

Research & Innovation Fund Stream 3 - Expression of Interest Form Preview

About this form

IMPORTANT

Before completing this form, you must read the relevant [South Australian Research and Innovation Fund Stream 3 \(RIF-Stream 3\) Grant](#) information and [program guidelines](#).

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

Terms used in this form

In this Expression of Interest form, the following terms and definitions apply.

Applicant refers to the organisation entity to which this form relates.

Department means the Department of State Development (DSD).

Government means the Government of South Australia unless otherwise specified.

Program means Stream 3 of the Research and Innovation Fund.

Project means the Applicant's proposed program, project, event or activity (the subject of this EOI).

RIF means the South Australian Research and Innovation Fund.

Eligibility check

Eligibility and assessment criteria are available in the [program guidelines](#).

I confirm that our organisation:

a. is a company incorporated in Australia with an active Australian Business Number (ABN).

Yes No

b. is a non-tax-exempt business

Yes No

c. is registered for Goods and Services Tax (GST).

Yes No

d. is based or willing to be based in South Australia prior to commencing the project.

Yes No

e. can enter into a legally binding funding agreement with the Government of South Australia.

Yes No

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You are not eligible.

If you answered no to any of the questions above, you are not eligible for this Program. You will not be able to complete the remainder of this form.

To explore more support for your organisation, visit the Department of State Development's [Research and Innovation Fund page](#).

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, if you are invited to continue the application process. 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 co-contributions**- Applicants are required to provide evidence for the matched funding amount, including the conditions and sources of funding.
3. **Previous South Australian Government funding details** - Including the funding amount, start and end date, and name of the department providing the funding.

Applicant

* indicates a required field

Organisation Details

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

Organisation legal name *

Organisation Name

This is the legal entity name that appears on all official documents or legal papers. This may be different to your Registered Business Name.

Organisation entity type *

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- For profit
- Not-for-profit (non-charity)
- Registered charity
- 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 the partners of the partnership entity type, not the Project partners.		

Trust Details

Who is the trustee of the trust? *

If the trustee is a company, enter trustee company name

Organisation Name

List all individual trustees OR trustee company directors

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 Number (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

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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 applicable.

Website *

Phone *

Email *

Address *

Address

Authorised Project Contact

Person authorised to represent and/or act on behalf of the applicant in relation to this grant application.

Name *

Title

First Name

Last Name

Position title *

Phone (mobile) *

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Phone (office)

Email *

Person Preparing the Form

If the person preparing this form is the same as the authorised project contact, please leave this section blank.

Name

Title First Name Last Name

Position title

Phone (mobile)

Phone (office)

Email

Project Outline

* indicates a required field

Project title *

Provide a brief description of your Project. (Max 250 words) *

Include the Project purpose and expected outcomes.

Funding Request

* indicates a required field

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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.

Funding amounts under this Program may range from \$20,000 to \$500,000.

Note: 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 30 June of the following year.	AUD, ex GST	AUD, ex GST - CASH ONLY
	\$	\$
	\$	\$
	\$	\$

Total funding requested from the Department

\$

This Australian Dollar amount is calculated. Excludes GST.

Requested funding start date *

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.

Applicant and Co-Investment 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 approval letters and/or letters of support.

Maximise the table to view all columns.

*Note: In general, in-kind contributions (non-monetary resources provided by the Applicant to support the Project) **are not considered a part of the matched funding** when determining the total eligible Project costs for the purposes of this grant program. In special cases, the Department **may** consider in-kind contribution as part of matched funding, where the in-kind contributions are auditable financial expenses.*

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

Source of contribution	Cash contribution (\$)	Value of in-kind contribution (\$)	Combined contribution (\$)	Funding status	Comments	Proof of contribution
	AUD, ex GST	AUD, ex GST	Cash and in-kind. AUD calculated, ex GST		include any funding conditions.	
Department of State Development	\$	\$	\$			
	\$	\$	\$			
	\$	\$	\$			

Total cash contribution

\$

This Australian Dollar amount is calculated. Excludes GST.

Total in-kind contribution

\$

This Australian Dollar amount is calculated. Excludes GST.

Total contribution

\$

This Australian Dollar amount is calculated. Excludes GST.

Previous Funding from the Government of South Australia

Have you previously received funding from the Department or a different government department for the Project or any similar projects? *

Yes

No

The following details are in relation to the applicant's most recent grant funding agreement ***related to this or a similar project.***

Total amount *

\$

Australian Dollar amount. Excludes GST.

Comments (optional)

Government Agency partner to the Agreement *

Funding start date *

Funding expiry date *

Other Support Requested for the Project

What other support are you seeking from the Department to deliver the Project successfully? (Max 200 words)

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 [South Australian Economic Statement](#).

Describe how the Project will drive innovation and collaboration in South Australia and support the State's strategic objectives and missions as outlined in the above documents. (Max 250 words) *

Describe your strategy for how the Project will strengthen the State's research and development capacity and capability and lead to growth of the State's entrepreneurial and innovation ecosystem with the potential to create high-value jobs, revenue and exports. (Max 250 words) *

Benefits for South Australia

Which industry sector/s will benefit from the Project outcomes? *

- | | |
|--|---|
| <input type="checkbox"/> Creative Industries | <input type="checkbox"/> International Education |
| <input type="checkbox"/> Defence Industry | <input type="checkbox"/> Mining and Mineral Processing |
| <input type="checkbox"/> Food, Wine and Agribusiness | <input type="checkbox"/> Space Industry |
| <input type="checkbox"/> Green Technology and Circular Economy | <input type="checkbox"/> Tourism |
| <input type="checkbox"/> Health and Medical Industries | <input type="checkbox"/> Other: <input style="width: 80px;" type="text"/> |
| <input type="checkbox"/> Hi-tech and Modern Manufacturing | |

Capability and Capacity

Describe the outcomes of any predecessor projects (if applicable) and/or your capability and capacity to deliver the outcomes for this proposal. (Max 250 words) *

If applicable, include the outcomes of any predecessor projects. Predecessor projects are projects which have previously received funding or precursors to this project.

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? *

- Yes No

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

Additional comments to support your Expression of Interest.

Supporting Documents

Upload additional documents that support your Expression of Interest.

Document title	Upload

Declaration

* indicates a required field

Conflicts of Interest

A Public Officer is someone who works in public administration. The full schedule of Public Officers is available in the [Independent Commissioner Against Corruption Act 2012 \(SA\) \(ICAC Act\)](#).

Are you, as the authorised project contact, a Public Officer under the ICAC Act 2012 (SA)? *

- Yes 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? *

- 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 Stream 3 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 [Information Privacy Principles \(IPPs\)](#). 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

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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. I 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 the 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 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
<input type="text"/>	<input type="text"/>	<input type="text"/>

As listed on Applicant page.

Date of declaration *

This should be the date you submit this application.