**Seed Program**

**Stage 1 – Ideation**

APPLICATION FORM

Please email this form to [seed@srn.org.au](mailto:seed@srn.org.au) with the subject line ‘SRN Seed Program Stage 1 – [Enter your full name]’ upon completion.

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| **PROJECT OVERVIEW** |  |
| PROJECT NAME |  |
| **UNIVERSITY PARTNER** |  |
| UNIVERSITY NAME |  |
| ACADEMIC LEAD/CI |  |
| CONTACT EMAIL |  |
| CONTACT PHONE |  |
| CONTRACING CONTACT |  |
| CONTRACTING EMAIL |  |
| CONTRACTING PHONE |  |
|  |  |
| **INDUSTRY PARTNER** |  |
| ORGANISATION/COMPANY |  |
| ABN |  |
| CONTACT NAME |  |
| CONTACT EMAIL |  |
| CONTACT PHONE |  |
| CONTACT ADDRESS |  |
| **PROJECT** |  |
| PROJECT NAME |  |
| PROJECT DESCRIPTION/PROBLEM STATEMENT |  |
| IDENTIFIED NEED IN SPACE.  Is this an existing or emerging need in the space sector?  Please describe. |  |
| POTENTIAL FOR IMPACT AND IMPLEMENTATION PATHWAY.  Describe the relevance and potential impact of the project for the NSW and broader space sector |  |
| Describe your implementation pathway for the project/ technology to progress to a more mature phase ready for scoping/feasibility or deployment and/or commercialisation |  |
| Describe the potential capacity and capability of applicants to commercialise project IP. |  |
| PROJECT TEAM |  |
| ACADEMIC RESEARCHER  Explain how the participating team brings a best fit to project. |  |
| INDUSTRY  Explain how the participating team brings a best fit to project. |  |

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| **ELIGIBILITY CHECKLIST** | **Checkbox Ticked with solid fill** |
| To be eligible for Stage 1 funding, applicants must meet the following eligibility criteria: |  |
| * Currently undertaking research directly related to the space industry sector at a SRN Member University |  |
| * Currently working within an organisation in the space industry sector within NSW or ACT, |  |
| * Have an Australian Business Number (ABN) and be registered as a company or trust |  |

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| **POST PROJECT REPORT** | **Checkbox Ticked with solid fill** |
| * Ability to provide a post Ideation Workshop report no more than one month after workshop delivery date |  |
| * Approval to provide details of post project report to SRN Government funding body |  |

|  |  |
| --- | --- |
| **PROMOTION** | **Checkbox Ticked with solid fill** |
| * Agree to participate in interviews to review program |  |
| * Agree to participate in interviews for marketing and promotional purposes |  |

**PLEASE READ BEFORE SUBMITTING YOUR APPLICATION**

*I hereby declare that I have read and fully understood the terms and conditions stated in the Seed Project Guidelines.*

I hereby declare that information provided on this form is accurate and true.

**NAME DATE**