

Application Form - QBBAP Round 4

Form Preview

1. Instructions for completing this Application form

Before applying for funding under Round 4 of the Queensland Biomedical Business Attraction Program (the Program), please read the [Applicant Guidelines](#). The Applicant Guidelines and all other supporting information can be found on the Department's biomedical website at www.statedevelopment.qld.gov.au/industry/critical-industry-support/biomedical/queensland-biomedical-business-attraction-program

When completing this Application Form, please note:

- Only Applications from Eligible Organisations for eligible proposals (Eligible Applications) will be assessed. (Refer to the [Applicant Guidelines](#) for eligibility information.)
- Eligible Applications will be competitively assessed. Submitting an Application does not guarantee funding will be approved for a proposal.
- Your responses should be: - concise and thorough - non-repetitious and add value to the overall Application - directly relevant to the proposal and its outcomes - supported by documentary evidence.
- Documentary evidence must be: - directly relevant to the proposal and its outcomes - used to support responses - from a credible source and be current - properly referenced in responses provided in the Application (document name, attachment number, relevant section or page number). **NOTE: Failure to properly reference supporting evidence may result in it not being considered during assessment.**
- **Any guidance on responding to questions in this Application Form appears below the relevant question.**
- **Remember to regularly save your work as you progress through this form.**

If you have any questions, please contact the Department's biomedical team at biomedical@dsdilgp.qld.gov.au.

For technical assistance using SmartyGrants, please see the [SmartyGrants Help Guide for Applicants](#). If this does not resolve the matter, please contact the Department at GCI@dsdilgp.qld.gov.au

2. Eligibility self-assessment

* indicates a required field

Purpose of this section

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

If the responses to the following questions identify an Applicant and/or proposal as being ineligible, you will not be able to complete this Application form.

See the [Applicant Guidelines](#) for information about eligibility.

2.1: Applicant eligibility

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2.1.1: Is the Applicant an individual or a sole trader? *

⚠ If you answered “Yes” to Question 2.1.1, the Applicant is not eligible for funding, in line with the Applicant Guidelines.

⚠ **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 Department's biomedical team at biomedical@dsdilgp.qld.gov.au.

2.1.2: Does the Applicant company or business have a physical, staffed and functioning office in Queensland providing Biomedical Services from a physical location in Queensland or capable of delivering Biomedical Services in Queensland? *

2.1.3: Has the Applicant company or business been operating for at least 12 months prior to the Application closing date? *

2.1.4: Does the Applicant company or business have a valid Australian Business Number (ABN)? *

2.1.5: Is the Applicant company or business registered for GST? *

⚠ If you answered “No” to any of the questions from 2.1.2 to 2.1.5, the Applicant is not eligible to apply under the Program, in line with the Applicant Guidelines.

⚠ **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 Department's biomedical team at biomedical@dsdilgp.qld.gov.au.

2.2: Proposal eligibility

2.2.1: Is the proposal for the provision of Eligible Biomedical Services? *

See section 2.2 of the Applicant Guidelines for a list of Eligible Biomedical Services

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2.2.2: Will the Biomedical Services be wholly carried out in Queensland? *

2.2.3: Are the Biomedical Services capable of being completed within 24 months of a funding agreement being executed with the State? *

2.2.4: Is the proposed client a company or business with its principal place of business outside of Queensland? *

2.2.5: Does the proposed client have a clearly defined Biomedical Product that has potential for development through use of the Applicant's Queensland-based Biomedical Services? *

2.2.6: Will the proposed client be providing at least two thirds of the total service fee? *

2.2.7: At the time of submitting this Application, will the proposed client have committed, in writing, to entering a service contract with the Applicant for the quoted Queensland-based Biomedical Services subject to the written quote if the Application is successful? *

Note: You will be required to attach the letter of intent at Question 4.1.7 of this Application and the quote at Question 6.1.4.

