

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

### APPLICATION FORM

\* indicates a required field

#### Essential Information (links to be added)

Prior to commencing the Application, please refer to:

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

### LEAD ORGANISATION - PRIMARY CONTACT

The Lead Organisation for the South Australian Space Collaboration & Innovation Fund applications must be a South Australian start-up or small to 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

#### 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 \*

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

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.

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

### 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 SOUTH AUSTRALIAN SPACE COLLABORATION & INNOVATION FUND GUIDELINES SECTION 7 ASSESSMENT CRITERIA (***link to be added***) 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 750 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 750 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 750 words.

#### **4) Describe how the project is novel and innovative \***

Word count:

Must be no more than 750 words.

### Collaboration (Project Team composition and contributions)

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

**1) Provide a brief overview of contributions (cash and/or in-kind) from all project participants. International partners are expected to contribute 10% 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 750 words.

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

Word count:

Must be no more than 750 words.

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

Word count:

Must be no more than 750 words.

**4) Provide details of Partner roles. \***

Word count:

Must be no more than 750 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? \***

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

Word count:

Must be no more than 750 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 750 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 750 words.

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

Word count:

Must be no more than 750 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 750 words.

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

Word count:

Must be no more than 750 words.

### 3) Describe the potential for future proposed partnerships. \*

Word count:

Must be no more than 750 words.

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

Word count:

Must be no more than 750 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 300 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

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

\* indicates a required field

### South Australian Space Collaboration & Innovation Fund - Grant Funds Requested

Please show the breakdown of South Australian 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



# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

### Research Infrastructure (eg. 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

### 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.

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

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

**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 (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 (Please include which organisations are contributing in-kind FTE support and describe support being provided). \***

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

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

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

**Amount \***

\$

Must be a dollar amount.

**Description (Please include which organisations are contributing other in-kind support (ie. non-FTE) and describe support being provided). \***

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

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

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 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	<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 \*

- ☐ 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.**

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

### International Partner Organisation Name \*

Organisation Name

### 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

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

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.

### 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

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

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 South Australian Space Collaboration & Innovation Fund ? \*

- ☐ SASIC or DIP enews
- ☐ Other enews
- ☐ Public forum or meeting

# South Australian Space Collaboration & Innovation Fund Round 2

## Form Preview

- ☐ Industry Group
- ☐ Internet
- ☐ Online publication or news channel
- ☐ Word of mouth
- ☐ SASIC or DIP Social Media channels
- ☐ Other Social Media channels
- ☐ 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

<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Position \*

### Organisation \*

Organisation Name



