

# Application Form - Scalable Distributed Active Sensing and Sensemaking Systems

## Form Preview

### APPLICATION FORM

\* indicates a required field

#### Essential Information

Prior to commencing the Application, please reference:

- [Activator Fund Guidelines](#)

#### LEAD ORGANISATION - PRIMARY CONTACT

The **Lead Organisation** for Activator Fund applications can be:

- (1) a public South Australian University; or
- (2) a South Australia-based business, either headquartered or with substantial operations relevant to the Activator theme.

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 Partner 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 Partner Organisations listed in the application and to inform the Partner Organisations of the outcome of the application.

#### Primary Contact \*

Title First Name Last Name

#### 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



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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

Partner Organisation(s) - Team Member(s)

**PLEASE LIST ALL PROJECT TEAM MEMBERS FOR ALL 'PARTNER ORGANISATIONS'.**

### Name

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

### Organisation

Organisation Name

### Email



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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

## 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. \***



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Word count:

Must be no more than 500 words.

## DEFENCE DESIRABILITY AND POTENTIAL DUAL USE

**1) Describe how the project aligns with priorities outlined in the Australian 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 potential dual-use applications of this project to other sectors, including Agriculture.**

Word count:

Must be no more than 500 words.

## COLLABORATION (Project Team composition and contributions)

**1) Provide an 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).**

Word count:

Must be no more than 500 words.

**2) Describe how this project will support growth in the Defence Innovation, Science and Technology ecosystem.**



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Word count:

Must be no more than 500 words.

## 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 members experiences in undertaking and completing innovation projects of a similar scale. \***

Word count:

Must be no more than 500 words.

**2) Describe how this project will build on the key strengths, capabilities and previous efforts of your project team.**

## 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.**



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Word count:

Must be no more than 200 words.

### 3) Describe the 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

**DEFENCE CHALLENGE FOCUSED:** Please describe extension milestones that relate to the Defence challenge that could be achieved if additional funding becomes available. Include estimated timeframe for delivery and estimated funding required for each extension milestone.

**AGRICULTURE CHALLENGE FOCUSED:** Please describe extension milestones that relate to the Agriculture challenge that could be achieved if additional funding from the Agriculture sector becomes available. Include estimated timeframe for delivery and estimated funding required for each extension milestone. NB: any potential projects that may eventuate focussed on the Agriculture challenge will be wholly administered via the Plant Biosecurity Research Initiative (a partnership of the nation's plant Research and Development Corporations).



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## 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 could 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 Fund 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 \***

\$



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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

### 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

**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

### Research Infrastructure (Lab access etc.)



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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

### 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 \*

\$

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



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### TOTAL ACTIVATOR - GRANT FUNDS REQUESTED

This number/amount is calculated.

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

### Partner 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 **Partner 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 (not including FTE)

**Amount \***

Must be a dollar amount.

**Description - please include which organisation/s are contributing cash and the 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 \***

Must be a dollar amount.

**Description - please include which organisation/s are contributing FTE and the amounts. \***



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

### NON-STAFF (FTE) IN-KIND

#### Amount (estimate) \*

\$

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: PARTNER 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

\$

This number/amount is calculated.



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Project Total Budget = Partner Organisations Contribution + Activator 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 and if applicable to this project.

The Lead Organisation is required to be familiar with and be capable of fulfilling the role of **Recipient** under the Activator Funding Agreement.

#### 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	<a href="#">More information</a>
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:

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



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**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

### Partner Organisation

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

**Partner Organisation Name \***

Organisation Name

**Primary Address of Partner Organisation \***

Address

  

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

**Partner Organisation Type \***

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

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

- ☐ Yes   ☐ No

**Partner 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	<a href="#">More information</a>
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.



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### 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.

### 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 (please download [HERE](#)) is to be completed by ALL participants, **ie the Lead Organisation and Partner Organisation (s)**.

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

### Lead & Partner 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 **Partner Organisation (s)** listed in this application as Partner Organisation are required to complete a **Participant Declaration** which will be attached to this application when submitted.

### Do you have Letters of Support?

- ☐ Yes
- ☐ No

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

Attach a file:



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### Documentation Checklist

#### Documentation Checklist \*

- ☐ Lead Organisation Declaration \*
- ☐ Partner 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:

## 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, members of the Assessment Panel (Defence SA, DSTG) and any third parties from whom advice is sought.**



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

**Do you give approval for your application to be shared with the Plant Biosecurity Research Initiative and the Leads from the relevant Research and Development Corporations?**

- ☐ Yes  
☐ No

## RESEARCH INNOVATION SECURITY ASSESSMENT

**All shortlisted Activator Fund projects must complete a RESEARCH & INNOVATION SECURITY ASSESSMENT (RISA). DSTG will lead the assessment process and will engage with Project Team members, including any 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 support completion of a RISA.**

- ☐ 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 Partner Organisations.
- Subject to this Application being shortlisted, the Lead Organisation will complete a Research & Innovation Security Assessment, as directed by the DIP Team.

\*

☐ 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

New Question

SAMPLE