2.2.8: At the time of submitting this Application, will the proposed client's letter of intent have been signed by the client's Chief Financial Officer, Chief Executive Officer or another duly authorised person? *

2.2.9: Does the written quote provided to the proposed client for the proposed Biomedical Services satisfy the mandatory requirements set out in section 2.2.2 of the Applicant Guidelines? *

⚠ If you answered "No" to any of the questions from 2.2.1 to 2.2.9, the proposal is not eligible for assistance under the Program, in line with the Applicant Guidelines.

⚠ **Do not submit this Application Form. Click on the "SAVE AND CLOSE" button to exit the form.**

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2.2.10: Is a contribution of more than \$250,000 (ex GST) being sought from the Program? *

2.2.11: Is financial assistance being sought for more than one third of the total fees (ex GST) charged to the proposed client? *

2.2.12: Will any of the Biomedical Services identified in the proposed client's quote be contracted or performed before the outcome of this Application is known? *

2.2.13: Will the proposal involve providing Biomedical Services to a related or associated entity of the Applicant? *

NOTE: An entity is an associated entity of another entity if they are connected in some way, e.g., if they are related bodies corporate or if one entity has a certain degree of control over another, including through the appointment of directors to the board or share ownership.

2.2.14: If the Applicant is a university or research organisation, will the proposal involve providing Biomedical Services to another university or research organisation (including their related or associated entities)? *

⚠ If you answered “Yes” to any of the questions from 2.2.10 to 2.2.14, the proposal is not eligible for assistance under the Program, in line with the Applicant Guidelines.

⚠ **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 Department's biomedical team at biomedical@dsdilgp.qld.gov.au.

3. Applicant details

* indicates a required field

3.1: Applicant details

3.1.1: Organisation's legal name *

Organisation Name

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3.1.2: Trading name *

Organisation 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	

The ABN provided must be classified as active.

3.1.4: Principal place of business *

Address

Note: Must be as recorded on the ASIC register.

3.1.5: Postal address *

Address

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 3.1.5.

3.1.6: Website URL *

Insert "N/a" if the Applicant does not have a website.

3.1.7: Generic phone number *

Phone numbers must include the area code for Australia and the relevant state, e.g. 61 7 3333 3333

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3.1.8: Generic email address *

3.1.9: Date business operations commenced *

3.1.10: Describe the services the Applicant provides to support the development of Biomedical Products *

Word count:

3.1.11: Does the Applicant identify as a First Nations business? *

Note: For the purpose of the Program, a First Nations business is one that is at least 50% or more owned by an ownership structure that has confirmation of Aboriginality or Torres Strait Islander Heritage from a recognised entity.

3.1.11.1: Please upload documentation to support the identification as a First Nations business *

Attach a file:

Guidance for Question 3.1.10.1:

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.

3.1.12: Does the Applicant have a trustee? *

If you have a trust deed and are the trustor, answer "Yes".

3.1.12.1: Trustee's legal name *

Organisation Name

3.1.12.2: 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.

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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	

Must be an ABN.

3.1.12.3: Attach a copy of the Trust Deed and any amendments to it *

Attach a file:

3.1.13: Attach a document demonstrating the Applicant's corporate entity structure for the Project *

Attach a file:

Guidance for Question 3.1.13:

The corporate entity structure for the Project may include, if applicable:

- a corporate family tree displaying the Applicant, any operating and employing organisations and all other related organisations along with their ABN or ACN
- the role of each entity involved in the delivery or operation of the Project proposed in this Application
- a description of the operational and financial linkages between the entities.

The State needs an accurate understanding of the complete corporate entity structure for due diligence purposes and, if the Application is successful, for developing a funding agreement.

3.2: Principal Contact

Nominate an employee of the Applicant who will be the main point of contact during assessment of the Application and must be able to provide clarification of any information included in the Application.

3.2.1: Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

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3.2.2: Position *

3.2.3: Phone number *

Phone numbers must include the area code for Australia and the relevant state, e.g. 61 7 3333 3333

3.2.4: Mobile number

3.2.5: Email address *

3.3: Head of the organisation

3.3.1: Name *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

3.3.2: Position *

3.3.3: Organisation *

Organisation Name

3.3.4: Phone number *

Phone numbers must include the area code for Australia and the relevant state, e.g. 61 7 3333 3333

3.3.5: Mobile number

3.3.6: Email address *

4. Proposed client details

* indicates a required field

4.1: Proposed client organisation details

4.1.1: Proposed client's legal name *

Organisation Name

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4.1.2: Proposed client's trading name *

4.1.3: Does the proposed client have an Australian Business Number (ABN) or an Australian Registered Body Number (ARBN)? *

4.1.3.1: 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	

Must be an ABN.

