Application Form

# Medical Research Future Fund

## Researcher Exchange and Development within Industry Program (REDI)

Version July 2019

This document shows the questions included in the online application form for this grant opportunity. It will help you prepare your responses and the mandatory attachments you need before you apply online.

**Do not use this document as your application form. You will need to submit an application using the online form once the grant opportunity is open to applications.**

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# About the Medical Research Future Fund

The Medical Research Future Fund (the program) will run over four years from 2019-20 to 2022-2023. The program was announced as part of the 2014-15 Budget.

The objective of the program is:

* to strategically fund research and address national priorities in a cohesive and coordinated way.

The Australian Government has announced a total of $20 billion for the establishment of the Fund.

## About the Researcher Exchange and Development within Industry Program (REDI) grant opportunity

This grant opportunity was announced as part of the Medical Research Future Fund.

The objectives of the grant opportunity are:

* to provide researchers with a diverse range of experiences and exposure to entrepreneurism with the aim of strengthening Australia’s success with translation and commercialisation to identify innovative ways to prevent, diagnose and treat disease.

This grant opportunity has $32 million available over four years.

## Completing this form

You should read the [grant opportunity guidelines](http://www.business.gov.au) (guidelines) before filling out this application.

This application form contains the following:

* Part A – Eligibility
* Part B – Contact details
* Part C – Applicant information
* Part D – Project details and funding
* Part E – Merit criteria
* Part F – Supporting documentation
* Part G – Applicant declaration

## Disclosure of personal and confidential information

The Commonwealth’s use and disclosure of both your personal and confidential information (provided in this application or otherwise) is set out in the grant opportunity guidelines. Ensure that you have read this document and understand the information contained therein. For further information regarding the Department of Industry, Innovation and Science’s (the department’s) obligations in accordance with the Privacy Act, refer to the department’s [Privacy Policy](https://industry.gov.au/Pages/PrivacyPolicy.aspx)[[1]](#footnote-2).

## Getting help

If you require assistance completing this application form or are unable to use the online form you can contact us on 13 28 46 or at [business.gov.au](http://www.business.gov.au/contact-us). Our website and staff can help you with forms, finding information and services and allow you to provide feedback.

You should also ensure you have read the guidelines and sample grant agreement/s before seeking help. View these documents at [business.gov.au](http://www.business.gov.au).

## Submitting your application

Applications may be submitted at any time up until 5.00pm AEST on 19 September 2019. We cannot accept late applications.

1. Eligibility
	1. Eligible entities

This section will help you determine whether you are an entity eligible for the grant opportunity.

You are required to answer all questions in this section.

|  |  |  |
| --- | --- | --- |
| Does your organisation have an Australian Business Number (ABN)? | [ ]  yes | [ ]  no |
| Is your organisation incorporated in Australia? | [ ]  yes | [ ]  no |
| Is your organisation one of the following bodies?[ ]  medical research institute[ ]  university[ ]  corporate Commonwealth entity[ ]  corporation (including businesses and not for profits)*If ‘no’ is selected, the applicant is not eligible and an error message should appear*  |  |  |

If you have answered ‘**yes**’ to all of the questions above you are eligible to apply for this grant opportunity, provided you meet the additional criteria below.

* 1. Additional eligibility criteria

This section will help you determine whether you comply with additional eligibility criteria for the grant opportunity.

You are required to answer all questions in this section.

|  |  |  |
| --- | --- | --- |
| Do you have evidence from your board (or chief executive officer or equivalent if there is no board) that there is support for the project, that you can complete the project and meet the costs if the project is not covered by grant funding?  | [ ]  yes | [ ]  no |
| Do you have a project plan? | [ ]  yes | [ ]  no |
| Do you have a detailed project budget? | [ ]  yes | [ ]  no |

If you answered ‘**yes**’ to all of the questions above you are eligible to apply for this grant opportunity.

For further information regarding eligibility requirements refer to the grant opportunity guidelines.

