About this form

IMPORTANT

Before completing this form, please ensure you have read the relevant information and/or guidelines on our website: South Australian Research and Innovation Fund - Stream 1 (RIF-Stream 1).

For queries about this form, the grant application process or about your eligibility, email DIIS.ResearchInnovationPrograms@sa.gov.au and quote your submission number.

Eligibility Check

I confirm our organisation and the RIF-Stream 1 Guidelines.	the project meet the eligibility criteria s	et out in
○ Yes	○ No	
I confirm our organisation can the Government of South Aust	enter into a legally binding funding agreralia.	ement with
○ Yes	○ No	
You are not eligible.		
	uestions above, you are not eligible for this gromplete the remainder of this form.	ant
To access more support for your o	rganisation, visit <link here=""/> .	

You may be eligible.

Please proceed with the remainder of this form. Ensure you have all the required documents and information on hand to complete this form.

Disclaimer

Completing this Eligibility Check does not mean you are eligible. Your application will be assessed in full. We may request further proof to confirm any of the information you have indicated in the Eligibility Check or throughout the form.

Information required to complete this form

Please check that you have all the following information and documents on hand to complete this application form.

- 1.Australian Business Number The business has a registered active ABN.
- 2.**Proof of partner contributions** This could include grant applications (draft or final), grant guidelines, grant approval letters and/or letters of support.

3. Previous South Australian Government funding details – including the funding amount, start and end date, and name of the department providing the funding.

Useful information

In this form, the following terms and definitions apply.

Applicant refers to the entity to which this form relates.

Approved Research Institute (ARI) means any institute which is approved in writing for undertaking scientific research which is, or may prove to be, of value to Australia and meeting the definition of the Australian Taxation Office (ATO) 'What is an approved research institute'.

Department means the Department of State Development (DSD).

Government means the Government of South Australia unless otherwise specified.

RIF means the South Australian Research and Innovation Fund.

Applicant

* indicates a required field

Entity Type

The applicant is **the entity** applying for the grant.

	, , , , , , , , , , , , , , , , , , ,
-	pplicant legal name * ganisation Name
	s is the legal entity name that appears on all official documents or legal papers. This may be ferent to your Registered Business Name.
Αŗ	pplicant's entity type *
	For profit Not-for-profit (non-charity)
	Registered charity Approved Research Institute University (public or private)

Partnership Details

List all partners in the partnership

Title	First Name	Last Name
Title	First Name	Last Name
These should be t	the partners of the partnership entity type, not the p	roject partners.

Trust Details		
Who is the trustee of the tr	ust? *	
If the trustee is a company, Organisation Name	enter trustee company	, name
List all individual trustees (NR trustee company dir	ectors
Title	First Name	Last Name
Title	First Name	Last Name
Company Details List all company directors		
Title	First Name	Last Name
Title	First Name	Last Name
Applicant Details Registered Business Name		
Australian Business Numbe		formation. Click Lookup above to
check that you have entered th		Tormation. Click Lookup above to
Information from the Australian B	usiness 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		

Australian Company Number (ACN)

Where ap	plicable.		
Website	2 *		
Phone *	•		
Email *			
Primary Address	address *		
Author	rised Project C	ontact	
Person a applicati		sent and/or act on	behalf of the applicant in relation to this grant
Name * Title	First Name	Last Name	
		Edge Warne	
Position	ı title *		
Phone (mobile) *		
Phone (office)		
Email *			
Person	preparing the	e application	
		s application form	s the same as the Authorised Contact, please
ieave thi	is section blank.		

Last Name

Name

First Name

Title

Position title	
Phone (mobile)	
Phone (office)	
Email	
Project Outline	
* indicates a required field	
Project title *	
Provide a brief description of your proje	ct. (Max 500 words) *
Include the project purpose and expected outcom	es.

Funding Request

* indicates a required field

Project Funding Details

Please indicate the amount of funding sought and provide details of all financial cash contributions (confirmed and proposed) and the total proposed cash budget to deliver the expected project outcomes.

