li><li>☐ Long-range Fires</li></ul>  |
| Long-range rines  |
| We agree to execute an Intellectual Property Licence Deed to accept IP clauses for Commonwealth purposes should our application be successful *  O Yes O No   |
|   |
| Department of Defence   |
| Have you discussed this activity with anyone in the Department of Defence? *  ○ Yes   |
| If yes with whom?   |
|   |
|   |
| CRF - Grant Funds Requester   |
| Please show the breakdown of CE funding being sought for the Project by completing each category in this section.   |
| If the amount for a category is nil, wease enter a 0 into the field.  |
| FTE (Salaries)  |
| 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 AQS on the DIP website for more detail) |
| Amount *   |
| \$ Must be a dollar amount.  |
|  |
| Comments (Please list individual ) with cost associated) *                                       |
|  |
| If the dollar value for this line is a zero please enter NA in the Comments Field                |
| ·  |
| Research Infrastructure (Lab access etc.)  |
| Amount *  s  |
| Must be a dollar amount.   |
| Comments (Please list individual items with cost associated) *                                   |
|  |
|  |
|  |

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**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.  | <b>*</b> |
| Comments (Please list individual items with cost associated                    |          |
|  |          |
|  |          |
| If the dollar value for this line item is zero please wer Main the Comments    | Field    |
| Data Analysis  |          |
| Amount *   |          |
| \$   |          |
| Must be a dollar amount.   |          |
| Comments (Please like is arvicual items with cost associated)                  | *        |
|  |          |
| If the dollar value for this line item is zero please enter NA in the Comments | Field    |
| Other  |          |
| Amount *   |          |
| \$ Must be a dollar 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 CRF - GRANT FUNDS REQUESTED** This number/amount is calculated. This is the total amount of the Grant Funds requested (dollars). Other Organisation Contributions Funding will be provided for agreed expenditure directly associated with delivering the Project. Amount should be shown GST exclusive. Additional information on expenditure breakdown maybe requested during the application process. Cash, FTE in-kind, non-staff in-kind, and any other contributions to the Project from Other Organisations must be confirmed by a Participant Declaration which is to be submitted with this application as **Supporting Information**. **PROJECT SUPPORT** Do you have access to the resources you need to complete s project (eg: infrastructure, systems, trial subjects, etc)? ○ Yes **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** 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   |
| OTUED.   |
| OTHER  |
| Amount *   |
| Must be a dollar amount.   |
| Personintian *   |
| Description *  |
|  |
|  |
| If the dollar value for this line item is zero please on r NA in the Comments Field  |
| TOTAL: OTHER ORGANISATIONS ON THE SUTION   |
|  |
| This number/amount is calculated.  This is the total of all condibutions and to the project by all organisations (excludes the value of this |
| grant request)   |
| TOTAL: CRF - GRANT FUNDS REQUESTED   |
| \$ This number/amount is calculated.   |
| This is the total of grant funding requested above   |
| TOTAL: PROJECT BUDGET  |
| \$   |
| This number/amount is calculated.  Project Total Budget = Other Organisations Contribution + CRF Funds Requested                             |
|  |

### **ORGANISATION INFORMATION**

\* indicates a required field

Lead Organisation

The Lead Organisation will be required to enter into a Funding Agreement with the Minister for Defence and Space, if the application is successful.

The Lead Organisation is required to be familiar with, and be capable of fulfilling the role of **Recipient,** under the CRF Funding Agreement (please refer <u>HERE</u> for the template).

| <b>Organisation Name</b> Organisation Name | <b>*</b>                                   |                            |                                |
|--|--|----------------------------|--------------------------------|
| organisación name                          |  |                            |                                |
| ABN *                                      |  |                            |                                |
| ABN *                                      |  |                            |                                |
| The ABN provided wi                        | ll be used to look up t                    | ne following informat      | tion. Click Lookup above to    |
|  | entered the ABN corre                      |                            |                                |
| Information from the A                     | ustralian Business Regis                   | ter                        |                                |
| ABN  |  |                            | <b>Y</b> /                     |
| Entity name                                |  |                            |                                |
| ABN status                                 |  |                            |                                |
| Entity type                                |  |                            |                                |
| Goods & Services Tax                       | (GST)                                      |                            |                                |
| DGR Endorsed                               |  | $\Pi$                      |                                |
| ATO Charity Type                           | Mor  | <u>rma on</u>              |                                |
| ACNC Registration                          |  | <b>V</b>                   |                                |
| Tax Concessions                            |  | ·                          |                                |
| Main business location                     |  | <b>,</b>                   |                                |
| Must be an ABN.<br>Must be the ABN of the  | Ligal or a steed Ent                       | ty Name                    |                                |
| Must be the Abit of the                    | Legaro S, tee 20 Enc                       | cy warrie                  |                                |
| ACN  |  |                            |                                |
|  |  |                            |                                |
| Australian Company Nu                      | ımber if applicable                        |                            |                                |
| Lead Organisation                          |  |                            |                                |
| ○ Large Industry                           | <ul><li>SME (&lt; 200 employees)</li></ul> | <ul><li>Research</li></ul> | ○ Other:                       |
| Select the option that b                   | est represents your orga                   | anisation; if you have s   | elected "Other" please clarify |
| Partner Organis                            | ation                                      |                            |                                |
|  |  |                            |                                |
| Partner Organisati                         | on Name *                                  |                            |                                |
| Organisation Name                          |  |                            |                                |
|  |  |                            |                                |

