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| SA PIG INDUSTRY FUND  NEW PROJECT APPLICATION FORM  **Project Year 2017-18** |

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| 1. Project Title (Brief) |

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| 2. Are you an eligible Organisation? (Please tick the relevant box.) |

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| Non-Profit Organisation | Non-departmental Government Agencies |
| Private Enterprise Business | RDB’s and NRM Boards |
| Cooperative | Research Organisations |
| Local or State Government |  |

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| 3. Project Contact Information | |
| Applicant |  |
| ABN |  |
| ACN |  |
| Postal Address |  |
| Street Address |  |
| Primary Project Contact Name |  |
| Position |  |
| Address for correspondence *(if different form above)* |  |
| Telephone |  |
| Mobile |  |
| Fax |  |
| Email Address |  |
| Secondary Project Contact Name |  |
| Position |  |
| Address for correspondence *(if different form above)* |  |
| Telephone (w) |  |
| Mobile |  |
| Fax |  |
| Email Address |  |

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| 4. Project Details *(Expand space as required)* | | | |
| Project Title |  | | |
| Start Date |  | | |
| Completion Date |  | | |
| Project Location/s |  | | |
| Total Project Cost  *(GST exclusive)* | $ | | |
| Pig Industry Funds Requested | $ | | |
| Co-funder Contributions  *(please list contributing organisation & $ amount)* | $ | $ | $ |
| Project Summary  *(the information provided here will be used to promote the project)* |  | | |
| Project objectives/aims?  *(please describe)* |  | | |
| Project methodology.  *(please describe)* |  | | |
| What are the outcomes/measures that demonstrate the project has achieved its objective(s)?  *(please describe on a per annum basis)* |  | | |
| How will the project benefit South Australia’s Pig industry? |  | | |
| What are the risks associated with the project?  What strategies will be implemented to address these risks? |  | | |
| How does the project link with other industry initiatives?  *(is it strategic and integrated?)* |  | | |

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| 5. Organisation Information *(Expand space as required)* | |
| What are the main activities of your organisation?  *(please describe)* |  |
| How long has your organisation been in operation? |  |
| Demonstrate how your organisation has the capacity to complete the project successfully and on time and on budget. |  |
| Please provide details of recent project experience (i.e. last 2 – 4 years) including: Project Title, Brief Project Description, Time Frame, Funding Source and Cost of Project. |  |

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| 6. Total Pig Industry Fund Project Budget *(GST Exclusive)* | | | | |
| **Expenditure Item/Activity** | **2017-18**  **Year 1**  **$** | **2018-19**  **Year 2**  **$** | **2019-20**  **Year 3**  **$** | **Total**  **$** |
| **Salaries, Consultants and Contractors** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total wages/salaries** |  |  |  |  |
| **Operational Costs and Materials** |  |  |  |  |
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|  |  |  |  |  |
|  |  |  |  |  |
| **Total operating** |  |  |  |  |
| **Travel details** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **Total travel** |  |  |  |  |
| Other |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Total Other |  |  |  |  |
|  | | | | |
| **Total Project Cost (GST Exclusive)** |  |  |  |  |

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| 7. Milestones *Please describe key activities in each year (Expand space or add more milestones as required)* |

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| --- | --- | --- | --- |
| Milestone 1 completed by [insert date] | | | |
| Item/Activity | Partner/applicant Funds | PIFs Requested | Total |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| Milestone 1 Total | $ | $ | $ |
| Please describe precisely what you will be doing in Milestone 1. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Milestone 2 completed by [insert date] | | | |
| Item/Activity | Partner/applicant Funds | PIFs Requested | Total |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| Milestone 1 Total | $ | $ | $ |
| Please describe precisely what you will be doing in Milestone 2. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Milestone 3 completed by [insert date] | | | |
| Item/Activity | Partner/applicant Funds | PIFs Requested | Total |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
|  | $ | $ | $ |
| Milestone 1 Total | $ | $ | $ |
| Please describe precisely what you will be doing in Milestone 3. | | | |

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| 8. Applicant Declaration |

Please attach a detailed Project Plan, Project Budget (which identifies all funding partners, both cash and in kind for the total project and copies of quotes to support expenditure items) and other relevant documents to support your application.

I certify that the information supplied in this assessment is a true and fair statement.

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| Position: |  |
| Organisation: |  |
| Signed: |  |
| Name: |  |
| Date: | / /2017 |