



Regional New Industries Fund (RNIF) – Expression of Interest – Albany Innovation

Application Information

Before completing the application please ensure you have read the RNIF – Expression of Interest – Albany Innovation Hub guidelines.

The closing date for applications is **5pm (AWST), Wednesday 26 October 2020** and applications are to be submitted via e-mail to RNIF@dpiird.wa.gov.au. Incomplete applications and/or applications received after the closing date will not be considered.

Submitting an application provides no assurance or guarantee the applicant will receive funding assistance. All applications are considered on their individual merits. If you require assistance preparing your application please contact the Department on 08 6552 1860 or RNIF@dpiird.wa.gov.au

Privacy Statement

Information provided by applicants or collected by the Department of Primary Industries and Regional Development (DPIRD) in relation to the applicant or their application may be used in the administration of the RNIF program and in the assessment of this application.

DPIRD may request additional information from applicants and is authorised to contact any persons or organisations in the assessment of the application.

Clarification on the other funding sources for your project stated in your application and project budget may be sought from the other funding bodies. Any information provided (personal, financial or otherwise) will be solely used for the purpose of the RNIF program.

Information will not be released to third parties without prior written permission of the applicant.

DPIRD will store personal information collected in this application, supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the *Privacy Act 1988 (cth)*. DPIRD is also subject to the *Freedom of Information Act 1992* and documents in the possession of these agencies are subject to these provisions.

CONSENT

I have read and understood the Albany Innovation EOI including the eligibility criteria and have read the privacy statement and I consent to and authorise such uses and disclosures.

Applicant Name

Signature

Date

ORGANISATION DETAILS

Applicant Organisation Name		
Trading Name of Business (if different from entity name)		
Applicant ABN		
Names of all partners/directors/senior management of the organisation (if entity is a business/company/partnership)		
Organisation Address		
Postal Address (if same as above leave blank)		
Website		
Project Contact Person	Name	
	Position Title	
	Email Address	
	Phone Number	

PROJECT- SUMMARY

Project name			
Financial details	Total budget (include audit costs within the budget)		\$ (Excl. GST)
	Total request		\$ (Excl. GST)
Duration	Target start date		
	Date for project completion (including achievement of all Deliverables and Milestones)	30 September 2021	

1. PROPOSAL DESCRIPTION

(Provide a clear description of the proposal including the purpose, aim and scope showing that it meets the Scope of Activities outlined in the EOI. The scope should include the number and duration of proposed activities, key focus areas of proposed activities, the proposed location of activities and the intended number of participants. Include a description of how the events/workshops proposed fulfil a proven/identified need within the regional innovation ecosystem.)

Also complete the table below by inserting the outputs specific to the project.

Deliverables

	Activity/Outputs	Completion Date
1		
2		
3		

2. OUTCOMES

(List the benefits and/or outcomes that the proposal is expected to deliver.

	Outcome	How will you measure success?
1		
2		
3		

3. FINANCIAL INFORMATION

a. Total budget for the proposal		(\$) excl. GST
b. Total RNIF funding request		
c. Proponent contribution – cash		
d. Proponent contribution – in kind		
e. Third party funding – cash		
f. Third party contribution – in kind		

Matched funding is not required but may strengthen the application. Please ensure financials (b) through to (f) sum to (a) Total budget for the proposal.

3.1 Funding Details

	Project Item	Amount (\$)	Source
1			
2			

3.2 Leveraged Funding

	Project Item	Cash (\$)	In Kind (\$)	Source	Secured/not secured
1					
2					

Matched funding is not required but may strengthen the application.

3.3 Provide the name of the organisation that will complete the financial audit for the project.

The Financial Audit should be undertaken by a member of the Institute of Chartered Accountants in Australia, the Australian Society of Certified Practising Accountants or the National Institute of Accountants and independent from the Grantee/Applicant.

4. PROJECT MANAGEMENT AND EXPERIENCE

4.1 Describe your organisation's experience delivering projects similar to the one proposed.

Describe your organisation's current activities and include case studies of similar projects delivered which demonstrate growing local capability within the regional innovation ecosystem.

4.2 Who will manage the project, and who will deliver the project? Provide name, position and briefly outline the skills, qualifications and experience of key personnel.

5. PARTNERSHIPS AND LOCAL DECISION MAKING

5.1 Provide details/names of key partners/stakeholders that have been consulted and their level of support for the project.

6. RISKS AND CONSTRAINTS

Include issues (that you can reasonably control or influence) that may prevent the project progressing or impact the achievement of the stated outcomes. Consider the full lifecycle of the project such as operation and maintenance requirements.

	Identified Risks	Mitigation Strategies
1		
2		
3		

CHECKLIST/ATTACHMENTS

I have read the RNIF – Expression of Interest – Albany Innovation EOI Guidelines and have met all of the eligibility criteria for funding.

I have included annual and final audit costs within the project budget.

I have included attachments of copies of the organisation’s annual financial statement for the last two financial years.

I have included attachments with written evidence of secured funding contributions from other sources.

I have included attachments with letters of support if applicable.

I have included attachments of CVs or qualifications for those involved in delivering the project.

DECLARATION

I certify that I have authority on behalf of the organisation, to submit this application and that the information contained herein or in the attachments is, to the best of my knowledge, true and correct.

I confirm that at the time of signing, to the best of my knowledge I am unaware of any conflict of interest that would prevent my organisation from proceeding with the project or any funding agreement my organisation or I may enter into with RNIF.

I confirm the applicant business is solvent.

Applicant Name	
Signature	
Date	