1. Contact details
	1. **Details of primary** contact

**Person authorised to act on behalf of the applicant.**

**The fields below are mandatory except for title.**

Provide details of the primary contact.

|  |  |
| --- | --- |
| Title |       |
| Given name |       |
| Family name |       |
| Position title |       |
| Phone number |       |
| Mobile number |       |
| Email address |       |

Provide the postal address of the primary contact

|  |  |
| --- | --- |
| Address |       |
| Suburb/ town |       |
| State/ territory |       |
| Postcode |       |
| Country | Australia |

* 1. Contact’s relationship to applicant

|  |  |  |
| --- | --- | --- |
| Is the applicant the primary contact’s employer? | [ ]  yes | [ ]  no |

If you answered ‘**yes**’ go the next question. If you answered ‘**no**’ complete the following table.

|  |  |
| --- | --- |
| What is the relationship of the primary contact to the applicant? |       |
| Name of primary contact’s employer |       |
| Australian Business Number (ABN) of primary contact’s employer |       |

Provide a contact for the applicant organisation

|  |  |
| --- | --- |
| Title |       |
| Given name |       |
| Family name |       |
| Position title |       |
| Phone number |       |
| Mobile number |       |
| Email address |       |

* 1. How did you hear about the grant opportunity?

|  |
| --- |
|  If Other, please specify:       |

1. Applicant information
	1. Joint applications

Joint applications are acceptable, provided you have a lead applicant who is the main driver of the project and is eligible to apply.

|  |  |  |
| --- | --- | --- |
| Is this a joint application? | [ ]  yes | [ ]  no |

If you answered ‘**yes**’ to this question the lead applicant must complete this form. If you are unsure whether your application should be a joint application contact us on 13 28 46 or at [business.gov.au](http://www.business.gov.au/contact-us)

* 1. Type of applicant

In this section you must indicate your entity type.

All entities must have an ABN.

Select your entity type

|  |  |
| --- | --- |
| [ ]  | company incorporated in Australia  |
| [ ]  | company limited by guarantee |
| [ ]  | incorporated trustee on behalf of a trust |
| [ ]  | incorporated association |
| [ ]  | co-operative  |
| [ ]  | incorporated not for profit  |
| [ ]  | publicly funded research organisation (PFRO) |

* 1. Applicant details

If you are applying as a trustee on behalf of a trust leave this question blank and go to the next question.

|  |  |
| --- | --- |
| Australian Business Number (ABN) |       |
| Australian Company Number (ACN)*If applicable* |       |
| Entity name*The entity name refers to the legal/ registered name that appears on official business documents. The entity name may be different from the business name.* |       |
| Business/ trading name*Your organisation may have one or more registered business names. Provide any relevant business or trading names here.* |       |
| GST registered? | [ ]  yes [ ]  no |

* 1. Trustee and trust details

|  |  |
| --- | --- |
| Australian Business Number (ABN) of the trustee*(if different to trust, otherwise leave blank)* |       |
| Australian Company Number (ACN) of the trustee |       |
| Entity name of the trustee*The entity name refers to the legal/ registered name that appears on official business documents. The entity name may be different from the business name.* |       |
| Australian Business Number (ABN) of the trust |       |
| Entity name of the trust |       |
| Business/ trading name*Your organisation may have one or more registered business names. Provide any relevant business or trading names here.* |       |
| Is the trust GST registered? | [ ]  yes [ ]  no |

You must provide trust documents showing the relationship of the incorporated trustee to the trust.

* 1. ANZSIC details

|  |  |
| --- | --- |
| What is your organisation’s main revenue earning activity under the Australian and New Zealand Standard Industrial Classification (ANZSIC)?*The ANZSIC codes and titles are available from the* [*Australian Bureau of Statistics (ABS) website*](http://www.abs.gov.au/ausstats/abs%40.nsf/0/20C5B5A4F46DF95BCA25711F00146D75?opendocument)*. Phone 13 28 46 if you require assistance*. |      |

* 1. Address details

Provide your **organisation’s street address** (Australian head office).

|  |  |
| --- | --- |
| Address |       |
| Suburb/ town |       |
| State/ territory |       |
| Postcode |       |

Provide your **organisation’s postal address**.

[ ]  Same as your street address, go to next section.

[ ]  Different to your street address, provide details below.

|  |  |
| --- | --- |
| Address |       |
| Suburb/ town |       |
| State/ territory |       |
| Postcode |       |
| Country | Australia |

* 1. Website address

Provide your organisation’s website address.

|  |
| --- |
|       |

* 1. Project site address

|  |  |  |
| --- | --- | --- |
| Will your project’s activities occur solely at the above listed head office address? | [ ]  yes | [ ]  no |

If you answered ‘**yes**’ go to the next question. If you answered ‘**no**’ complete the following table.

A project site address must be a street address not a postal address.