| <b>Primary Address of Other Orga</b> Address | anisation *                  |                             |                 |
|--|------------------------------|-----------------------------|-----------------|
|  |                              |                             |                 |
|  |                              |                             |                 |
| Address Line 1, Suburb/Town, State/P         | rovince, Postcode, and       | d Country are require       | d.              |
| Partner Organisation Type *                  |                              |                             |                 |
| ○ Large Industry ○ SME (< 200                | <ul> <li>Research</li> </ul> | <ul><li>DST Group</li></ul> | Other:          |
| employees)                                   |                              |                             |                 |
| Does the Partner Organisation                | n have an ABN and            | d /or ACN? *                |                 |
| ○ Yes  | ○ No                         | .,                          |                 |
| Partner Organisation APN                     |                              |                             |                 |
| Partner Organisation ABN                     |                              |                             |                 |
| The ABN provided will be used to             | look up the followin         | g informat a Click          | rookun ahove to |
| check that you have entered the              |                              | g information clic          | Lookup above to |
| Information from the Australian Busin        | ness Register                |                             |                 |
| ABN  |                              |                             |                 |
| Entity name                                  |                              | ·                           |                 |
| ABN status                                   |                              |                             |                 |
| Entity type                                  |                              | •                           |                 |
| Goods & Services Tax (GST)                   | 10.                          |                             |                 |
| DGR Endorsed                                 |                              |                             |                 |
| ATO Charity Type                             | Mor Innamation               |                             |                 |
| ACNC Registration                            | Y                            |                             |                 |
| Tax Concessions                              | •                            |                             |                 |
| Main business location                       |                              |                             |                 |
| Must be an ABN.                              | i vev bava ana az lasv       | so blook if you don't       |                 |
| Enter your ABN number (no spaces) if         | you have one or leav         | e biank ii you don't.       |                 |

### **Partner Organisation ACN**

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

### Partner Organisation 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 Trading Name.

### SUPPORTING DOCUMENTATION

\* indicates a required field

### Participant Declaration

The  $\underbrace{Participant\ Declaration}$  is to be completed by ALL participants, **ie the Lead Organisation** and **Other Organisation**.

Participant Declarations **must be submitted** with the application as a supporting document.

| Attach a file:   |          |         |
|--|----------|---------|
|  |          |         |
| Application Feedb  | oack     |         |
| How did you hear at Advertisement Advertisement Public forum or me Industry Group Internet Newspaper / Magaz Word of mouth Social Media Other: | eting    | gram? * |
| APPLICANT DECI   | LARATION |         |
| * indicates a required f   | field    |         |
| CONFIDENTIALITY  | ,        |         |

Information provided by applicants ill be considered confidential and treated as such by the South Australia Covernment, the DIP, members of the DIP Advisory Board, the DIP Research Working Coup and any third parties from whom advice is sought.

Confidential information will only be released with the applicant's agreement or when required by la

#### RESEARCH & INNOVATION SECURITY ASSESSMENT

All shortlisted DIP CRF projects must complete a RESEARCH & INNOVATION SECURITY ASSESSMENT (RISA). The DIP Team will lead the assessment process and will engage with all Project Team members, including the Defence members or sponsors.

The RISA provides a clear understanding of the security requirements associated with a R&I project, including release limitations and who can undertake the R&I collaboration.

Please note: given the fundamental nature of the R&I of most CRF projects, it is expected the majority of projects will be low security and require no protection or DISP entry level. However, a completed RISA remains a requirement.

If this Application is shortlisted, the Lead Organisation will complete a RISA as directed by the DIP Team

Yes

O No

### APPLICANT DECLARATION

#### I declare that:

- The application, project and/or any associated expenditure has been endorsed by the Lead Organisation's Board or person with authority to commit to this application.
- The information contained in this application together with any statement provided is, to the best of my knowledge, true, accurate and complete.
- The Lead Organisation will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.
- The Lead Organisation's Primary Contact is authorised to complete this form and to sign and submit this Declaration on behalf of all Other Organisations.
- Subject to this Application being shortlisted, the Lead Organization will complete a Research & Innovation Security Assessment, as directed by the DIP Team.

\*
O By checking this box I agree to all of the above declarations and comirm all of the above statements to be true.

Name \*
Title First Name Last Name

Position \*
Organisation \*
Organisation Name