1. Instructions for completing this Application form

Before applying for funding under the Queensland METS Collaborative Project Fund (the Fund), please read the <u>Applicant Guidelines</u>. The Applicant Guidelines and all other supporting information can be found on the Fund's website at <u>www.statedevelopment.qld.gov.au/industry/critical-industry-support/mets</u>

When completing this Application form, please note:

- Only Eligible Applications from Eligible Applicants with Eligible Projects will be assessed. (Refer to the Applicant Guidelines for eligibility information.)
- Eligible Applications will be assessed against the Assessment Criteria set out in the Applicant Guidelines. Submitting an Application does not guarantee funding will be approved for a Project.
- Your responses should be: concise and thorough non-repetitious and add value to the overall Application directly relevant to the Project and its outcomes supported by documentary evidence.
- Documentary evidence must be: directly relevant to the Project and its outcomes used to support responses from a credible source and current properly referenced in responses provided in the Application (attachment number, document name, relevant section or page number).
- NOTE 1: Failure to properly reference supporting evidence may result in it not being considered during assessment.NOTE 2: See the <u>Guide to using evidence</u> to support Applications for further information.
- Any guidance on responding to questions in the Application Form appears below the relevant question.
- Applicants must use the project plan and cashflow forecast templates provided on the Collaborative Fund's website.

If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
For technical assistance using SmartyGrants, please see the SmartyGrants Help Guide for Applicants.

2. Eligibility confirmation

* indicates a required field

Purpose of this section

Financial assistance through the Collaborative Fund is only available to Eligible Applicants for eligible Projects.

Responses to the following questions will identify if an Applicant and/or its Project is eligible for assessment.

If the responses identify an Applicant and/or Project as being ineligible, do not submit this Application Form.

See the Applicant Guidelines for information about eligibility. If you need further clarification, please contact the METS team at mets@dsdilgp.qld.gov.au.

2.1: Applicant eligibility

Under the Applicant Guidelines, the following entities are NOT ELIGIBLE to apply for funding:

• Local governments, any local government local government controlled entities and the

Weipa Town Authority Individuals, sole traders or partnerships Unincorporated associations.
2.1.1: Is the Applicant one of the above entity types? *
2.1.2: Is the Applicant insolvent or subject to any kind of external administration
2.1.3: Are the Applicant's directors seeking to take advantage of the safe harbour against insolvent trading available under the Corporations Act 2001? *
\triangle If you answered "Yes" to any question from 2.1.1 to 2.1.3, the Applicant is not eligible to apply for funding in line with the Applicant Guidelines.
${\mathbb A}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
2.1.4: Is the Applicant a legal entity? *
2.1.5: Does the Applicant have an active Australian Business Number (ABN) *
2.1.6: Is the Applicant registered for the Goods and Services Tax (GST)? *
2.1.7: Does the Applicant have a registered place of business in Queensland? *

2.1.8: Can the Applicant demonstrate it has key business operations in Queensland? *
2.1.9: Is the Applicant participating in the Queensland METS sector? *
\triangle If you answered "No" to any question from 2.1.4 to 2.1.9, the Applicant is not eligible to apply for funding, in line with the Applicant Guidelines.
\triangle Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
 2.1.9.1: Applicants must be: a mining company that owns and operates a mine in Queensland, or a METS company that supplies directly to a planned or existing mining operation located in Queensland
Which of these options best describes the Applicant?
\triangle If you answered "Neither" to Question 2.1.9.1, the Applicant is not eligible to apply for funding, in line with the Applicant Guidelines.
$\boldsymbol{\vartriangle}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
2.1.10: Is the Applicant using a private research organisation? *
2.1.10.1: Is the private research organisation already registered as a research provider? *
2.1.10.2: By the time you submit this Application, will the Applicant have written

approval from the Department for using a private research organisation that is

not already registered as a research provider? *

\triangle If you answered "No" to Question 2.1.10.2, the Applicant is not eligible to apply for funding, in line with the Applicant Guidelines.
${\vartriangle}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
2.1.10.3: Attach a copy of the Department's written approval * Attach a file:
2.1.11: Is the Applicant the Project lead for Consortium members whose participation is required to deliver the Project? *
See section 3.2 of Applicant Guidelines for information about Consortium arrangements.
2.1.12: Do the relevant Consortium members own or have sufficient rights to exercise the intellectual property rights necessary to undertake the Project? *
See section 3.2 of Applicant Guidelines for information about Consortium arrangements.
\triangle If you answered "No" to any question from 2.1.11 to 2.1.12, the Applicant is not eligible to apply for funding, in line with the Applicant Guidelines.
${\mathbin{\triangle}}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
2.2: Project eligibility
2.2.1: Does the Project demonstrate commercial or operational Benefit for the resources industry? *
2.2.2: Does the Project provide Benefits to the customer, other consortium members and the local community? *

