



Agricultural Trade and Market Access Cooperation programme application form

Section A: General information

Purpose of this form	For eligible individuals or organisations to submit an application for grant funding under the Agricultural Trade and Market Access Cooperation (ATMAC) programme.
Before applying	Read the ATMAC grant programme guidelines . Applicants must: <ul style="list-style-type: none">• have an ABN and be capable of entering into a legally binding agreement with the Commonwealth• seek project funding of at least \$55 000 (GST inclusive).
To complete this form	Save the PDF file to your computer before you commence filling out the form . You will need the latest version of Adobe Acrobat Reader to save changes and submit.
Your application must include	a completed and signed application form a signed letter from each in-kind or third-party contributor, confirming their commitment other attachments where relevant. Incomplete applications may not be processed.
Post or email your application	Programme Manager Agricultural Trade and Market Access Cooperation programme Trade and Market Access Division Department of Agriculture and Water Resources GPO Box 858 Canberra ACT 2601 Email ATMAC@agriculture.gov.au Phone 1800 868 175

Section B: Applicant details

1 Indicate applicant type (select one)

Individual

Title Given name(s) Family name

Organisation

Organisation (legal entity name)

Name of senior executive or business partner with authority to sign this application

Title Given name(s) Family name

2 Australian Business Number (ABN)

3 Is the applicant GST registered?

Successful applicants who are GST registered will receive grants inclusive of GST. Those who are not GST registered will receive grants exclusive of GST.

No

Yes

4 Street address

Address (PO Box will not be accepted)

Suburb/town/city State/territory Postcode

5 Postal address (if different from business address)

Address

Suburb/town/city State/territory Postcode

6 Nominated contact person

Title Given name(s) Family name

Position

Work phone (include area code) Mobile phone

Email

- 7 Total amount of funding sought (\$ GST inclusive)
- 8 Other individuals, organisations or activity providers collaborating on the project, including legally constituted partnerships

Section C: Description of application

- 9 Project title
- 10 Describe the project in 50 words or less. This description will be published on the department website if your application is successful.

- 11 Describe the project objectives.

- 12 Does your project contribute to one of the funding priorities listed on the [ATMAC Programme](#) web page?

No

Yes



Provide details

13 What is the project outcome or product? For example, delivery of a training programme or a research report.

14 Provide details of the project team leader and team members.

Person 1

Given name(s)

Family name

Role

Relevant qualifications and competency

Person 2 (if relevant)

Given name(s)

Family name

Role

Relevant qualifications and competency

Person 3 (if relevant)

Given name(s)

Family name

Role

Relevant qualifications and competency

Person 4 (if relevant)

Given name(s)

Family name

Role

Relevant qualifications and competency

15 Indicate project start and end dates.

Start date (dd/mm/yyyy) End date (dd/mm/yyyy)

16 Where will the project be implemented?

Town/city/region

Country

17 Explain the project methodology and how the approach you propose is feasible and achievable.**18 Project milestones/activities, time frames and budgets.**

Smaller projects may address milestone 1 only. All applicants must include GST in budget tables. Attach a sheet if necessary.

Milestone 1

Milestone name

Start date (dd/mm/yyyy) End date (dd/mm/yyyy)

Milestone 1 budget

Round figures to the nearest dollar. Attach a sheet if necessary.

Expenses	Funding (\$ GST exclusive)	Funding (\$ GST component)	In-kind or third-party contributions, where applicable (\$)	Total (\$ GST inclusive)
\$ Total				

Milestone 2

Milestone name

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

Milestone 2 budget

Round figures to the nearest dollar. Attach a sheet if necessary.

Expenses	Funding (\$ GST exclusive)	Funding (\$ GST component)	In-kind or third-party contributions, where applicable (\$)	Total (\$ GST inclusive)
\$ Total				

Milestone 3

Milestone name

Start date (dd/mm/yyyy)

End date (dd/mm/yyyy)

Milestone 3 budget

Round figures to the nearest dollar. Attach a sheet if necessary.

Expenses	Funding (\$ GST exclusive)	Funding (\$ GST component)	In-kind or third- party contributions, where applicable (\$)	Total (\$ GST inclusive)
\$ Total				

19 Would you achieve the project outcomes if you received less funding than requested?No Provide detailsYes Provide details

Contributor 3

Title	Given name	Family name
Work phone (include area code)		Mobile phone
Email		
Nature of contribution		
Significance of contribution to project outcomes		

Contributor 4

Title	Given name	Family name
Work phone (include area code)		Mobile phone
Email		
Nature of contribution		
Significance of contribution to project outcomes		


- 21 List project beneficiaries (for example, a specific industry sector, region and/or trading partner). Describe the nature of the benefit.**

22 Describe the project performance measures and how you will monitor or evaluate your success against them.

23 Identify risks to the successful completion of the project and risk mitigation measures for each risk. Attach a sheet if necessary.

Risk	Impact on project	Risk mitigation actions	Level of risk (low, medium or high)

24 Have you received grants for similar projects under this or any other Australian or state and territory government programme in the past five years?

No  Go to question 25

Yes  Provide details (maximum 10 projects)

Project title	Funding body	Date funding was received (dd/mm/yyyy)

- 25 Provide additional information to support your application. Include verification from stakeholders and/or previous experience that you or your organisation have in this area.**

Section D: Attachments

- 26 If you have attached additional documents to your application, provide details.**

Question number	Document title	Document format

Section E: Applicant survey (optional)

- 27 How did you find out about the programme? (select one or more boxes)**


- Department of Agriculture and Water Resources website
- Online advertising on other websites
- Email from the Department of Agriculture and Water Resources
- Email from another party
- Word of mouth
- Other (please specify)

Section F: Conflict of interest

To be completed by the applicant listed in section B of this application

28 Do you know of any potential, actual or perceived conflicts of interest relating to this application?

No  Go to section G

Yes  Go to question 29

29 Outline the steps you intend to take to resolve any conflicts of interest relating to this application.

Section G: Privacy notice

‘Personal information’ means any information or opinion about an identified individual or an individual who is reasonably identifiable.

‘Sensitive personal information’ is a subset of personal information and includes any information or opinion about an individual’s racial or ethnic origin, political opinion or association, religious beliefs or affiliations, philosophical beliefs, sexual preferences or practices, trade or professional associations and memberships, union membership, criminal record, health or genetic information and biometric information or templates.

The Department of Agriculture and Water Resources collects your personal information, as defined in the *Privacy Act 1988* (Cwlth), to assess your application and for related purposes. If you fail to provide some or all of the personal information requested in this form, the department will not be able to process your application.

The department may disclose your personal information to Australian Government agencies, persons or organisations where necessary for these purposes, provided the disclosure is consistent with the *Privacy Act 1988* and other relevant laws. Your personal information will be used and stored in accordance with the Australian Privacy Principles.

See the department’s [Privacy Policy](#) to learn more about accessing or correcting personal information or making a complaint. Alternatively, telephone the department on +61 2 6272 3933.

Section H: Applicant declaration

To be completed by the applicant listed in section B of this application.

In submitting this application I, for and on behalf of the applicant, declare that:

- I have read, understood and agree to the information and conditions described in the *ATMAC grant programme guidelines*
- to the best of my knowledge the information provided in this application is true and correct
- I have the agreement of all parties identified in this application to include their details, such as any personal information.

By completing and submitting this form, I consent to the collection of all personal information contained in this form and the disclosure of this information to parties described in this application form and in the grant programme guidelines.

I give permission to the department to seek other information and input relevant to the assessment of this application.

I have read the 'Conflict of interest' declaration in the grant programme guidelines and declared any known potential, actual or perceived conflicts of interest in section F of this application. I am aware of my responsibilities as an applicant to disclose and take reasonable steps to avoid any conflict of interest in connection with the ATMAC programme application and assessment process.

I declare I will not seek to benefit from:

- inside information
- my duties, status, power or authority in order to gain, or seek to gain, a benefit or advantage for myself or for any other person.

I will immediately inform the department of any changes to my personal circumstances that could affect this declaration.

I am willing and able to enter into a legally binding agreement with the Commonwealth.

I understand that the department will publish information about funded projects on its website. Information will include:

- name of the person or entity receiving the grant
- project title and purpose
- amount of funding received
- project start and end dates
- project location.

I consent to publication of this information by the department if my application is successful.

Signature (enter signature or type your name)

Date (dd/mm/yyyy)

Full name

For legally constituted partnerships only:

Partner 1 (if relevant)

Signature (enter signature or type your name)

Date (dd/mm/yyyy)

Full name

Partner 2 (if relevant)

Signature (enter signature or type your name)

Date (dd/mm/yyyy)

Full name