

APPLICATION FORM

* indicates a required field

Essential Information

Prior to commencing the Application, please ensure you are familiar with the Activator Fund Assessment Criteria.

You may also find it useful to review the [FAST FACTS AND QUESTIONS](#) and Activator Fund Guidelines.

LEAD ORGANISATION - PRIMARY CONTACT

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

The Defence Innovation Partnership (DIP) will **only** communicate with the Primary Contact in relation to this application. Any enquiries received from the Other Organisations will be referred to the Primary Contact.

It is the responsibility of the Primary Contact to distribute a copy of the submitted application to the Other Organisations listed in the application and to inform the Other Organisations of the outcome of the application.

Primary Contact *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Lead Organisation *

Organisation Name

This is the name of the Lead Organisation

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

Postal Address *

Address

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

PROJECT TEAM MEMBERS

* indicates a required field

Lead Organisation - Team Member(s)

PLEASE LIST ALL PROJECT TEAM MEMBERS FOR THE 'LEAD ORGANISATION'.

Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation *

Organisation Name

Email *

Must be an email address.

Please indicate below the Team Member's current Australian Government Security Vetting Agency Security Clearance Level. *

- Baseline
- Negative Vetting Level 1
- Negative Vetting Level 2
- Positive Vetting
- Other
- None

Other Organisation(s) - Team Member(s)

PLEASE LIST ALL PROJECT TEAM MEMBERS FOR ALL 'OTHER ORGANISATIONS'.

Name

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Organisation

Organisation Name

Email

Must be an email address.

Please indicate below the Team Member's current Australian Government Security Vetting Agency Security Clearance Level. *

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- Baseline
- Negative Vetting Level 1
- Negative Vetting Level 2
- Positive Vetting
- Other
- None

PROJECT INFORMATION

* indicates a required field

PROJECT TITLE

*

Word count:

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 *

Must be a date.

End Date *

Must be a date.

Ensure date is later than the start date.

PROJECT DESCRIPTION

1) Provide a description of the proposed problem and the proposed solution. What are the desired outcomes and how do these align with the objectives of the Activator Fund? *

Word count:

Must be no more than 1000 words.

2) Describe the novelty and innovation of the approach compared with existing approaches, including the potential of this project to deliver step change technology for Australia's defence capabilities. *

Word count:

Must be no more than 500 words.

DEFENCE DESIRABILITY AND POTENTIAL DUAL USE

1) Describe how the project aligns with Australia's Department of Defence priorities. *

Word count:
Must be no more than 500 words.

2) Describe how the project outcomes could be applied / utilised by the Australian Department of Defence. *

Must be no more than 500 words.

3) Describe how this project may apply to other sectors.

Word count:
Must be no more than 500 words.

COLLABORATION (team composition and contributions)

1) Provide a brief overview of the Project Team, including their contributions to, and involvement in, the project (NB: you will be asked to provide further details in the section titled FUNDING).

VIABILITY & FEASIBILITY

You will be asked for details on project and technical risks in the section titled PROJECT RISKS AND MITIGATION STRATEGIES.

1) Provide details on the Project Team's experience in undertaking, and completing innovation projects of a similar scale. *

Word count:
Must be no more than 500 words.

BUDGET

You will be asked for details on the project budget in the section titled FUNDING.

REALISATION PATHWAY / COMMERCIAL OPPORTUNITY / SCALABILITY & IMPACT

1) Describe the potential realisation pathway(s) for this project, including: commercial opportunities; market penetration; and scalability into defence and other sectors.

2) Describe the potential for the collaboration to continue beyond this project.

Word count:
Must be no more than 200 words.

3) Describe the potential economic benefits of this project to South Australia.

MILESTONES

In this section you will build on the high-level Project Description to detail the project plan, including milestones, expected deliverables, schedule and budget.

Milestone Delivery Date *

Must be a date.

Milestone Description *

Word count:
Must be no more than 150 words.
Milestones should have a specific and measurable deliverable.

EXTENSION MILESTONES

Please describe extension milestones that could be achieved if additional funding becomes available. Include estimated timeframe for delivery and estimated funding required for each extension milestone.

