

SA Space Collaboration & Innovation Fund

Form Preview

APPLICATION FORM

* indicates a required field

Essential Information (links to be added)

Prior to commencing the Application, please refer to:

- [SA Space Collaboration & Innovation Fund Guidelines](#)

LEAD ORGANISATION - PRIMARY CONTACT

The Lead Organisation for the SA Space Collaboration & Innovation Fund applications must be a South Australian Start-up or Small & Medium Enterprise (SME).

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

The Administering Entity will **only** communicate with the Primary Contact in relation to this Application. Any enquiries received from the International Partner Organisation(s) or Other 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 International Partner Organisation(s) or Other Partner Organisations listed in the application and to inform them of the outcome of the application.

PRIMARY CONTACT *

Title First Name Last Name

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Postal Address *

Address

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

Lead Organisation *

Organisation Name

--

This is the name of the Lead Organisation

Email *

--

Must be an email address.

Phone Number *

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Must be an Australian phone number.

Website

Must be a URL.

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"/>
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Organisation *

Organisation Name

Email *

Must be an email address.

International Partner Organisation(s) - Team Member(s)

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

Name of Team Member

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Primary Work Address of Team Member

Address

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

Email of Team Member

Must be an email address.

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Name of International Partner Organisation

Organisation Name

Primary Address of International Partner Organisation

Address

Other Partner Organisation(s) - Team Member(s)

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

Name

Title

First Name

Last Name

Organisation

Organisation Name

Email

Must be an email address.

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.

ASSESSMENT CRITERIA

PLEASE READ THE [SA SPACE COLLABORATION & INNOVATION FUND GUIDELINES SECTION 7 ASSESSMENT CRITERIA](#) PRIOR TO COMPLETING:

1. Project Description and Suitability
2. Collaboration
3. Viability and Feasibility
4. Realisation Pathway / Commercial Opportunity / Scalability and Impact

Project Description and Suitability

1) Describe the problem and the proposed solution *

Word count:

Must be no more than 500 words.

2) Describe the purpose, how the project will be undertaken and the desired outcomes. How do these align with the purpose and objectives of the Fund? *

Word count:

Must be no more than 500 words.

3) Describe how the proposal may contribute to the growth of the space ecosystem in South Australia *

Word count:

Must be no more than 500 words.

4) Describe how the project is novel and innovative *

Word count:

Must be no more than 500 words.

Collaboration (Project Team composition and contributions)

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1) Provide a brief overview of contributions (cash and/or in-kind) from all project participants. International partners are expected to contribute towards a matched funding element (cash and/or in-kind). (You will be asked to provide further details in the section titled FUNDING). *

Word count:
Must be no more than 500 words.

2) Provide details of the expertise and capability of the Project Team undertaking the project. *

Word count:
Must be no more than 500 words.

3) Provide details of the resources required to undertake the project. *

Word count:
Must be no more than 500 words.

4) Provide details of Partner roles. *

Word count:
Must be no more than 500 words.

Viability and Feasibility

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

1) How well have the technical or project risks been addressed such as the proposed scope, schedule, budget, and outcomes to determine if the activity is likely to be successful. Is the proposal achievable in the timeframe and within budget. *

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Word count:
Must be no more than 500 words.

2) Provide details of any factors that might constrain success of the project, such as the availability of systems, key people, enabling infrastructure or services. Provide details of risk mitigation strategies. *

Word count:
Must be no more than 500 words.

3) Provide details of your competitive advantage and the technical feasibility of the proposal. Are there more mature solutions in the proposed marketplace? *

Word count:
Must be no more than 500 words.

4) Prohibitive costs: Provide details on how the budget and allocated resources represents value for money (eg. are the costs to achieve the milestones / deliverables reasonable and overheads acceptable). *

Word count:
Must be no more than 250 words.

Realisation Pathway / Commercial Opportunity / Scalability & Impact

1) Describe the potential realisation pathway(s) for this project, including: commercial opportunity and impact. *

Word count:
Must be no more than 250 words.

2) Describe the strategy for potential ongoing market penetration. *

Word count:
Must be no more than 250 words.

3) Describe the potential for future proposed partnerships. *

Word count:

Must be no more than 250 words.

4) Describe the economic benefits of this project for South Australia. *

Word count:

Must be no more than 250 words.

REPORTING MILESTONES

You will need to include key milestones and measurable deliverables. A report will need to be provided for each milestone. As a guide for a 12- month project we would expect 3 – 4 milestones.

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.

INTELLECTUAL PROPERTY

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

☐ Yes

☐ No

If yes, please describe *

Word count:

Must be no more than 250 words.

FUNDING

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* indicates a required field

SA Space Collaboration & Innovation Fund - Grant Funds Requested

Please show the breakdown of SA Space Collaboration & Innovation Fund funding being sought for the Project by completing each category in this section. Please note all amounts should be in AUD.

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

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

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

Research Infrastructure (eg. 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

Travel (must be directly related to the Fund project)**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

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

TOTAL GRANT FUNDS REQUESTED

This number/amount is calculated.

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

Matching Contributions (cash and/or in-kind) from all project participants.

Funding will be provided for agreed expenditure directly associated with delivering the Project.

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Amount should be shown **GST exclusive**. Additional information on expenditure breakdown may be requested during the application process.

Cash, FTE in-kind, non-staff in-kind, and any other contributions to the Project from **Lead Organisation, International Partner Organisation and Other 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, 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

FULL TIME EQUIVALENT (FTE) IN-KIND VALUE

Amount *

\$

Must be a dollar amount.

Description *

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

NON-STAFF (FTE) IN-KIND

Amount *

\$

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Must be a dollar amount.

Description *

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

OTHER

Amount *

Must be a dollar amount.

Description *

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

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: 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 = Partner Organisations Contribution + Grant 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.

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

- ☐ SME
☐ Start Up
☐ Other:

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

International Partner Organisation

In this section please provide business details for all International Partner Organisations.

All International Partner Organisations are required to complete and submit a Participant Declaration Form with this application.

International Partner Organisation Name *

Organisation Name

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Primary Address of International Organisation *

Address

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

International Partner Organisation Type *

- ☐ Large Industry
- ☐ SME
- ☐ Start up
- ☐ Research Organisation
- ☐ Government Organisation
- ☐ Other:

Other Partner Organisation

In this section please provide business details all Other Partner Organisations.

All Other Partner Organisations are required to complete and submit a Participant Declaration Form with this application.

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
- ☐ Start Up
- ☐ Research Organisation
- ☐ Government Organisation

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

- ☐ Yes
- ☐ No

Partner Organisation ABN

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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.

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

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

Participant Declaration Upload *

Attach a file:

Declarations to be uploaded individually.

Letters of Support

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

Letters of Support are **not required** from **International Partner or Other Partner Organisation(s)** listed in this application as **International Partner and Other Partner Organisations** are required to complete a **Participant Declaration** which will be submitted with this application.

Do you have Letters of Support?

- ☐ Yes
- ☐ No

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

Attach a file:

Documentation Checklist

Documentation Checklist *

- ☐ Lead Organisation Participant Declaration *
- ☐ International Partner Organisation(s) Participant Declaration(s)
- ☐ Other Partner Organisation(s) Participant 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

One additional page of information to support this application will be accepted. 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 SA Space Collaboration & Innovation Fund ? *

- ☐ Direct Mail / Email
- ☐ Public forum or meeting
- ☐ Industry Group
- ☐ Internet

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- ☐ 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 Administering Entity.

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

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 International Partner Organisation, Other Partner Organisations, 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.

*

☐ 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

Position *

Organisation *

Organisation Name