2.2.3: Does the Project align with the Collaborative Fund's objectives? *
See section 2 of the Applicant Guidelines.
2.2.4: Does the Project demonstrate a need for State assistance to realise Project outcomes? *
\triangle If you answered "No" to any question from 2.2.1 to 2.2.4, the Project is not eligible for funding, in line with the Applicant Guidelines.
${\mathbin{\triangle}}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
2.2.5: Is the Project capable of project completion within 18 months of a Project Funding Agreement being executed with State? *
2.2.5.1: By the time you submit this Application, will the Applicant have written approval from the Department for the Project to be completed more than 18 months after a Project Funding Agreement being executed with State? *
\triangle If you answered "No" to Question from 2.2.5.1, the Project is not eligible for funding, in line with the Applicant Guidelines.
${\mathbin{\triangle}}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
2.2.5.2: Attach a copy of the Department's written approval * Attach a file:
2.2.6: Is the Project seeking funding of between \$50,000 (ex GST) and \$300,000 (ex GST) to cover Eligible Project Costs? *

2.2.7: Has the Project secured access to sufficient funding to fund all Project costs over and above the funding sought through the Collaborative Fund? *
See section 3.5 of the Applicant Guidelines.
2.2.8: Has the Project secured sufficient funding from other sources to cover any Ineligible Project Costs and Eligible Project Costs over and above any funding provided through the Collaborative Fund? *
See section 3.6 of the Applicant Guidelines.
${\vartriangle}$ If you answered "No" to any question from 2.2.6 to 2.2.8, the Project is not eligible for funding, in line with the Applicant Guidelines.
${\mathbin{\triangle}}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
 2.2.9: Is funding being sought to cover more than 50% of the Project's total Eligible Project Costs? * 2.2.10: Has the Project already commenced or been completed at the time of submission of the Application? * 2.2.11: Is the Project planned to commence prior to a Project Funding Agreement being executed with the State? *
2.2.12: Does the Project combine multiple, discrete projects that are not interdependent and could reasonably be delivered separately, e.g. a Project to undertake two feasibility studies for different purposes? *
2.2.13: Has the Project already received Queensland Government funding for the same outputs and outcomes? *
2.2.14: Is total government funding for the Project greater than two-thirds of the Project's total funding? *
NOTE: Total government funding includes funding sought from the Collaborative Fund and any funding sourced or being sourced from the Australian or Queensland Governments and/or local government.

2.2.15: Does the Project fund the day-to-day operations of a business? *

2.2.16: Does the Project focus primarily on marketing and promotion? *
2.2.17: Does the Project seek direct funding for university programs and/or research centres? *
2.2.18: Will the Project only involve the repair, or routine or ongoing maintenance of existing infrastructure? *
\triangle If you answered "Yes" to any question from 2.2.9 to 2.2.18, the Project is not eligible for funding, in line with the Applicant Guidelines.
${\mathbin{\triangle}}$ Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.
If you have any questions, please contact the METS team at mets@dsdilgp.qld.gov.au
3. Applicant details
* indicates a required field
3.1: Applicant details
3.1.1: Organisation's legal name * Organisation Name
3.1.2: Organisation's trading name *
3.1.3: ABN/ACN *
The ABN provided will be used to look up the following information. Click Lookup above to check that you have entered the ABN correctly.
Information from the Australian Business Register
ABN
Entity name
ABN status
Entity type

Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type	More information	
ACNC Registration		
Tax Concessions Main business location		
	ad ac active	
The ABN provided must be classifi-	ed as active.	
3.1.4: Principal place of bus Address	siness *	
Address		
3.1.5: Postal address * Address		
	ddress, click in the postal address respon that will appear beneath it. Enter the PO v Question 3.1.5.	
3.1.6: Generic email addres	s *	
3.1.7: Generic phone number	er *	
Phone numbers must include the a	area code for Australia and the relevant s	state, e.g. 61 7 3333 3333
3.1.8: Website URL *		
Insert "N/a" if the Applicant does n	not have a website.	
3.1.9: Does the Applicant ha	ave a trustee? *	
Jiliji boes the Applicant in	ave a trustee.	
3.1.9.1: Trustee's legal nam Organisation Name	1 e *	
3.1.9.2: Trustee's ACN *		
The ABN provided will be used	to look up the following information.	Click Lookup above to

check that you have entered the ABN correctly.