4.1.3.2: ARBN *

4.1.4: Does the Client have a trustee? *

4.1.4.1: Trustee's legal name *

Organisation Name

4.1.4.2: Trustee's ACN *

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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	

Must be an ABN.

4.1.4.3: Attach a copy of the Trust Deed and any amendments to it *

Attach a file:

4.1.5: Principal place of business *

Address

4.1.6: Briefly describe the proposed client organisation *

Word count:

Guidance for Question 4.1.6:

The description should include the proposed client's

- objectives
- key operations/products
- operations in Queensland and Australia.

4.1.7: Attach the letter of intent from the proposed client's authorised officer *

Attach a file:

Guidance for Question 4.1.7:

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The letter of intent must be signed by the proposed client's Chief Financial Officer, Chief Executive Officer or another duly authorised person.

As set out in section 2.2.2 of the [Applicant Guidelines](#), the letter must confirm the client:

- has a clearly defined Biomedical Product that has potential for development through use of the Applicant's Queensland-based Biomedical Services;
- is a company or business with its principal place of business outside of Queensland (note that the company or business cannot be a related or associated entity of the Applicant);
- has received a written quote for the Biomedical Services from the Applicant; and
- if the Application to the Program is successful:
 - will engage the Applicant to provide the Biomedical Services on the basis of the written quote by entering into a services contract;
 - will pay at least two thirds ($\frac{2}{3}$) of the fee stated on the written quote on the basis that the State will pay the balance of the fee up to \$250,000 (ex GST);
 - understands that the monetary support from the State will be paid directly to the Applicant and not to the client;
 - will obtain the services contemplated within the Application from the Applicant within 24 months of the Applicant entering into a funding agreement with the State.

Please attach the file in .pdf or .doc format.

4.1.8: Has the Applicant previously provided Biomedical Services to the proposed client? *

4.1.8.1: Please describe the Biomedical Services previously provided to the proposed client *

Word count:

4.1.9: Explain what steps the Applicant took to attract the proposed client's interest and secure its commitment to contracting Biomedical Services *

Word count:

4.2: Proposed client organisation's contact person

4.2.1: Name *

Title First Name Last Name

<input type="text"/>	<input type="text"/>	<input type="text"/>
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4.2.2: Position *

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4.2.3: Phone number *

Phone numbers must include the area codes, e.g. 61 7 3333 3333

4.2.4: Mobile number

4.2.5: Email address *

5. Proposal details

* indicates a required field

5.1: Proposal summary

5.1.1: Proposal title *

Word count:

Must be no more than 30 words.

Guidance for Question 5.1.1:

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

5.1.2: Provide a brief overview of the proposed Biomedical Services that are to be supported *

5.2: Biomedical Product

5.2.1: Briefly outline the Biomedical Product that is being brought to Queensland *

Word count:

Guidance for Question 5.2.1:

The response should include:

- a brief background to the proposal
- the stage development has reached
- the step in the development of the proposal that the Biomedical Services will support.

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5.2.2: What Biomedical Services are needed to progress the Biomedical Product's development? *

Word count:

5.2.3: Briefly outline the steps that will follow the Biomedical Services identified in Question 5.2.2 to achieve a clinical outcome *

Word count:

5.3: Biomedical Services

5.3.1: Provide a detailed description of the Biomedical Services being provided to the proposed client including capital items to be purchased (if any) *

Word count:

Guidance for Question 5.3.1:

These Biomedical Services must align with those itemised in the quote attached at Question 6.1.4.