Site address 1 – where the majority of project activities will occur.

|  |  |
| --- | --- |
| Address |       |
| Suburb/ town |       |
| State/ territory |       |
| Postcode |       |
| Country | Australia |

### **Site address 2**

|  |  |
| --- | --- |
| Address |       |
| Suburb/ town |       |
| State/ territory |       |
| Postcode |       |
| Country | Australia |

### **Site address 3**

|  |  |
| --- | --- |
| Address |       |
| Suburb/ town |       |
| State/ territory |       |
| Postcode |       |
| Country | Australia |

* 1. Latest financial year figures

|  |  |
| --- | --- |
| Has your organisation existed for a complete financial year? | [ ]  yes [ ]  no |
| If you answered ‘**yes**’, enter the latest completed financial year, then complete the table below.*Example entry 2013-14* |       |
| If you answered ‘**no**’, enter the number of months your organisation has existed, then complete the table below. |    months |

We collect the following data from all applicants across all grant programs. We use this data to better understand your organisation and to help us develop better policies and programs.

All amounts in the table below must show a whole dollar value e.g. $1 million should be presented as $1,000,000. The turnover value must be that of the entity that is making the grant application (the ‘applicant’), regardless of whether the entity belongs to a consolidated group for tax purposes.

These fields are mandatory and entering $0 is acceptable if applicable for your organisation. If they clearly do not apply to your organisation you may select ‘not applicable’.

| Recent trading performance | Check box if the indicator is not applicable to your organisation | Figures for the latest full financial year |
| --- | --- | --- |
| Sales revenue (turnover)Total revenue from the sale of goods and services, as reported in your organisation’s Business Activity Statements (BAS). | [ ]  n/a | $      |
| Export revenueTotal revenue from export sales, as reported in your organisation’s BAS. | [ ]  n/a | $      |
| R&D expenditureExpenditure on research and development, i.e. creative work undertaken on a systematic basis in order to increase the stock of knowledge, including knowledge of man, culture and society, and the use of this stock of knowledge to devise new applications. | [ ]  n/a | $      |
| Taxable incomeTaxable income or loss as reported in your organisation’s income tax return form. | [ ]  n/a | $      |
| Employees, including working proprietors and salaried directors (headcount)Number of individuals who are entitled to paid leave (sick and holiday), or generate income from managing your organisation. | [ ]  n/a |       |
| Independent contractors (headcount)Number of individuals engaged by your organisation under a commercial contract (rather than an employment contract) to provide employee-like services on site. | [ ]  n/a |       |

* 1. Ultimate holding company

|  |  |  |
| --- | --- | --- |
| Does your company have an ultimate holding company? | [ ]  yes | [ ]  no |

If you answered ‘**yes**’ complete the following table. If you answered ‘**no**’ go to next question.

|  |  |
| --- | --- |
| Ultimate holding company ABN (if applicable) |       |
| Entity name of ultimate holding company*The entity name refers to the legal/ registered name that appears on official business documents. The entity name may be different from the business name.* |       |
| Country of registration of ultimate holding company |       |

* 1. Project partner details

If this is a joint application, provide details of your project partners in the following table. If you have more than 10 partners, please email REDI@industry.gov.au with the letters of support and a description of the nature of their contribution.

If your application is successful, we may ask you for your project partners’ financial details.

*Please describe the type/s of contributions the project partner will provide to the project. Examples include cash, in-kind.*

| No | Australian Business Number | Australian Company Number | Organisation name | Entity type | Nature of contribution |
| --- | --- | --- | --- | --- | --- |
| 1 |       |       |       |       |       |
| 2 |       |       |       |       |       |
| 3 |       |       |       |       |       |
| 4 |       |       |       |       |       |
| 5 |       |       |       |       |       |
| 6 |       |       |       |       |       |
| 7 |       |       |       |       |       |

You must attach a letter of support from each of the project partners involved in the project.

The guidelines provide guidance on what is required in the letter of support.

* 1. About your organisation

Please describe your organisation’s current core business:

|  |
| --- |
|       |

750 character limit (including spaces)

1. Project details and funding
	1. Project title and description

If your application is successful, some project details will be published on the Department of Health website/GrantConnect. Published project details include:

* name of the applicant
* a project title
* a brief project description and its intended outcomes
* amount of funding awarded.

Provide a project title.

|  |
| --- |
|       |

70 character limit (including spaces)

Provide a brief project description for publication.

Ensure your project description focuses on your project’s key activities and outcomes. Explain what it is you are going to do and how it will benefit your organisation.

*Example project description: Transition Pty Ltd is an injection moulding company that manufactures plastic products and now intends to extend its business into the healthcare sector by manufacturing sterile plastic equipment for medical use.*

|  |
| --- |
|       |

750 character limit (including spaces)

* 1. Detailed project description and key activities

Provide a detailed description of your project including the project scope and key activities.

This information will not be published.

|  |
| --- |
|       |

2000 character limit (including spaces)

* 1. Project outcomes

Provide a summary of the expected project outcomes.

