

# Surf Beaches Mobile Coverage Grants Program – Round 2

## Form Preview

## Welcome to the application for the Surf Beaches Mobile Coverage Grants Program – Round 2

\* indicates a required field

### Your application

Please read each section and complete each question as requested. It is recommended that you allow yourself enough time to review the application and submit it well before the due date. The closing date for the **Surf Beaches Mobile Coverage Grants Program Round 2 is on 8th November 2024**. Incomplete applications and/or applications received after the closing date will not be considered. Requests for any deadline extensions will not be approved.

Prior to submitting your application, please ensure you have reviewed the [Program Guidelines](#).

For any queries, please contact us by email at [rds@dpird.wa.gov.au](mailto:rds@dpird.wa.gov.au) and allow up to 24 hours for a response. If you have any technical issues with submitting your proposal through this online system, please contact a representative from the Department of Primary Industries and Regional Development (**Regional Digital Solutions**) on (08) 6552-2119 or (08) 6552-2196

### Privacy Statement

The Department will store personal information collected as part of this application, including all supporting documentation and any grant administration, monitoring and evaluation activities in compliance with its obligations under the [Privacy Act 1988](#). The Department is also subject to the [Freedom of Information Act 1992](#) and documents in the possession of these agencies are subject to these provisions.

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

☐ Yes, I confirm

### Applicant Details

#### Organisation Name

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

#### Organisation 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

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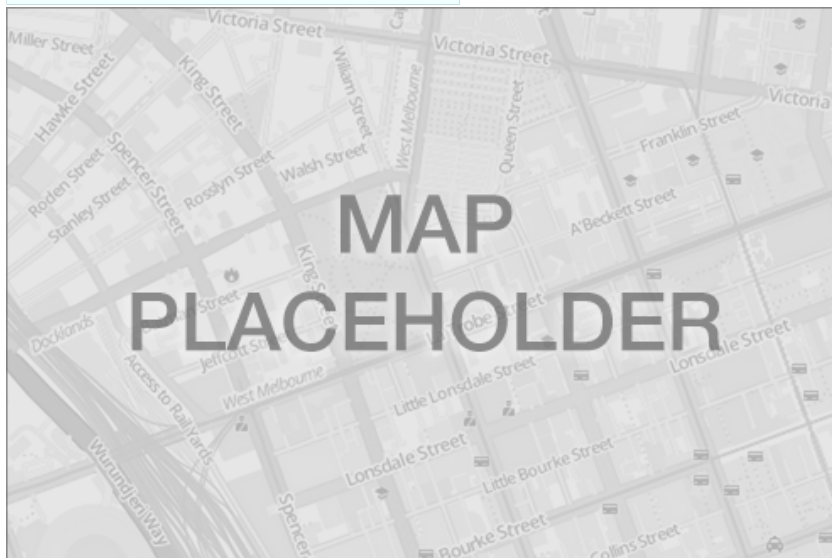
Entity name  
ABN status  
Entity type  
Goods & Services Tax (GST)  
DGR Endorsed  
ATO Charity Type  
ACNC Registration  
Tax Concessions  
Main business location

[More information](#)

Must be an ABN.

### Organisation Address

Address

### Organisation Website

Must be a URL.

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

### If the Applicant is a Trustee on behalf of a Trust, please upload the Trust Deed Document

Attach a file:

### Is the Organisation Incorporated \*

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☐ Yes

☐ No

### Organisation contact name

Organisation Name

### Organisation Contact Phone Number

Must be an Australian phone number.

### Organisation Contact Email

Must be an email address.

## Eligibility Criteria

**At a minimum your Proposal/Network must deliver ‘carrier-grade’ class of product/services which perform with a consistent, high-level quality, reliability and availability at any of the Sites/Beaches as shown in Attachment 1 of the Program Guidelines. Can your proposed solution provide this service? \* \***

☐ Yes

☐ No

**At a minimum your Proposal/Network must enable any mobile phone user to call ‘000’ for emergency purposes at any of the Sites/Beaches as shown in Attachment 1 of the Program Guidelines. Can your proposed solution provide this service? \* \***

☐ Yes

☐ No

**Applicant must hold a valid Carrier Licence under the Telecommunications Act 1997 (Cth), and thereby be authorised by the Australian Communications and Media Authority (ACMA) to provide carriage services to the public. Proponents without a Carrier License will be considered for Cel-Fi repeater proposals only. (Note: this condition is not satisfied by a Nominated Carrier Declaration). Do you hold a carrier licence? \***

☐ Yes

☐ No

**Is your proposal for Cel-Fi repeater only? \***

☐ Yes

☐ No

**Please provide your Carrier number as noted on the Register or Gazette notice number (if registered after October 2012).**

**Please attach evidence of a valid carrier licence or Gazette Notice**

Attach a file:

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**Proposals must address the requirement of providing improved mobile coverage for all Sites/Beaches as shown in Appendix 1 of the Program Guidelines. Please provide details of your mobile coverage. Note that proposals shall address the mobile connectivity issues so as to provide the widest possible coverage for the Sites.**

**Please provide a coverage map in soft copy and in Google Earth KML or KMZ formats which describes the components of the proposed solution, along with approximate locations and coverage of towers for new handheld and external antenna coverage.**

Attach a file:

The coverage map must be provided in KML or KMZ file formats. KMZ is the compressed form of KML. (KML and KML are file formats used to display geographic data in a Geographic Information System browser such as Google Earth).(Please create a ZIP file for your KML or KMZ files as Smarty Grants does not allow the upload of KML or KMZ formats).Maximum 25mb. Recommended 5mb per file.