5.3.2: How will the Biomedical Services identified in Question 5.3.1 help to achieve a clinical outcome or progress the development of the Biomedical Product described in section 5.2? *

Word count:

5.3.3: In the table below, please identify any regulatory approvals required to deliver the Biomedical Services identified in Question 5.3.1

To add more regulatory approvals, click on the "Add More" button at the end of this question.

Name of the approval	Name of the approving entity	Status of the approval	Expected timeframe for the approval
If no approvals are required, enter 'N/a'.	If no approvals are required, enter 'N/a'.	If no approvals are required, enter 'N/a'.	If no approvals are required, enter 'N/a'.

Guidance for Question 5.3.3:

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Applicants (and/or proposed clients) are to determine what approvals are required for their proposals.

Applicants must provide relevant ethics approvals (or exemptions if applicable), if required, which may include:

- Animal ethics approval
- Human Research Ethics Committee approval / Institutional Review Board approval
- Research Governance approval (site-specific assessment)
- Office of the Gene Technology Regulator / Genetically Modified Organism approvals

6. Proposal costings

* indicates a required field

6.1: Financial contributions

Note: The maximum funding support that can be sought under the Program is \$250,000 (ex GST).

6.1.1: Funding support sought (ex GST) *

\$

Funding support sought (ex GST) as a percentage

Must not be more than one third of the total fee for services in Question 6.1.3.

Funding support sought (ex GST) is greater than one third of the total fee for services in Question 6.1.3

Please review your response to Question 6.1.1 or your Application will be ineligible.

6.1.2: Client's contribution (ex GST) *

\$

Client's contribution (ex GST) as a percentage

Must be at least two thirds of the total fee for services in Question 6.1.3.

Client's contribution (ex GST) is less than two thirds of the total fee for services in Question 6.1.3.

Please review your response to Question 6.1.2 or your Application will be ineligible.

6.1.3: Estimated total fee for services *

\$

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This figure must be the same as the total fee for service (ex GST) in the quote attached at Question 6.1.4.

6.1.4: Attach the quote the Applicant provided to the proposed client for the services identified in Question 5.3.1 *

Attach a file:

Guidance for Question 6.1.4:

Ensure the quote clearly identifies the part to be paid by the client and the part to be paid by the State.

The Total fee for service (ex GST) in the attached quote must match that identified in Question 6.1.3.

Please attach the file in .pdf or .doc format.

6.1.5: Is the quote provided at Question 6.1.4 conditional on any specific conditions being met, other than securing funding from the Program? *

6.1.5.1: Describe the conditions on which the quote is based *

Word count:

Guidance for Question 6.1.5.1:

For example, the quote may be conditional on approval by a Human Research Ethics Committee (HREC) or any similar review board.

6.2: Calculation of fees

6.2.1: Explain how the total fee for service was calculated, including any consideration of market rates and delivery timeframes *

Word count:

Must be no more than 100 words.

6.3: Financial capacity

In this section, attach the Applicant's financial statements, prepared by a CPA/CA qualified accountant, for three full financial years, including the preceding year.

Financial statements are to include:

- Income Statement,

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- 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.

6.3.1: How many years of financial statements are available? *

6.3.1.1: Attach the Applicant's FIRST (MOST RECENT) YEAR of financial statements

*

Attach a file:

6.3.1.2: Attach the Applicant's SECOND YEAR of financial statements *

Attach a file:

6.3.1.3: Attach the Applicant's THIRD YEAR of financial statements *

Attach a file:

7. Proposal timeframes

* indicates a required field

NOTE 1: The Biomedical Services should be capable of being completed within 24 months of a funding agreement with the State being executed.

NOTE 2: The Biomedical Services must not be contracted or performed before the outcome of this Application is known.

7.1: Proposed proposal timeframes

7.1.1: When are the Biomedical Services expected to commence? *

7.1.2: When are the Biomedical Services expected to be completed? *

7.2: Milestones

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In the table below, identify the Milestones relevant to the delivery of the Biomedical Services.

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

Milestone number	Milestone description	Estimated timeframe to deliver	Value of total payment related to Milestone delivery
			\$
Must be a number.			