Applicants must seek or have secured funding from:

- the Commonwealth Government; and/or
- a public or private research institution (including universities, research institutes, and Commonwealth research organisations); and/or
- industry.

Note: Co-investment through RIF Stream 1 may not exceed **25% of the total eligible project costs** with cash contribution from Commonwealth, Approved Research Institute

and/or Industry. In-kind contributions will not be considered a part of the Total matched funding when determining the total eligible project costs.

Note 2: Enter \$0 where no matched funding is available for any particular year.

Financial Year	Requested funding from the Department (\$)	Matched funding (\$)
Financial Years are from 1 July to	AUD, ex GST	AUD, ex GST - CASH ONLY
30 June of the following year.		
	\$	\$
	\$	\$
	\$	\$

Total funding requested from the Department	Requested funding start date *
\$	
This Australian Dollar amount is calculated.	
Excludes GST.	Requested funding end date *
Total matched funding	
\$	
This Australian Dollar amount is calculated. Excludes GST.	
Total cash budget *	
\$	
This Australian Dollar amount is calculated.	
Excludes GST.	

Partner Contribution Details

Applications must:

- list all funding amounts and their sources (ie who is providing the funding). This includes any previously received funding from the Department used for this project;
- clearly identify whether the funding is confirmed or tentative;
- state any conditions upon which the funding is dependent; and
- provide evidence for the funding contribution, such as grant applications (draft or final), grant guidelines, grant approval letters and/or letters of support.

Maximise the table to view all columns.

Note: In-kind contributions **should not be used to calculate requested funding and matched funding** for the purposes of this grant program. The table below is only to provide details on sources of support available for the program.

Note 2: Do not edit the first two sources of contribution listed in the table. If no funding is sought from these sources, please enter \$0.

Source of Cas	h Value of	Combined	Funding	Comments	Proof of
contributioncon	tributiorin-kind	contributio	nstatus		contribution
(\$)		(\$)			

		contributio	n				
	AUD, ex GST		Cash and in- kind. AUD calculated, ex GST		fı	nclude any unding onditions.	
Department for Industry, Innovation and Science	\$	\$	\$				
Australian Government	\$	\$	\$				
	\$	\$	\$				
Total cash contrib \$ This Australia	ution n Dollar amoui	\$	a contribution ralian Dollar ar	nount is	\$	ntribution ustralian Doll	lar amount is
calculated. Ex			d. Excludes GS			ated. Exclude	
Previous	Funding fr	om the Go	vernment	of Sout	th Aus	stralia	
Government Over Yes The followin	nt Departme	eceived fund ent for the pr in relation to t nilar project.	roject or its ○ No	predece	essor?	*	
Total amount *			Commen	ts (optional)			
·	llar amount. Ex	kcludes GST.					
Government Agen	cy partner to the A	greement *					
Funding start date	2 *						
Funding expiry da	te *						
Other Sup	oport Requ	uested for t	he Project				
What other		e you seekin	g from the I	Departn	nent to	o deliver tl	ne project

Outcomes and Capability

* indicates a required field

Strategic Alignment

Projects must:

- align with the RIF Investment Principles; and
- support the State's strategic objectives and missions outlined in the <u>South Australian</u> Economic Statement.

Describe how the project will deliver the	outcomes listed above. (Max 500 words)
Benefits for South Australia	
Which industry sector/s will benefit from ☐ Creative Industries ☐ Defence Industry ☐ Food, Wine and Agribusiness ☐ Green Technology and Circular Economy ☐ Health and Medical Industries	☐ International Education☐ Mining and Mineral Processing☐ Space Industry
☐ Hi-tech and Modern Manufacturing	
Capability and Capacity	
	or projects and/or program (if applicable) eliver the outcomes for this project. (Max

Additional Information

* indicates a required field

Do you expect any of the information provided in this Expression of Interest to change within the coming three months? * \bigcirc No

Please provide details of information that may change in the coming three months. *

_	
Document title	Upload
Upload additional documents that s	support your Expression of Inte
Supporting Documents	
Additional comments to suppor	t your Expression of Intere

Declaration

* indicates a required field

Conflicts of Interest

Are you, as the Authorised Project Contact, a Public Officer under the ICAC Act 2012 (SA)? *

