

DIP Collaborator Fund R1.2 - Technology-Enabled Information Resilience

Form Preview

LEAD ORGANISATION

* indicates a required field

Essential Information

Prior to commencing the Application please reference:

- [Collaborator Fund Round 1.2 Guidelines](#)
- [Participant Declaration](#)
- [South Australian Government Funding Agreement - Sample Only](#)

LEAD ORGANISATION - PRIMARY CONTACT

The Lead Organisation for Collaborator Fund applications can be a:

1. South Australian public university; or
2. South Australian Small to Medium Enterprise (SME) or startup.

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

The Defence Innovation Partnership will **only** communicate with the Primary Contact in relation to this application. Any enquiries received from the 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

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Lead Organisation *

Organisation Name

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This is the name of the Lead Organisation

Position

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Email *

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Must be an email address.

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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 of Individual *

Title

First Name

Last Name

Position ***Email ***

Must be an email address.

Phone Number *

Must be an Australian phone number.

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

- ☐ Baseline
- ☐ Negative Vetting Level 1 (NV1)
- ☐ Negative Vetting Level 2 (NV2)
- ☐ Positive Vetting (PV)
- ☐ None

Is this Project Team Member eligible to apply for a BASELINE security clearance?

- ☐ Yes
- ☐ No

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NB: 1) A team member applying for a BASELINE clearance will NOT be able to commence work on the project until their security clearance is obtained; 2) A team member who is not eligible to apply for a security clearance, will NOT be able to participate in this project).

Partner Organisation(s) - Team Member(s)

PLEASE LIST ALL PROJECT TEAM MEMBERS FOR EACH OF THE PARTNER ORGANISATIONS

Partner Organisations for a Collaborator Fund proposal can be:

- Australian Government agencies, including Department of Defence.
- South Australian Government agencies.
- Australian universities.
- Publicly Funded Research Organisations.
- Australian industry – start-ups, SMEs and large companies.
- Other relevant organisations: not for profits, independent research organisations, industry associations.

Name of Individual *

Title	First Name	Last Name

Name of Organisation *

Organisation Name

Position *

Email *

Must be an email address.

Phone Number *

Must be an Australian phone number.

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

- ☐ BASELINE
- ☐ Negative Vetting Level 1 (NV1)
- ☐ Negative Vetting Level 2 (NV2)
- ☐ Positive Vetting (PV)
- ☐ None

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Is this Project Team Member eligible to apply for a BASELINE security clearance? (Note: Any team member who applies for a BASELINE clearance will NOT be able to commence work on the project until their security clearance is obtained).

- ☐ Yes
☐ No

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.

ASSESSMENT CRITERIA

Prior to completing this section, please click [HERE](#) to review the Collaborator Fund Guidelines.

Assessment Criterion 1 - Project Description and Technical Innovation

1.1 Briefly describe the problem your proposed project is attempting to solve and the proposed solution. *

Must be no more than 500 words.

1.2 Describe the project aims, technical approach and outcomes that will be delivered. *

Word count:

Must be no more than 500 words.

1.3 Describe the novelty of the proposed solution and what makes it innovative. *

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Word count:

Must be no more than 500 words.

1.4 Have any of the Project Partners received funding to undertake related projects?

☐ Yes

☐ No

If Yes, show does this project differ from their other funded work?

Assessment Criterion 2 - Defence Relevance

2.1 Describe how the proposal will enhance Defence's current capability. *

Word count:

Must be no more than 500 words.

Assessment Criterion 3 - Viability & Feasibility

3.1 Briefly describe the program of work that will be undertaken within the available timeframe (24 months) and provide a rationale for the feasibility of the approach. *

Word count:

Must be no more than 500 words.

3.2 Briefly outline the technical risks involved with the proposed project and how each risk will be mitigated.

Potential Risk Identified

Proposed Mitigation Strategy

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3.3 Provide details of all milestones and deliverables for the proposed project (covering the 24 month period).

Milestone Delivery Date

Must be a date.

Milestone Description

Must be no more than 150 words.

Milestones should have a specific and measurable deliverable.

Assessment Criterion 4 - Collaboration

4.1 Describe the expertise of the team to undertake the project, including the relevant experience and contribution that each team member will bring to the project. *

Word count:

Must be no more than 500 words.

NB:

4.2 Describe the level of Australian Department of Defence participation in this project. *

Word count:

Must be no more than 500 words.

Assessment Criterion 5 - Realisation and Impact

5.1 Describe a realisation pathway for how the project outcomes could potentially be translated into Defence and other adjacent sectors *

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Word count:

Must be no more than 500 words.

5.2 Describe how the project outcomes will deliver impact for Defence and other sectors. *

Word count:

Must be no more than 500 words.

DURATION

Start Date *

Must be a date.

End Date *

Must be a date.

Ensure date is later than the start date.

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

Department of Defence

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

☐ Yes

☐ No

If yes... with whom?

Collaborator Fund - Amount Requested

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

If the amount for a category is nil, please enter zero (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) *

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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) *

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

Other Infrastructure (eg venue hire)

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 *

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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

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).

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**.

PROJECT SUPPORT

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

☐ Yes

☐ No

CASH CONTRIBUTION

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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

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

OTHER**Amount ***

\$

Must be a dollar amount.

Description *

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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: 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 Industries, 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 Collaborator Fund Funding Agreement (please refer [HERE](#)).

Lead 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	

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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:

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

Partner Organisation

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

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Entity Name
ABN Status
Entity Type
Goods & Services Tax (GST)
DGR Endorsed
ATO Charity Type
ACNC Registration
Tax Concessions
Main Business Location

[More information](#)

Must be an ABN.

Enter your ABN number (no spaces) if you have one or leave blank if 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 Participant Declaration is to be completed by ALL participants, **ie the Lead Organisation and Partner Organisations.**

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

Please click [HERE](#) to download the Fillable Participant Declaration.

Lead & Partner Organisation Declaration Upload *

Attach a file:

Declarations to be uploaded individually.

Letters of Support

Letters 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 Organisations** listed in this application as Partner Participants are required to complete a **Participant Declaration** which will be attached to this application.

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Do you have Letters of Support?

- ☐ Yes
☐ No

Letters of Support Upload

Attach a file:

Letters of Support to be uploaded individually.

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 **will not** be considered as part of the application or assessment.

Do you have additional support documentation? *

- ☐ Yes ☐ No

Attach a file:

APPLICANT DECLARATION

* indicates a required field

CONFIDENTIALITY

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

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

RESEARCH & INNOVATION SECURITY ASSESSMENT

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All shortlisted DIP Collaborator Fund 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 research and innovation project, including release limitations and who can undertake the research and innovation collaboration.

Please note: given the fundamental nature of the research and innovation of most Collaborator Fund 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
☐ 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.

*

- ☐ 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 *

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Organisation *

Organisation Name

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