Information from the Australian B	usiness Register		
ABN			
Entity name			
ABN status			
Entity type			
Goods & Services Tax (GST)			
DGR Endorsed			
ATO Charity Type	More informati	<u>on</u>	
ACNC Registration			
Tax Concessions			
Main business location			
3.1.9.3: Attach a copy of th Attach a file:	e Trust Deed a	nd any amendme	nts to it *
3.1.10: Does the Applicant	identify as a Fi	irst Nations busin	ess? *
Note: For the purpose of the Collal	porative Fund a F	irst Nations business is	s one that is at least 50% or
more owned by an ownership stru-	cture that has con		
Heritage from a recognised entity.			
3.1.10.1: Please upload doc Nations business *	umentation to	support the ident	tification as a First
Attach a file:			
Guidance for Question 3.1.1	LO.1:		
Supporting documentation cou	ld include:		
 Supply Nation Registratio 	n/Certification		
 The ownership structure for Aboriginality or Torres Stra 			
A Statutory Declaration - see \underline{h} uploads/2014/06/014-10-2018			ate.
3.1.11: Describe how the Ap	pplicant is part	ticipating in the M	ETS sector *
	_		
Word count:			
Must be no more than 100 words.			

3.1.12: Will any of the Applicant's subsidiaries or group entit delivering the Project? *	ies be involved in
To add the details of more subsidiaries or group entities, clic button at the end of this section.	k on the "Add More"
3.1.12.1: Subsidiary or group entity? *	
3.1.12.2: Entity's legal name *	
3.1.12.3: Entity's trading name *	
3.1.12.4: Entity ABN/ACN *	
The ABN provided will be used to look up the following information. Coheck that you have entered the ABN correctly.	Click Lookup above to
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type <u>More information</u>	
ACNC Registration	
Tax Concessions	
Main business location	
The ABN provided must be classified as active.	
3.1.12.5: Describe the entity's role in delivering the Project *	:
J.1.12.3. Describe the entity's role in delivering the Project	

3.2: Principal contact

Must be no more than 100 words.

Word count:

3.4: Consortium member details

Nominate a person within the Applicant organisation who will be the main point of contact and must be able to provide clarification of any information included in the Application.

NOTE: The Principal contact must have the appropriate organisational delegation to respond to any requests for clarification.

3.2.1: N				
Title	First Name	Last Name		
2 2 2 0	!!! *			
3.2.2: P	osition *			
3.2.3: P	hone number *			
Phone nur	mbers must include	the area code for Au	stralia and the relevant st	tate, e.g. 61 7 3333 333
3 2 4· M	obile number			
J.2.4. M				
3.2.5: E	mail address *			
3.3: He	ead of the App	licant organisa	ation	
3.3.1: N	ame *			
	tion Name			
3.3.2: Po	osition *			
3.3.3: P	hone number *			
Phone nur	mbers must include	the area code for Au	stralia and the relevant st	tate, e.g. 61 7 3333 333
2.2.4.14				
3.3.4: M	lobile number			
3.3.5: Ei	mail address *			

To add the details of more Consortium members, click on the "Add More" button at the end of this section.

3.4.1: Organisation's legal name Organisation Name	*	
3.4.2: Organisation's trading nar	ne *	
3.4.3: ABN/ACN *		
The ABN provided will be used to loo check that you have entered the ABI		Click Lookup above to
Information from the Australian Busines	s Register	
ABN		
Entity name		
ABN status		
Entity type		
Goods & Services Tax (GST)		
DGR Endorsed		
ATO Charity Type Mo	<u>re information</u>	
ACNC Registration		
Tax Concessions		
Main business location		
The ABN provided must be classified as a	active.	•
3.4.4: Physical address * Address		
Address Line 1, Suburb/Town, State/Prov	rince, Postcode, and Country are re	quired.
3.4.5: Postal address * Address		

Address Line 1, Suburb/Town, State/Province, Postcode, and Country are required.