O Yes

O No

Do you, as the Authorised Project Contact, have any actual, potential or perceived conflicts of interest in relation to this Expression of Interest and/or program? *

conflicts of interest in relation to this Expression of Interest and/or program? *

○ Yes

○ No

Provide details of actual, potential or perceived conflicts of interest in relation to this Expression of Interest and/or program. *

Confidential information

Confidentiality obligations apply to **Government of South Australia** (the 'Government') employees under their terms of employment and the *Public Sector Act 2009 (SA)*. The **Department of State Development** (the 'Department') will treat information provided by the applicant as confidential information if all the following is satisfied:

- the information is clearly identified as confidential and you explain why it should be treated as confidential;
- the information is of a confidential nature (e.g. commercially sensitive); and

• the information is provided with the understanding that it will stay confidential.

Information that is or becomes public knowledge (other than by breach of any confidentiality obligations) will not be considered to be confidential information.

Disclosure of information (including confidential information)

Any information contained in, or relating to, an application, including information identified by an Applicant as confidential information for the purposes of applying for funding under the **Research and Innovation Fund Steam 1 Program** (the 'Program'), may be disclosed by the Department:

- to employees, advisers or third parties in order to manage the Program (including but not limited to, for the purposes of evaluating and assessing the application);
- within the Government where this serves the legitimate interest of the Department;
- in response to a request by a House or Committee of the Parliament of the Commonwealth of Australia or South Australia;
- where information is authorised or required by law to be disclosed; and
- where the information is already in the public domain.

Privacy

The Department is required to treat your personal information in compliance with the Government's <u>Information Privacy Principles (IPPs)</u>. The Department may provide the personal information collected from you to Government employees, advisers or third parties so that the Department can manage, monitor and assess the Program. The Department or the **Minister for Industry, Innovation and Science** (the 'Minister') may publicly announce details of successful applications including but not limited to, the name of applicant, project summary, estimated and actual economic outcomes and amount of funding, and publish personal information on the Department's social media and websites.

Declarations and Consents

- 1.I declare that I have authority to complete this **Expression of Interest Form** (the 'Form') and to make these declarations and consents on behalf of the Applicant, and further acknowledge that by including my name in this Form, I am deemed to have signed this Form as an authorised representative of the Applicant.
- 2.I declare that I have read and understood the Program Guidelines and the instructions set out in this Form (including the provisions relating to Confidential Information, Disclosure of Information and Privacy outlined in this Form).
- 3.I declare that the information contained in this Form together with any statement attached and all other information provided in relation to this Form is, to the best of my knowledge, true, accurate and complete and that I will bring any relevant changes to the attention of the Department as soon as practicable during the assessment period. I also understand that giving of false or misleading information is a serious offence under the *Criminal Law Consolidation Act 1935 (SA)*.
- 4.I understand that I may be requested to provide further clarification or documentation to verify the information supplied in this Form (and/or associated documents) and that during the Expression of Interest process, the Department may consult with other

Government agencies or engage external advisors/third parties about the information provided in this Form (and associated documents).

- 5. acknowledge that if the Department or the Minister is satisfied that any information provided in this Form (or in any associated documents) is incorrect, incomplete, false or misleading, the Department or Minister may, at its absolute discretion, take appropriate action which may include, but is not limited to:
 - excluding an Application and/or Expression of Interest from consideration;
 - withdrawing a funding offer; and/or
 - terminating any grant agreement including recovering funds already paid.
- 6.I declare that the Applicant will comply with, and require that its employees and contractors comply with, all applicable laws and Government policies.
- 7.I understand that the assessment of this Expression of Interest Form and any decision to invite the Applicant to submit a Full Application is at the absolute discretion of the Department or the Minister.

By submitting this Form, I, the Authorised Project Contact, declare that:

- I understand and agree to the paragraphs above; and
- the information provided in this form is true and correct.

Authorised project contact *		
Title	First Name	Last Name
As listed	d on Applicant page.	
Date o	of declaration *	
This sho	ould be the date you	submit this application.