This information will not be published.

|  |
| --- |
|       |

1350 character limit (including spaces)

* 1. Project milestones

Provide details on the project milestones including the key activities occurring at each milestone. Your descriptions should be outcomes focussed.

You can have a maximum of 8 milestones and there must be a milestone due for completion roughly every 6 months.

The start date of milestone 1 is the expected project start date. The end date of your last milestone activity will be the project end date.

### Milestone 1

Milestone title

|  |
| --- |
|       |

80 character limit (including spaces)

Milestone description

|  |
| --- |
|       |

600 character limit (including spaces)

Milestone start date Milestone end date

|  |  |
| --- | --- |
|       |       |

### Milestone 2

Milestone title

|  |
| --- |
|       |

80 character limit (including spaces)

Milestone description

|  |
| --- |
|       |

600 character limit (including spaces)

Milestone start date Milestone end date

|  |  |
| --- | --- |
|       |       |

### Milestone 3

Milestone title

|  |
| --- |
|       |

80 character limit (including spaces)

Milestone description

|  |
| --- |
|       |

600 character limit (including spaces)

Milestone start date Milestone end date

|  |  |
| --- | --- |
|       |       |

* 1. Project duration

The project start and end date have been prefilled from the date of your first and last milestone.

Projects must be completed by 30 June 2022.

|  |  |
| --- | --- |
| Project start date | Project end date |
|  |  |

* 1. Project plan

You must attach a project plan of the project activities you will conduct including a timetable and budget for all significant activities.

* 1. Project budget

Provide the total eligible project costs over the life of the project.

Amounts must be GST inclusive, less any GST credits that you can claim.

We only provide grant funding based on eligible expenditure. Refer to the guidelines for guidance on eligible expenditure.

| Eligible expenditure item | FY2019-20 | FY2020-21 | FY2021-22 | FY2022-23 | Total |
| --- | --- | --- | --- | --- | --- |
| Direct labour costs | $      | $      | $      | $      | $      |
| Contract expenditure | $      | $      | $      | $      | $      |
| Domestic travel | $      | $      | $      | $      | $      |
| Staff training | $      | $      | $      | $      | $      |
| Other | $      | $      | $      | $      | $      |
| **Total** | $      | $      | $      | $      | $      |

|  |
| --- |
| Please list the other eligible items and their costs.  |

|  |
| --- |
|       |

200 character limit (including spaces)

You must attach a detailed project budget with your application to help justify your estimated project costs. We may request additional supporting documentation if your application is successful.

You must also attach the following:

* Evidence from your board (or chief executive officer or equivalent if there is no board) that the project is supported, that you can complete the project and meet the costs of the project not covered by grant funding. You must use the board approval template provided at business.gov.au.

Conflicts of interest

|  |  |  |
| --- | --- | --- |
| Do you have any perceived or existing conflicts of interest to declare? | [ ]  yes | [ ]  no |

Refer to the grant opportunity guidelines for further information on your conflict of interest responsibilities.

If yes, describe the perceived or existing conflict/s of interest and how you anticipate managing them.

|  |
| --- |
|       |

750 character limit (including spaces)

1. Merit criteria

To be competitive you will need to score highly against each merit criterion. Your application will be assessed against the indicators listed beneath each merit criterion. The merit criteria are weighted as indicated by the points.

You are not required to provide responses up to the maximum character limit. The amount of detail and supporting evidence you provide should be commensurate with the project size, complexity and grant amount requested. You should define, quantify and provide evidence to support your answers.

* 1. Merit criterion one (40 points)

**The extent that your project enhances researchers’ skills to commercialise** **and translate** **new or existing health research**

You should demonstrate this by identifying:

* your service offering and how you will enhance researchers skills and experience in commercialising and translating new or existing research to benefit end users
* the reach of your services, your connections with the sector and how researchers, academia and industry will discover, access and participate in your services, including the number of researchers that will access mentoring, exchange programs and industry placements
* how your project will leverage and develop sustainable collaborations in medical research disciplines that need stronger industry partnerships. Include the rationale for selecting each discipline.

|  |  |
| --- | --- |
|

|  |
| --- |
|       |

5000 character limit (including spaces) |

* 1. Merit criterion two (30 points)

**Your capacity, capability and resources to deliver the project**

You should demonstrate this by identifying:

* your access to personnel with the right skills and experience
* your access, or future access to, any infrastructure, capital equipment, technology and intellectual property
* a sound project plan to manage and monitor the project and risks, including how you are going to measure success.

|  |
| --- |
|       |

5000 character limit (including spaces)

* 1. Merit criterion three (30 points)

**Impact of grant funding**

You should demonstrate this by identifying:

* the total investment the grant will leverage including cash and in-kind contributions
* your ability to fund your share of project costs not covered by the grant
* your project budget, including a breakdown of administrative costs as a percentage of the eligible project costs
* the impact of the payments you will make to researchers and registered training organisations to arrange fellowships, mentoring, training and exchange programs for researchers.

|  |
| --- |
|       |

5000 character limit (including spaces)

1. Supporting documents

You should note any supporting documentation that you attach to the application here. You should only attach documents you have referred to in your application.