NOTE: To enter a PO Box postal address, click in the postal address response box and then click on the "Can't find your address?" button that will appear beneath it. Enter the PO Box postal address in the additional fields that appear below Question 3.4.5.

3.4.6: Website URL *

Guidance for Question 3.4.9.1:

3.4.7: Does the Consortium member have a trustee? *	
2.4.7.1. Trustock lovel name (if applicable)	
3.4.7.1: Trustee's legal name (if applicable)	
3.4.7.2: Trustee's ACN (if applicable)	
The ABN provided will be used to look up the following information. check that you have entered the ABN correctly.	Click Lookup above to
Information from the Australian Business Register	
ABN	
Entity name	
ABN status	
Entity type	
Goods & Services Tax (GST)	
DGR Endorsed	
ATO Charity Type <u>More information</u>	
ACNC Registration	
Tax Concessions	
Main business location	
3.4.7.3: Attach a copy of the Trust Deed and any amendmen Attach a file:	
3.4.8: Is this Consortium member a customer for the Project	? *
3.4.9: Does the Consortium member identify as a First Natio	ns business? *
Note: For the purpose of the Collaborative Fund, a First Nations business is more owned by an ownership structure that has confirmation of Aboriginali Heritage from a recognised entity.	
3.4.9.1: Please upload documentation to support the identifications business (if applicable) Attach a file:	ication as a First
Attach a nie.	

Supporting documentation could include:

- Supply Nation Registration/Certification
- The ownership structure for Applicant organisation along with confirmation of Aboriginality or Torres Strait Islander Heritage from a recognised entity
- A Statutory Declaration see https://www.iba.gov.au/wp-content/uploads/2014/06/014-10-2018 COAform editable.pdf for the template.

3.4.10: Provide an overview of the Consortium member's business operations, including their involvement in the METS and/or resources sectors *
Word count:
Must be no more than 250 words.
Guidance for Question 3.4.10:
If the Consortium member is the customer, describe how they operate or supply directly to a planned or operational mine operation located in Queensland.
3.4.11: Provide details of the Consortium member's roles and responsibilities in delivering the Project *
Word count:
Must be no more than 250 words.
Guidance for Question 3.4.11:
The response should include:
 the part or parts of the Project for which the Consortium member is responsible how long the Consortium member will have the role and responsibilities.

4. Project details

* indicates a required field

4.1: Project summary

4.1.1: Project title *

Must be no more than 10 words.

Guidance for Question 4.1.1:

Should be a short, succinct but descriptive title that can be used for all correspondence, agreements, signage and other documentation.

4.1.2: Project description *	
Word count:	
Must be no more than 100 words.	

Guidance for Question 4.1.2:

Provide a clear and concise summary of the Project, including key construction deliverables.

4.1.3:	Does	the	Proje	ect	involve	construction	or	capital	works?	*

△ You have identified the Project will involve construction or capital works (see Question 4.1.3).

Please note the Applicant may be required to provide additional information about these works during the assessment process.

5. Project costings

* indicates a required field

5.1: Financial contributions

Detail all of the financial contributions needed for the Project and describe the status of Applicant and third-party financial contributions.

The Project funding sought must:

- only include Eligible Project Costs consistent with the <u>Applicant Guidelines</u> (see section 3.5).
- not be greater than 50% of the total estimated Eligible Project Cost (ex GST)

The total financial contribution by Applicants and third-party contributors must:

- be equal to at least 50% of the total estimated Eligible Project Cost (ex GST)
- cover all Ineligible Project Costs (see section 3.5 of the Applicant Guidelines)

Funding received from sources other than the Collaborative Fund or the Applicant must be recorded as third-party contributions in Question 5.1.3.1.

Financial contributions must not include the value of any in-kind contributions.

NOTE: The total value of government contributions to the Project (Australian Government, local government and/or the Project funding sought from the Collaborative Fund) must not be greater than two-thirds of the Project's total funding.