**What is the proposed total coverage area in square kilometres?**

Must be a number.

**Will the infrastructure to be built and owned by you be maintained for a minimum period of five (5) years from the date of completion?**

☐ Yes

☐ No

## Proposal Overview

\* indicates a required field

### Project Details

**Project Title**

**Short project description**

Provide a short description (100 words recommended) of your project - what are you out to do?

**Total Project Cost (Excluding GST)**

Must be a dollar amount.

What is the total budgeted cost (dollars) of your project?

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**Estimated number of months required for full project delivery (including network commissioning) after execution of the funding agreement**

- ☐ 6-12 Months ☐ 12-18 Months ☐ 18-24 Months

**Please indicate the location/s of the Project/s (Must be the Priority Areas as listed in Item 3 of the Surf Beaches Mobile Coverage Grants Program Guidelines). \***

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Amherst Point | <input type="checkbox"/> Winderabandi Point | <input type="checkbox"/> Lowlands Beach         | <input type="checkbox"/> Black Point (Surfers Cove) |
| <input type="checkbox"/> Elle's Beach  | <input type="checkbox"/> Observatory Beach  | <input type="checkbox"/> Reef Beach             | <input type="checkbox"/> Cosy Corner                |
| <input type="checkbox"/> Campground    |   |   |   |
| <input type="checkbox"/> Kurrajong     | <input type="checkbox"/> 10th Mile Beach    | <input type="checkbox"/> James Price Point      | <input type="checkbox"/> Deepdene                   |
| <input type="checkbox"/> Lagoon        | <input type="checkbox"/> 11th Mile Beach    | <input type="checkbox"/> Coronation Beach       | <input type="checkbox"/> Elephant Rock              |
| <input type="checkbox"/> Maggie's      | <input type="checkbox"/> 9th Mile Beach     | <input type="checkbox"/> Flatrocks              | <input type="checkbox"/> Gallows                    |
| <input type="checkbox"/> Campground    |   |   |   |
| <input type="checkbox"/> Oyster Stacks | <input type="checkbox"/> Alexander Bay      | <input type="checkbox"/> Lucky Bay              | <input type="checkbox"/> Moses Rock                 |
| <input type="checkbox"/> Sandy Bay     | <input type="checkbox"/> Wharton Beach      | <input type="checkbox"/> 40 Mile camp site      | <input type="checkbox"/> Sugarloaf Rock             |
| <input type="checkbox"/> Sandy Point   | <input type="checkbox"/> Bettys Beach       | <input type="checkbox"/> Balla Balla camping    | <input type="checkbox"/> Grey                       |
| <input type="checkbox"/> Steven's Camp | <input type="checkbox"/> Foster Beach       | <input type="checkbox"/> Cleaverville camp site |   |

At least 1 choice must be selected.

## Assessable Criteria

**Please provide a detailed description of the design approach, processes, internal and external expertise to ensure the Network is reliable and viable over the intended asset lifecycle.**

Refer to the Assessable Criteria on page 8 of the Program Guidelines – 'Minimum Technical & Performance Standards' (A1.1, A1.2, A1.3 and A1.4)

**For each proposed solutions, please provide technical designs of the proposed infrastructure \*(eg. Cel-Fi repeaters, mobile base station, satellite/radio small cell, etc.) including proposed manufacturer(s) of equipment spectrum utilised (eg. 5G, 4G, 5.8GHz Class Licensed; 11GHz) and cyclone rating (where applicable)**

Attach a file:

A minimum of 1 file must be attached. Maximum 25mb. Recommended 5mb per file (e.g. Cel-Fi repeaters, satellite small cell, etc), including proposed manufacturer(s) of equipment, spectrum utilised. (e.g. 4G, 5.8GHz class licensed; 11GHz licensed, etc)

**Please provide a clear description of proposed Points of Interconnect (POI) requirements including backhaul requirements.**

POI in telecommunication is the physical interface between media gateways of two service providers, carriers, exchanges, enterprises.

**Will public funding be used to subsidise customer connection to the Network?**

- ☐ Yes ☐ No

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**Please detail the quality (download and upload speeds and reliability) and number of expected connections.**

Refer to the Assessable Criteria on page 8 of the Program Guidelines – A1.2 ‘Minimum Technical & Performance Standards’.