PROJECT RISK & MITIGATION STRATEGIES

Identify any potential technical hurdles and how these will be mitigated.

Potential Risk Identified *

Word count:
Must be no more than 100 words.

Proposed Mitigation Strategy *

Word count:

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

FUNDING

* indicates a required field

Activator Fund - Grant Funds Requested

Please show the breakdown of Activator funding being sought for the Project by completing each category in this section.

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

Full Time Equivalent (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 / data sets

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

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

Other

Amount *

\$

SAMPLE

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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 ACTIVATOR - 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**.

MATCHING CO-CONTRIBUTIONS

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

Yes

No

CASH CONTRIBUTION

Amount *

Must be a dollar amount.

Description - please include which organisation/s are contributing cash and amounts. *

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

FULL TIME EQUIVALENT (FTE) IN-KIND VALUE

Amount *

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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: OTHER ORGANISATIONS CONTRIBUTION

This number/amount is calculated.

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

TOTAL: ACTIVATOR - GRANT FUNDS REQUESTED

This number/amount is calculated.

This is the total of grant funding requested above

TOTAL: PROJECT BUDGET

SAMPLE

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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 and a Research Agreement / Contract with Defence Science and Technology Group, 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 Activator Funding Agreement and DSTO Research Agreement/ Contract (please refer [HERE](#) for the templates).

Organisation Name *

Organisation Name

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

ACN

Australian Company Number if applicable

Lead Organisation Type *

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

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

Please indicate below your Organisation's DISP membership level. *

- Entry Level = OFFICIAL/OFFICIAL: SENSITIVE
- Level 1 = PROTECTED
- Level 2 = SECRET
- Level 3 = TOP SECRET
- None

Other Organisation

In this section you will detail all other members of the collaborative Project Team.

Other Organisation Name *

Organisation Name

Primary Address of Other Organisation *

Address

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

Other Organisation Type *

- Large Industry SME (< 20 employees) Research DST Group Other:

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

- Yes No

Other Organisation 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	

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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 Organisation ACN

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

Other 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.

Please indicate below your Organisation's DISP membership level. *

- Entry Level = OFFICIAL/OFFICIAL:SENSITIVE
- Level 1 = PROTECTED
- Level 2 = SECRET
- Level 3 = TOP SECRET
- None

SUPPORTING DOCUMENTATION

* indicates a required field

Participant Declaration

The 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.

Lead & Other Organisation Declaration Upload *

Attach a file:

Declarations to be uploaded individually.

Letters of Support

Letter of Support can be used to demonstrate interest from Defence or other parties, where they are not participating in the project.

Letters of Support are **not required** from **Other Organisation** listed in this application as Other Participants are required to complete a **Organisation Declaration** which will be attached to this application.

Do you have Letters of Support?

- Yes

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No

Letters of Support Upload - if multiple letters, please combine into a single PDF

Attach a file:

Documentation Checklist

Documentation Checklist *

- Lead Organisation Declaration *
- Other Organisation(s) Declaration(s) *
- Letters of Support and/or Commitment (if applicable)

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

Additional Project Support Documentation

DIP will accept one additional page of information in support of the online application. The document can be no more than **one A4 page**, with a minimum acceptable font size of 10.

Any additional information submitted beyond this **will not** be considered as part of the application or assessment.

Do you have additional support documentation? *

Yes No

Attach a file:

Application Feedback

How did you hear about the DIP Activator Fund? *

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

Useful Resources To Assist In Completing Your Application

Assessment Criteria

Draft Funding Agreement

Intellectual Property Policy

APPLICANT DECLARATION

* indicates a required field

CONFIDENTIALITY

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 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.

RESEARCH & INNOVATION SECURITY ASSESSMENT

All shortlisted Activator 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.

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

- Yes
 No

If No, this application will not progress to next stage.

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 Organisation will complete a Research & Innovation Security Assessment, as directed by the DIP Team.

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*

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

Position *

Organisation *

Organisation Name

SAMPLE