* The following restrictions apply to attachments:
* total size of all attachments and this application form should not exceed 20MB
* file size of each attachment cannot exceed 2MB
* only files with the following file type extension can be uploaded (.pdf, .rdtf, .doc, .docx, .xls, .xlsx)

For assistance with any technical issues experienced while completing this application form or attaching documents phone 13 28 46. Our staff can help you.

* 1. Attachment 01 – incorporated trustees

This is only for applicants where an incorporated trustee is applying on behalf of a trust, but is mandatory for those applicants.

| Part of application form | Type of attachments | Attached? |
| --- | --- | --- |
| Part C4 - trustee and trust details | Trust documents showing the relationship of the incorporated trustee to the trust. | [ ]  yes |

* 1. Attachment 02 – letters of support from project partners

This is only for joint applications, but is mandatory for those applications.

| Part of application form | Type of attachments | Attached? |
| --- | --- | --- |
| Part C11 –project partner details | For joint applications, letters of support from project partners as outlined in the guidelines | [ ]  yes |

* 1. Attachment 03 – project plan including timetable and budget

| Part of application form | Type of attachments | Attached? |
| --- | --- | --- |
| Part D7 – project plan | A plan of the project activities you will conduct including a timetable and budget for all significant activities. | [ ]  yes |

* 1. Attachment 04 – documents to justify project costs

| Part of application form | Type of attachments | Attached? |
| --- | --- | --- |
| Part D8 – Project budget | Documents to help justify your estimated project costs. | [ ]  yes |

* 1. Attachment 05 – evidence to support source of funding

| Part of application form | Type of attachments | Attached? |
| --- | --- | --- |
| Part D7 – Your contribution | Evidence to support the sources of funding you have outlined. | [ ]  yes |

1. Applicant declaration
	1. Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the department will use the information I provide in accordance with the following

* [Australian Government Public Data Policy Statement](https://www.dpmc.gov.au/sites/default/files/publications/aust_govt_public_data_policy_statement_1.pdf)
* [Commonwealth Grants Rules and Guidelines](http://www.finance.gov.au/resource-management/grants/)
* grant opportunity guidelines
* applicable Australian laws.

Accordingly, I understand that the department may share my personal information provided in this application within this department and other government agencies:

* for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants and
* to facilitate research, assessment, monitoring and analysis of other programs and activities

unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to departmental staff to enable payments to be made through the department’s accounts payable software system.

I understand that information that is deemed ‘confidential’ in accordance with the guidelines may also be shared for a relevant Commonwealth purpose.

The department will publish information on individual grants in the public domain, including on the department’s website and the [GrantConnect](https://www.grants.gov.au/) website unless otherwise prohibited by law.

* 1. Applicant declaration

I declare that I have read and understood the grant opportunity guidelines, including the privacy, confidentiality and disclosure provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant’s Board or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the *Criminal Code 1995* (Cth)*.*

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant’s claims and may also engage external technical or financial advisors to advise on information provided in the application.

I understand that I am responsible for ensuring that I have met relevant state or territory legislation obligations related to working with children, and that any person that has direct, unsupervised contact with children as part of a project under this [program/grant opportunity], has undertaken and passed, a working with children check, if required under relevant state or territory legislation. I am also responsible for assessing the suitability of people I engage in this project to ensure children are kept safe.

I acknowledge that if the department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government’s Investigations Standard and Commonwealth Fraud Control Framework and for management purposes and/or terminating any grant agreement between the Commonwealth and the recipient including recovering funds already paid.

I agree to participate in the periodic evaluation of the services undertaken by the department.

I declare that I am authorised to complete this form and acknowledge that by including my name in this application I am deemed to have signed this application.

I approve the information in this application being communicated to the department in electronic form.

|  |  |
| --- | --- |
| [ ]  | By checking this box I agree to all of the above declarations and confirm all of the above statements to be true |

Signature

|  |  |
| --- | --- |
| Name of signatory |       |
| Email address of signatory |       |
| Date |       |
| Signature |  |

1. <https://industry.gov.au/Pages/PrivacyPolicy.aspx> [↑](#footnote-ref-2)