5.1.1: Project funding so \$ Must be a whole dollar amount				
Funding sought excee	eds \$300,000	(the maximu	ım elig	jible amount)
Please review your responenties.	onse to Questior	5.1.1 or your	Applica	ation will be
Funding sought is les	s than \$50,00	0 (the minim	num eli	igible amount)
Please review your respo	onse to Question	5.1.1 or your	Applica	ition will be
5.1.2: Applicant's financial contribution (GST) * \$	ex Describe the status o financial contribution		Attach evid financial co Attach a file:	ence confirming the Applicant's ntribution
Must be a whole dollar amount no cents). nsert "0" if not applicable.				
	E.g. contribution	expected? If not		
5.1.3: Are there third-pa	rty contribution	s to the Projec	:t? *	
5.1.3.1: Name of theThir third-party financial cont contributor GST	ribution (ex	Describe the status of the party financia contribution	third- al	Attach evidence confirming the third-party financial contribution
\$		E.g. contribution approved or in-p agreement, etc. there is in-princi agreement, whe full approval explnsert "N/a" if no applicable. Must be no more	principle If ple n is pected?	

100 words.

Total third-party financial contributions	*
\$	
This number/amount is calculated.	

5.1.4: Estimated Total Project Cost

4

This number/amount is calculated.

5.2: Eligible and Ineligible Project Costs

Applicants need to identify the estimated total value of Eligible and Ineligible Project Costs.

See sections 3.5 of the <u>Applicant Guidelines</u> for information about Eligible and Ineligible Project Costs.

Please contact the METS team at mets@dsdilgp.qld.gov.au if you have any questions.

5.2.1: Total estimated Eligible Project Costs (ex GST)	5.2.2: Total estimated Ineligible Project Costs (ex GST)	Project Costs (ex GST)
	responsible for all Ineligible contribution.Project Costs. Ineligible Project Costs must be	NOTE: The value of Question 5.2.3 (Total estimated Eligible and Ineligible Project Costs (ex GST)) must be equal to the value of Question 5.1.4 (Estimated Total Project Cost (ex GST))
\$	\$	\$

5.3: Review of financial contributions

Funding sought must not be greater than 50% of the total Eligible Project Cost (ex GST). See Section 3.3 of the <u>Applicant Guidelines</u>.

The field below identifies the co-contribution percentage for this Application. It is based on your response to Question 5.1.1 and Question 5.2.1.

This number/amount is calculated.

The Project funding sought is greater than 50% of the total Eligible Project Cost (ex GST).

Please review your responses to:

- Question 5.1.1: Project funding sought (ex GST)
- Question 5.2.1: Total estimated Eligible Project Costs (ex GST)

					• •		
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J.	┯.	111-	uu	COLIC	มมน	acioi	13

5.4.1: Are there in-k	ind contributions to	the Project? *

If the Project has in-kind contributions, identify where they are coming from, what they are (e.g. materials), their estimated value (ex GST), and their status (e.g. the in-kind contributions have been approved).

To add more in-kind contributions, click on the "Add More" button at the end of this section.

5.4.2: In-kind	In-kind contribution	In-kind contribution	In-kind contribution
contributor's name	description	value (ex GST)	status

approved or in-principle agreement, etc. If there is in-principle	continuator 5 manie	acscription	value (cx dbi)	Status
approved or in-principle agreement, etc. If there is in-principle agreement, when is full approval expected?			\$	
100 words.				there is in-principle agreement, when is full approval expected? Must be no more than

Total in-kind contributions

\$

This number/amount is calculated.

5.5: Calculation of costs

Word count:

Must be no more than 100 words.

Guidance for Question 5.5.1:

Detail how the Estimated Total cost of the Project was identified (e.g. costings produced by a quantity surveyor). If available, attach and reference evidence to support the response, e.g. quotes and quantity surveyor reports. Evidence should be attached on page 11 (Evidence to support the Application).

5.6: Ongoing operational costs

5.6.1: How will the ongoing costs of the operation of the Project infrastructure be met? *

Word count: Must be no more than 100 words.
Guidance for Question 5.6.1:
Detail how the ongoing operation and maintenance of the project infrastructure will be funded, by whom, and if funding has been secured. If funding has not been secured, explain how and when it will be. If available, attach and reference evidence to support the response. Evidence should be attached on page 11 (Evidence to support the Application).
5.7: Financial capacity
5.7.1: Attach the Applicant's financial statements, prepared by a CPA/CA qualified accountant, for three full financial years, including the preceding year * Attach a file:
Guidance for Question 5.7.1:
Financial statements are to include:
 Income Statement, Balance Sheet, Statement of Cash Flows, and All notes to the accounts.
Please note summary or abridged reports are not acceptable.
If less than three years of financial statements are available, provide financial statements for the duration of the Applicant's operating history.
5.7.2: Do the financial statements show related-party^ loans of 20 percent or more of the Applicant's total existing loans (both issued and received)? *
^ A person or entity that is related to the entity that is preparing its financial statements as per the Australian Accounting Standard AASB 124 Related Party Disclosures (https://standards.aasb.gov.au/aasb-124-mar-2020)
5.7.2.1: Describe the nature and terms of these loans, including repayment timing
*
Word count:
Must be no more than 100 words.

