

SEED FUNDING APPLICATION

OVERVIEW

Seed Funding is available to assist organisations to develop comprehensive Workforce Training Innovation Fund (WTIF) Grant Funding proposals.

Seed Funding is available for activities that support development of proposals, including scoping studies, research, consultancies and workshops.

Seed Funding is capped at a maximum of \$50 000 for development activities in total.

Please refer to the WTIF Guidelines and associated Key Terms and Definitions document when preparing a Seed Funding Application.

ELIGIBILITY

As per the WTIF Guidelines, eligibility criteria apply for training providers, industry and Consortia.

To submit a Seed Funding Application, a partnership or Consortia does not have to be established at the point of submission, however, a partnership needs to be established before a grant funding proposal can be submitted.

CONTACT

Who are the primary and secondary contacts for this Seed Funding application?

PRIMARY

Provider/ organisation:

Given name: Family Name:

Position/ title:

Phone: Mobile:

Email:

SECONDARY

Provider/ organisation:

Given name: Family Name:

Position/ title:

Phone: Mobile:

Email:

PARTNERSHIP

Structure

What is the structure of the Partnership/ Consortia linked to the WTIF Grant Proposal being developed?

Existing partnership between and

Consortia *A consortium must include an industry and a training provider member, in addition to the other eligible members.*

Partnership to be identified and established *Additional facilitation support will be available for successful seed funding applications that mark this option.*

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Details

Who is the lead provider/ organisation in the partnership or consortium?

- Training Provider
 Industry
 To be established

What are the details of the Partnership/ Consortia members?

TRAINING PROVIDER	INDUSTRY
Name: Address: TOID: ABN: Type of Provider: <input type="checkbox"/> TAFE <input type="checkbox"/> Learn Local <input type="checkbox"/> Private Provider	Name: Address: ABN: ACN: GST Registered? Yes <input type="checkbox"/> No <input type="checkbox"/>

CONSORTIUM MEMBERSHIP

- | | |
|---|---|
| <input type="checkbox"/> Not Applicable (Partnership Only) | <input type="checkbox"/> State Government: |
| <input type="checkbox"/> Local Government: | <input type="checkbox"/> Regional body |
| <input type="checkbox"/> Dual Sector University: | <input type="checkbox"/> Research Centre: |
| <input type="checkbox"/> Community organisation: | <input type="checkbox"/> Not-for-profit organisation: |

BACKGROUND

WTIF Grant Funding Proposal

What is the name of the project that is linked to this Seed Funding application?

Complete the Project Summary table.

Project Summary

DETAIL	INFORMATION
Project overview	
Funding category(s) the project fits	<input type="checkbox"/> Future Growth Sectors <input type="checkbox"/> New Training Programs and Methods <input type="checkbox"/> Workforce training and Skills Development <input type="checkbox"/> Applied Research
How the project fits the funding category(s) (200 words or less)	

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ACTIVITY DETAILS

Activity to date

What activity has been undertaken and/or completed, to date, in relation to the development of your WTIF Grant Funding Proposal?

Activity undertaken to date: No activity undertaken to date

Activity proposed

What proposal development activity(s) is funding being sought for?

Why/ how is each activity required to support proposal development?

ACTIVITY	DESCRIPTION	BUDGET	
		Co-contribution	Request
<input type="checkbox"/> Scoping study		\$	\$
<input type="checkbox"/> Consultancy		\$	\$
<input type="checkbox"/> Research		\$	\$
<input type="checkbox"/> Workshop		\$	\$
<input type="checkbox"/> Other:		\$	\$
SUBTOTAL		\$	\$
TOTAL		\$	\$

Have you been funded for this activity in the past? *If yes, provide details.*

No Yes

Deliverables

In addition to a certified fund acquittal reporting the breakdown of funding used for internal purposes and payment to third parties, Seed Funding recipients will need to submit negotiated deliverables.

What deliverables will be accomplished as a result of funded activities?

- Completed WTIF Grant Proposal
- WTIF Grant Proposal Project Plan
- WTIF Grant Proposal Project Cost Benefit Analysis
- Draft Collaborative Partnership Agreement
- Research Paper
- Training Scoping Study (including course development scoping where applicable)
- Workshop Outcomes Paper
- Other Specialist Project Deliverable

Attachments

Are there any attachments to your application, e.g. partnership agreements, project plans, reports or other evidence? *If yes, provide details and attachments (if relevant).*

No Yes

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ASSESSMENT

Seed funding applications will be assessed on the merits of the application, based on the following criteria:

1. The project proposed for development is consistent with the objectives of WTIF – 40%
2. Alignment of development activity(s) proposed to the preparation of a Grant Funding Proposal and evidence provided that demonstrates the need for the activity(s) – 40%
3. Alignment of deliverables identified to the development activity(s) proposed – 10%
4. Quality of application – 10%

DECLARATION

Lead provider/ organisation

Please read all the statements below and check that you understand and agree.

Typing your name in the signature block below will be considered the equivalent of your signature.

I, _____, declare that:

- I am the Authorised officer of
- I have read and understood the WTIF Guidelines
- I understand that if this application for seed funding is successful, this does not constitute automatic approval of grant funding.
- I authorise and consent the Department of Education and Training (DET) to refer this application (as necessary) to internal and external experts for assessment, reporting, advice, comment or for discussions regarding this and alternative or collaborative funding opportunities.
- The information contained in this Seed Funding Application is true and correct.

Signature

Date

OFFICE USE ONLY

Date received

Initial Processing

DET Officer completing initial processing **Insert name of DET Officer**

Has the application been completed in full? **Yes** **No**

Do the applicant(s) meet eligibility criteria as stipulated in the WTIF Guidelines? **Yes** **No**

Do the applicant(s) hold a current contract with SVTS? **Yes** **Insert details** **No**

Do the applicant(s) pass an initial check with Training Market Quality? **Yes** **No** **Insert details**

Has the relevant evidence been provided and/ or attached? **Yes** **No**

Date submitted to Seed Funding Review Panel for assessment

Assessment

Seed Funding Review Panel **Insert names of the Seed Funding Panel Members**

Seed Funding Review Panel Delegate **Insert names of Delegate**

Seed Funding Application assessment form attached

Status of Seed Funding Application **Approved** **Insert amount approved**

Denied **Insert reason for denial**

Further Action required **Yes** **Insert details**

No

Signature of Delegate

Date