

**Seeding New Investment Fund**

**Application Form**

**Please read the Seeding New Investment Fund Guidelines prior to completing this form.**

|  |  |
| --- | --- |
| ***Project Details*** | |
| Project Title |  |
| Project Summary  *(max 300 words)* | *NOTE: If this application is successful, this project summary will appear on the RDA NT Website.* |
| Project Location *(the proposed investment must be in the NT)* | You may select multiple box’s:  Central Australia Region  Barkly Region  Big Rivers Region  East Arnhem Region  Top End Region (inclusive Maningrida, Wadeye and Tiwi Islands)  NT wide |
| Requested Funding  *(GST exclusive)* | $  *NOTE:* *Funding of up to $50,000 will be awarded. Requests over $50,000 will be considered but will require a significant proponent contribution and will be assessed against a higher return on investment standard.* |

|  |  |
| --- | --- |
| ***Project Proponent*** | |
| Lead Organisation |  |
| ABN |  |
| Name of Contact |  |
| Phone |  |
| Email |  |
| Relevant previous project experience *(max 300 words)* |  |
| Have you received any public funding for other projects? *(max 300 words)* |  |
| Have you already received any funding to progress this project? *(max 300 words)* |  |
| Do you have any pending / unsuccessful funding applications relating to this project? *(max 300 words)* |  |
| What other sources of funds have you committed to this project? (*max 300 words*) |  |
| Rate the likelihood that this project proceed without Seeding New Investment Fund funding | Very unlikely  Unlikely  Likely  Very Likely |

|  |  |
| --- | --- |
| ***Project Partners*** | |
| Partner Organisation 1 |  |
| Name of Contact |  |
| Phone |  |
| Email |  |
| Partner contribution *(max 100 words)* |  |

|  |  |
| --- | --- |
| Partner Organisation 2 |  |
| Name of Contact |  |
| Phone |  |
| Email |  |
| Partner contribution *(max 100 words)* |  |

*NOTE: Please add as many tables as you require to list all the organisations which are partnering with the proponent to deliver this project.*

|  |
| --- |
| ***Project Impact & Community Development*** |
| Considering the assessment criteria outlined in the Guidelines, provide below or attach as much supporting evidence as you can, including:   * Demonstrated need for the project. * Project Deliverables – describe the project investment (eg an estimate of the capital costs) and the economic stimulus during construction. * Project Outcomes – considering the strategic intent of this funding program, describe the community/regional benefit, and the long-term viability and potential spin offs of the project. * Project Support – provide evidence of community/stakeholder support for the project (eg reference regional plans or organisational priorities, supply letters of support, etc). * Identify what potential funding sources you will be approaching in order to implement your project (eg Building Better Regions Fund, NAIF, bank loan, etc). |
|  |

|  |  |
| --- | --- |
| ***Budget*** | |
| ***Income*** | |
| Proponent Cash Contribution |  |
| Proponent In-kind Contribution |  |
| Partner Cash Contribution |  |
| Partner In-kind Contribution |  |
| Funding Sought from the Seeding New Investment Fund |  |
| Funding Sought from other sources  *(if any)* |  |
| *NOTE: Salaries and administration costs must be included in the in-kind contributions. The Seeding New Investment Fund will assist with consultancy fees and costs associated with external professional services. The Fund will not cover the proponent or project partners operational costs or in-house contributions to progressing the project.* | |
| ***Expenditure*** | |
| Consultants Fees |  |
| Other specialist Service Fees |  |
| *NOTE: Please provide quotes as evidence* of the costs associated with development of the business case or professional documentation*. Local procurement is strongly preferred however we understand that some specialist services may need to be sourced from outside the NT, if this is the case please provide justification.* | |

|  |  |
| --- | --- |
| ***Endorsement of Application*** | |
| Name |  |
| Signature |  |
| Date |  |

**Submit your completed application and supporting documentation to** [**admin@rdant.com.au**](mailto:admin@rdant.com.au) **by 5pm 1 November 2021.**

**CONTACT DETAILS**

RDA Northern Territory

Email: [admin@rdant.com.au](mailto:admin@rdant.com.au)

Phone: (08) 8941 7550