5.7.3: Explain why State assistance is needed to realise the Project's outcomes *

Word count:

Must be no more than 100 words.

6. Project readiness and timeframes

* indicates a required field

6.1 Project readiness

6.1.1: What stage is the Project at? *

Select the option that best applies and attach relevant supporting evidence on page 11 (Evidence to support the Application).

6.1.1.1: Explain what "Other" stage the Project is at *

Word count:

Must be no more than 100 words.

6.2 Proposed Project timeframes

NOTE:

- It is expected that Approved Projects will be capable of project completion within 12 months of a Project Funding Agreement being executed with the State.
- Projects MUST NOT commence or be completed prior to a Project Funding Agreement being executed with the State. NOTE: It is anticipated successful Applications will have executed Project Funding Agreements within 7 months of the Application's submission date.

6.2.1: What is the estimated Project Start Date? *

The date work will begin on the Project and from which, if the Application is successful, Eligible Project Costs will be reimbursed. The Project should not be scheduled to start prior to a Project Funding Agreement being executed with the State.

6.2.2: What is the estimated Project Completion Date? *

The date by which all works associated with a Project will be completed and the Project can be acquitted.

6.2.3: What is the estimated Construction Commencement Date? * 6.2.4: What is the estimated Construction Completion Date? *

The date construction is anticipated to start on the Project site (e.g. site preparation, clearing),

The date practical completion is expected to be achieved. Practical completion is when the or on another site (e.g. if the Project requires the Project's infrastructure is capable of being used, as

manufacture or assembly of components off site). distinct from when it is completely finished with all Construction MUST NOT commence prior to a Project Funding Agreement being executed with the State.

defects rectified.

6.3: Key Project milestone delivery

To add more key project milestones, click on the "Add More" button at the end of this question.

Key Project milestones	Start date	End date
E.g. Tender process	Leave blank if date is unknown or	Leave blank if date is unknown or
	not relevant.	not relevant.

7. Response to criteria

* indicates a required field

Responses to the questions in this section should be supported with appropriate quantitative and qualitative evidence.

Evidence should be properly referenced in responses and attached on page 11 (Evidence to support the Application).

Additional information provided in attachments that is not referenced in your responses may not be considered in the assessment.

7.1: Which of the following priorities will the Project address for the Consortium's customer? * ☐ Improving environmental outcomes, performance and legacy in the resources sector

☐ Initiating and increasing the circularity of resources sector operations and supply chains,

including reprocessing of waste streams / tailings for critical minerals ☐ Improving emissions management and reducing emissions ☐ Supporting Queensland's transition to renewable energy

☐ Improving mine site safety

Select all that apply.

7.1.1: Explain how Project is needed to address the priorities for the Consortium's customer, as indicated in Ouestion 7.1 *

customer, as marcated in Question 712		
Word count:		

Must be no more than 400 words.

7.2: Provide details of the Applicant's experience delivering similar projects to the one proposed *

Word count: Must be no more than 400 words.	
Must be no more than 400 words.	
Guidance for Question 7.2:	
Include information about the size and costs of previous projects, as w deliverables, outcomes, and challenges.	ell as their
Also provide information about the Applicants roles in the project and a	any lessons lea
Evidence should be provided to support the response to this question.	
7.3: Explain how the Applicant will ensure contractors appoint have the appropriate experience, capacity and capability *	ed to the Pro
Word count:	
Must be no more than 400 words.	
7.4: Provide details of the Consortium members' experience de projects to the one proposed *	elivering simi
Word count: Must be no more than 400 words.	
Plase de no more chan 400 words.	

Guidance for Question 7.4:

Include information about the size and costs of previous projects, as well as their deliverables, outcomes, and challenges.

Also provide information about their roles in the project and any lessons learnt.

Evidence should be provided to support the response to this question.