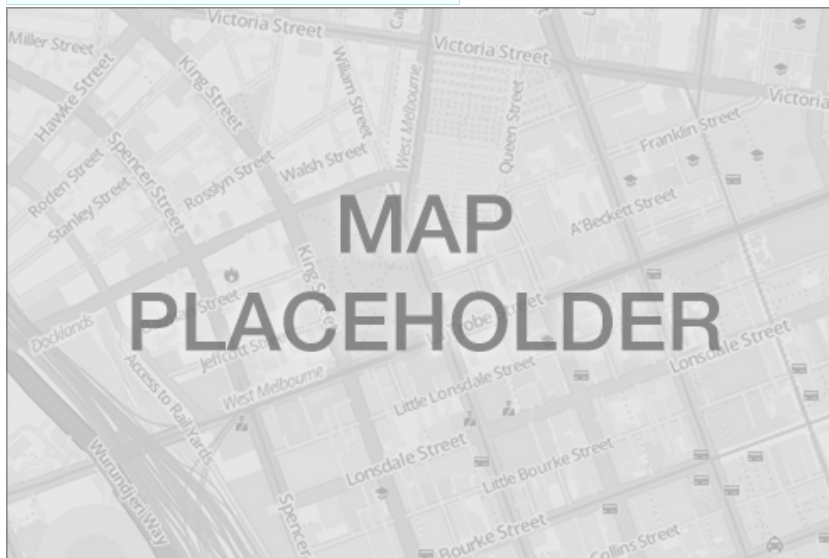
8. Proposal location

* indicates a required field

8.1: Proposal location

8.1.1: Where in Queensland will the Biomedical Services be provided? *

Address



Click on the "Add More" button to add additional locations.

9. Response to criteria

* indicates a required field

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

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Evidence should be attached on page 10 (Evidence to support the Application).

Failure to properly reference supporting evidence may result in it not being considered during assessment.

9.1: How will the proposal help the Applicant enter or embed itself into the national and international value chains to develop Biomedical Products? *

Word count:

9.2: Explain how the proposal will support sustaining specialised jobs in the Queensland biomedical sector *

Word count:

9.3: Will the proposal provide training opportunities in the Queensland biomedical sector? *

9.3.1: Describe the training opportunities to be provided *

Word count:

9.4: What steps have been taken to ensure the proposed Biomedical Services can be completed within the quoted fee and timeframe? *

Word count:

Guidance for Question 9.4:

For example, Applicants may have:

- confirmed the proposed client has rights/access to the IP required to support the provision of services.
- committed/allocated internal budget.
- allocated a project manager/dedicated staff to manage the provision of services.
- developed a defined work program for the proposed services.
- provisionally allocated space in the production calendar/work schedule.

9.5: What flow on benefits will the proposal have for local supply/value chains? *

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Word count:

Guidance for Question 9.5:

Benefits could include possible future partnerships or collaboration opportunities with the Applicant or other Queensland-based service providers.

9.6: How will the Applicant promote itself and the Biomedical Services it can provide to interstate and/or international markets in future? *

Word count:

10. Evidence to support the Application

Identify and attach copies of any supporting documents referred to and relied on as evidence in the Application that have not been provided elsewhere in the Application Form.

To add multiple documents, click on the "Add More" button at the end of this section.

Name of document/attachment	Relevant to which question(s) in this Application?	Type of document	Attach evidence to support statements made in the Application Attach a file:
<div></div>	<div></div>	<div>E.g. feasibility study, options paper, quote, detailed designs, letter of support</div>	<div></div>

11. Declaration

* indicates a required field

Applications made under Round 4 of the Queensland Biomedical Business Attraction Program cannot be considered unless the Applicant's Authorised Officer signs the Declaration Statement and the signed Declaration Statement is attached to this Application.

Please contact the the Department's biomedical team at biomedical@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 Authorised Officer to sign it
- 3.Upload the signed form at Question 11.1.1 below.

11.1: Declaration Statement

11.1.1: Attach the signed Declaration Statement *

Attach a file:

11.1.1.1: Attach evidence that the Applicant's Authorised Officer has the appropriate delegation to make the declaration on the Applicant's behalf *

Attach a file: