

# eID Infrastructure Grant R2

## Form Preview

### Eligibility

\* indicates a required field

#### Applicants: please note

The purpose of the eID Infrastructure Grants Program is to facilitate the transition to mandatory individual electronic identification (eID) for sheep and goats in Western Australia.

It is intended to assist the initial phases of this transition by supporting the ordering and purchase of the essential equipment necessary to implement eID scanning in critical congregation points along the sheep and goat supply chain.

To apply, it is necessary to complete and submit this funding proposal by **5pm, Friday 17 May 2024**. Queries on the application process are to be directed to [eIDGrant@dpird.wa.gov.au](mailto:eIDGrant@dpird.wa.gov.au)

Incomplete applications or applications received after the closing date will not be considered.

Before completing this application form, you should have read the eID Infrastructure Grant Program guidelines available from the [DPIRD website](#). The guidelines will provide you with important information regarding the scope and parameters of the grant and whether you are eligible to apply.

Before completing this application, please refer to the Guidelines to confirm your eligibility before completing this application.

#### I confirm that the applicant:

- has read and understands the program guidelines,
- is able to demonstrate alignment between their project and the aims of this program, and
- is eligible under the Guidelines (at [Electronic identification for sheep and goats | Agriculture and Food](#))

**Please confirm that all statements above are true and correct \***

Yes, I confirm

### Privacy Statement

Information provided by applicants or collected by DPIRD in relation to an applicant or their proposal may be used in the administration of this grant program and in the assessment of this application.

Any information provided (personal, financial or otherwise) will be solely used for the purpose of this Grant Program.

DPIRD will store personal information collected in this application, supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the *Privacy Act 1988* (Cth).

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DPIRD is subject to the *Freedom of Information Act 1992 (WA)*, which provides a general right of access to records held by the State Government agencies and local governments

**I have read and understood the privacy statement and I consent to and authorise such uses and disclosures. \***

Yes

## Organisation Details

\* indicates a required field

### Organisation Name \*

Organisation Name

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation such as that with the ABR, ACNC or ATO.

### Trading name of your business (if different from the business entity name)

### ABN \*

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	<a href="#">More information</a>
ACNC Registration	
Tax Concessions	
Main business location	

### Primary address

Address

  

### Postal address

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Address

  

**Office phone number \***

Must be an Australian phone number.

**What type of business are you? \***

- |                                               |                                                      |
|-----------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Processor / Abattoir | <input type="checkbox"/> Community Resource Centre   |
| <input type="checkbox"/> Saleyard             | <input type="checkbox"/> Grower Group                |
| <input type="checkbox"/> Feedlot              | <input type="checkbox"/> Other: <input type="text"/> |
| <input type="checkbox"/> Livestock Agent      |                                                      |

**Is this application on behalf of multiple organisations? \***

- Yes  No

**Is your entity a Trust? \***

- Yes  No

Trustees can only receive and administer grant funding if empowered to do so by the Trust Deed.

**Please upload a copy of your Trust Deed**

Attach a file:

Trustees MUST submit a copy of their executed Trust Deed to be eligible.

**Property Identification Code \***

Enter the Property Identification Code (PIC) for the property, registered with the WA Brands Register.

Contact Person

**Contact name: \***

First Name

Last Name

**Position**

**Primary Phone Number \***

Must be an Australian phone number.

**Email \***

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Must be an email address.

### Consortium Details

Name	Role	Relationship	Other information (if any)	Upload letter of authorisation from Consortium
				Letter authorising application to be submitted on their behalf (and approval for the lead applicant to receive funds if successful).

### Banking Details

In the event that your application is successful, please provide the banking details for where you wish funds to be transferred.

**Name of financial institution to receive funding \***

Include Bank Name and Branch

**Account Name \***

This must be the entity account name provided by the bank, not the nickname for the account provided by the client.

**BSB \***

**Account Number \***

### Project Details

\* indicates a required field

**Please note:**

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- **If you are a downstream market operator (such as a saleyard, feedlot, processor etc), please provide details of the number of sheep and goats that you would bring put through your facility each year.**
- **If you are a service provider to stock owners, please include an estimate of the number of clients/members that would need support for the recording of stock movements.**

**Please provide a brief description of your organisation. \***

Downstream operators: use an average of the last three years.

**Please upload evidence to support the scale of your operation. \***

Attach a file:

For downstream operators this may be a "Mob-based movement onto PIC" report from the NLIS database (see FAQs for instructions) or a word document with photos of waybills showing stock receipts. Community Resource Centres may use any similar document or provide an explanation regarding the use of eID equipment..

**If applicable, please provide a web link for your organisation**

Post URL

## Sheep and Goat eID Equipment Required

List the sheep and goat eID equipment that you require grant funding for. Evidence of this equipment's cost needs to be provided below.

<b>Equipment</b>	<b>Brand</b>	<b>Model</b>	<b>Cost</b>	<b>Additional information regarding equipment (if any)</b>
			\$	
			\$	
			Must be a dollar amount.	

## Grant request

### Quotation/Evidence of pricing

e.g. Written quotation from supplier or screen shot from shopping cart.. Successful applicants will be reimbursed for costs after a receipt for purchased goods is provided to DPIRD.

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**Have you already paid (including down-payments or deposits) in connection with the purchase of essential equipment or services detailed above after 21 September 2022 \***

Yes  No  
If yes, please provide the details and evidence of payment.

### Evidence of Payment

e.g. Written quotation, invoice or statement from supplier, bank statement showing payment or receipt.
--------------------------------------------------------------------------------------------------------

**Have you received any amounts or contributions under another grant program or scheme of assistance in connection with this project? \***

Yes  No  
If yes, please provide details including the amount requested and the funding status.

Date of application	Approved / Pending	Purpose of Funding	Amount	Name of Program/ Assistance
			\$	
			\$	
Must be a date.		e.g. Equipment, installation, training	Must be a dollar amount.	

### Application amount

**What is the total amount that you are requesting in this application? \***

\$   
Must be a dollar amount.

## Certification

\* indicates a required field

### Certification

This section must be completed by the applicant, or a person authorised to act on behalf of the applicant (may be different to the contact person listed earlier in this application form).

Once this form is submitted via SmartyGrants, it will be deemed as authorised by the below signatory, despite no signature provided.

**By submitting this application, I acknowledge that: \***

The information provided in this application is, to the best of my knowledge, accurate and complete

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- I have read, understood and agree to abide by the Guidelines. If any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this application.
- If any personal details of a third party are included, the third party has been made aware of, and given their permission for, those details to appear in this application.
- I give consent to the Department of Primary Industries and Regional Development to make public the details of the applicant and the funding received, should this application be successful.

### Name of authorised person \*

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

Must be a senior staff member, board member or appropriately authorised volunteer

### Position \*

Position held in applicant organisation (e.g. CEO, Treasurer)

### Organisation \*

Name of Entity as listed in official documentation such as ABR, ACNC or ATO

### Contact phone number \*

Must be an Australian phone number.

We may contact you to verify that this application is authorised by the applicant organisation

### Contact Email \*

Must be an email address.

### Date \*

Must be a date