8. Supply chain opportunities

* indicates a required field

8.1: Describe the supply chain opportunities, including for First Nations people, that the Project will create *

Word count:
Must be no more than 400 words.
9. Jobs
* indicates a required field
Definitions
Direct jobs : Jobs directly created by the Project, NOT including construction jobs.
Indirect jobs: Jobs created by the pass-on effects of the Project through increased demar for goods and services.
Construction jobs: Jobs created within the construction industry to directly build the Project.
Full-time equivalent (FTE) positions: Calculated as the number of hours worked divided by the number of hours in a full-time job schedule.
9.1: Direct Jobs
9.1.1: How many net direct jobs (as FTE jobs) are expected to be supported by the Project Infrastructure on an ongoing basis? *
Must be a number.
9.1.2: How many, if any, of the above net direct jobs are expected to be filled by First Nations people? *
Must be a number.
9.1.3: Rationale and assumptions used to determine the expected direct jobs figures. Include information sources, where relevant. *
Word count: Must be no more than 100 words.
9.2: Indirect Jobs

9.2.1 How many net indirect jobs (as FTE jobs) are expected to be supported by the Project Infrastructure on an ongoing basis? *
Must be a number.
9.2.2: How many, if any, of the above net indirect jobs are expected to be filled by First Nations people? *
Must be a number.
9.2.3: Rationale and assumptions used to determine the expected indirect jobs figures. Include information sources, where relevant. *
Word count: Must be no more than 100 words.
9.3: Construction Jobs
9.3.1: How many construction jobs (as FTE jobs) are expected to be supported by the Project? * Must be a number.
9.3.2: How many, if any, of the above construction jobs are expected to be filled by First Nations people? *
Must be a number.
9.3.3: Rationale and assumptions used to determine the expected construction jobs figures. Include information sources, where relevant. *
Word count: Must be no more than 100 words.
10. Benefits
* indicates a required field
To add more benefits, click on the "Add More" button at the end of this section.
Benefit type * □ Economic □ Social

☐ Environmental Select all that apply.
Which Collaborative Fund objective does the benefit most relate to? *
No more than 1 choice may be selected.
Benefit description *
Word count: Must be no more than 100 words.
Benefit unit of measure *
E.g.: FTE, litres, tonnes.
Baseline value *
Must be a number.
Target value *
Must be a number.
When will the benefit be realised (Calendar year quater and year)? *
E.g.: Qtr 2, 2025
11. Evidence to support the Application
* indicates a required field
11.1: Mandatory attachments
Save this Application Form by clicking on the "Save Progress" button and go to the Collaborative Fund's website to download the project plan and cashflow forecast templates.
Once you have completed these templates, upload them to this Application Form in the area identified below.
11.1.1: Attach project plan * Attach a file:

11.1.1.1: Attach the Gantt Chart or detailed work schedule *

Attach a file:

11.1.1.2: Attach cas Attach a file:	hflow forecast *			
11.1.2: Attach the jo Consortium member Attach a file:		f Intent of collaborat	ion by the	
11.2: Additional evidence to support the Application				
		locuments referred to a n provided elsewhere in		
For supporting evidence to be considered it should be properly referenced in responses provided with the Application.				
Name of document/attachment	Relevant to which question(s) in this Application?		Attach evidence to support statements made in the Application Attach a file:	
		E.g. feasibility study, options paper, quote, detailed designs, letter of support	F	
12. Prioritisation				
* indicates a required	field			
12.1: Total number of Applications being submitted under the Collaborative Fund? *				
Must be a number.				
12.2: What is the priority of this Application *				
Rank the highest priority as "1". If submitting only one Application, enter "1" as the priority.				
13. Declaration				

* indicates a required field

Applications made under the Collaborative Fund cannot be considered unless the Applicant's Chief Executive or equivalent signs the

Declaration Statement and the signed Declaration Statement is attached to this Application.

Please contact the METS team at mets@dsdilgp.qld.gov.au if you have any questions about the Declaration Statement.

How to make the declaration

To provide required declaration:

- 1.Download the **Declaration Statement**
- 2.Arrange for the Applicant's Chief Executive or equivalent to sign it
- 3.Upload the signed form in the field provided below.
- 9.1: Declaration Statement

9.1. Declaration Statement	
9.1.1: Attach the signed Declaration Sta Attach a file:	itement *
9.1.1.1: Attach evidence the Applicant's appropriate delegation to make the dec Attach a file:	