**Please detail the security arrangements to achieve, maintain and consistently satisfy physical infrastructure (e.g. fencing, elevated equipment), data security requirements and standards.**

Refer to the Assessable Criteria on page 9 of the Program Guidelines – A1.3 ‘Minimum Technical & Performance Standards’.

**Please detail type of power supply and its availability (e.g. solar panels, main power etc.).**

Refer to the Assessable Criteria on page 9 of the Program Guidelines – A1.4 ‘Minimum Technical & Performance Standards’.

**Grant Amount Requested (Excluding GST)**

Must be a dollar amount.

What is the total financial support you are requesting in this application?

## Co-contribution

How much public funding is being requested for customer connection fees for each of the solutions proposed? (If Applicable) \*

Proposed Solution/s	Cost (Excluding GST)
	Must be a dollar amount.

## Proponent Contribution

Due to the location of Sites/Beaches and the need to improve the safety of beach users, there is no requirement for co-contribution funding. However, the Department would welcome any Applicant and/or third party financial and in-kind co-contributions to the Program.

Examples of in-kind contributions could include a commitment for complementary access to existing infrastructure, identifying a suitable site for infrastructure placement, civil works required to access a site, assistance with connecting power, or facilitating access to existing infrastructure.

Where a value is assigned to an in-kind co-contribution, details of the methodology used to calculate the valuation must be provided in the Proposal.

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### Total Proponent Contribution (if applicable)

Cash (Excluding GST)	In-Kind	Please attach any supporting document/s
Must be a dollar amount.	Must be a dollar amount.	

### Please provide details of the methodology used to determine a monetary equivalent for in-kind co-contributions

Provide detail and breakdown of in-kind contributions (including labour rates per skill type, labour hours and assumptions).

### Third Party Contributions (If Applicable)

Name of Third Party	Cash (Excluding GST)	In-kind (Excluding GST)	If In-kind, what is provided	Secured or Not Secured	Supporting Documents
	Must be a dollar amount.	Must be a dollar amount.			

### Please provide details of any In-Kind contribution/ s for which no monetary value equivalent is claimed

### Total Third Party Contributions (Excluding GST)

This number/amount is calculated.

## Benefits, Milestones and Risks

Demonstrate broad social and economic benefits for the wider community

### How will your project build the capability of local suppliers, or allow regional businesses to provide their services for the project?

Refer to the Assessable Criteria on page 9 of the Program Guidelines – A4.1 ‘Demonstrate broad social and economic benefits for the wide community’.

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**How will your project increase regional employment and regional business participation through subcontractors, suppliers, apprenticeships and traineeships?**

Refer to the Assessable Criteria on page 9 of the Program Guidelines – A4.1 ‘Demonstrate broad social and economic benefits for the wide community’.

**The Sites/Beaches located within the Conservation/National/Regional Parks and Nature Reserve requires that the Proposal must address the visual landscape amenity issues and solutions proposed must blend in with the surrounding environment, and have an acceptable level of impact. Please describe how your Proposal addresses visual amenity issues.**

### Delivery of Milestones

Funding Source	Description	Payment	Date
		Must be a dollar amount.	Must be a date.

### Risks and Constraints

Identify actual and potential risks, liabilities and challenges associated with the Proposal including issues that may prevent the Proposal progressing or that may hinder the achievement of deliverables. Consider and explain the risk mitigation strategies which will reduce the effects of such risks, liabilities and challenges. Ensure that the full lifecycle of the Proposal and ‘post’ funding risks such as operation and maintenance are considered.

Identified Risks	Mitigation Strategies

### Additional Information

**Please upload the Proposal’s Risk Management Plan. \***

Attach a file:

**Additional Information in support of your submission**

**Please attach any supporting document/s**

Attach a file:

### Stakeholder Engagement



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**Briefly describe the partnerships that support your Proposal. Please provide evidence to support your statement (Letters of support can be provided). Please ensure the letters are up-to-date and relevant to the current Proposal. If a partner is making a financial or an in-kind contribution to the Proposal, this should be described. Other evidence may include terms of reference for a steering group, an agreement, Memorandum of Understanding or other arrangement between project partners)**

**Please attach any supporting document/s**

Attach a file:

## Declaration

Check list

**Have you completed and submitted the details required under the Eligibility Criteria?**

☐ Yes

**Have you completed and submitted the details required under the Assessable Criteria?**

☐ Yes

(All Investment Proposals must be endorsed by the Chief Financial Officer (or other Accountable Officer) and the Chief Executive Officer of the Applicant. This is to ensure the content of the Investment Proposal adequately reflects the financial details, the scope of works and the capacity for the Applicant to deliver the Proposal).

You are responsible for ensuring that your application is complete and accurate. If it is determined that you have provided false or misleading information to obtain, or attempt to obtain State funding, your application will be disqualified.

**I declare that the information contained in this application is, to the best of my knowledge, true, accurate and complete.**

☐ Yes

**I have obtained the appropriate clearances within the business entity to submit this application.**

☐ Yes

Particulars of person responsible for completing the form

**Name**

Title

First Name

Last Name

**Title**

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**Date**

Must be a date.