



Support Regional Aviation Round Three

Application Form 2019-20

BEFORE COMPLETING THIS APPLICATION FORM

Please read the Guidelines for Supporting Regional Aviation Submissions – 2019-20.

COMPLETING THE APPLICATION FORM

Complete all the relevant boxes and provide all the information sought in this form. Supporting documentation should be attached as appropriate. If you are unable to provide the information and supporting documentation at the time of submitting your application, you should forward it as soon as possible after that time. The Program Manager may contact you to discuss your proposal should additional information be required.

If you have any queries in relation to the Program or this application form, you may contact the Program Manager by mail, email or phone as listed below. Electronic copies of the form can be provided.

SUBMITTING THE APPLICATION FORM

Completed applications will be accepted by:

Mail -

Mr Juergen Ruppert
Senior Planner Aviation
Planning and Transport Policy
Department of Planning, Transport and Infrastructure
GPO Box 1533
ADELAIDE SA 5001

Email -

Juergen.ruppert@sa.gov.au
(If you are sending the application in by email, you will need to have the last page signed and saved in PDF format.)

APPLICATIONS CLOSE – COB 4 OCTOBER 2019

All applications must be received or at least post marked by the closing date as specified above. All applicants should ensure they receive an acknowledgement email.

Support Regional Aviation Round Three

Application Form 2019-20

1. APPLICANT INFORMATION

Name of Applicant <i>(including partner organisations)</i>	
ABN Number	
Are you GST registered? <i>Note that you will be required to be registered if your application is successful.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Street Address	
Town/Suburb/State/Postcode	
Postal Address <i>If different from street address</i>	
Nominated Contact <i>Include salutation eg Mr, Ms, Dr</i>	
Position	
Phone/Mobile/Fax	
Email	

2. AERODROME LOCATION AND DETAILS

Aerodrome/Property Name <i>Provide Latitude/Longitude & map if available.</i>	
Runway length (metres) and surface (eg sealed, gravel)	Length: Surface:
Aerodrome category	Certified <input type="checkbox"/> Registered <input type="checkbox"/> ALA/Other <input type="checkbox"/>
Is the airport privately owned?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of people accessing/relying on aerodrome for supplies/services	
Nearest Town (inc postcode) or Service Centre to aerodrome	
Distance (kms) by road, and road surface type, from aerodrome to nearest town/service centre	Distance Sealed <input type="checkbox"/> Unsealed <input type="checkbox"/>
Number of days annually road access to nearest town/centre is unavailable	
Do you currently impose landing fees or other airport charges?	Yes <input type="checkbox"/> No <input type="checkbox"/>

AERODROME LOCATION AND DETAILS (CONT'D)

Does the aerodrome receive a Regular Public Transport (RPT) air service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If Yes, what is the name of the RPT operator?						
Does the aerodrome receive a weekly Remote Air Services Subsidy Scheme (RASS) Service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
Is the aerodrome utilised by an aeromedical operator such as the Royal Flying Doctor Service?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, what is the name of the aeromedical operator?						
Approximately how many times has the aeromedical operator been to the location in the past month?						
Has the aeromedical operator or any other regular user of the aerodrome raised safety and/or access concerns?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>		
If yes, is a copy of the letter/report identifying the concerns attached?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	To be provided	<input type="checkbox"/>

3. PROJECT SUMMARY

Outline of the project, including all works to be undertaken.				
Why are the works required? (eg to meet operational requirements, CASA standards, etc).				
Is the Project included in the current aerodrome Master Plan?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If so, please detail the priority within the Master Plan.				
If not, what has changed since completion of that Master Plan?				
Is there any other information that may assist in supporting your need for this project? If yes, please provide details here or in separate attachment.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

4. PLEASE ADDRESS THE PROGRAM CRITERIA AS OUTLINED BELOW. PLEASE ATTACH RELEVANT EVIDENCE.

<p>Does the Project contribute to a safety or accessibility outcome?</p> <p>If so, provide further detail on that outcome (eg night time access).</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Will the Project improve connectivity to intrastate, interstate or international markets or routes?</p> <p>If so, provide further details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Is there an economic and/or social benefit to the regional community and/or state as a result of the Project (eg increase tourism to the region)?</p> <p>If so, provide further details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Will the Project provide any other key benefits (eg address maintenance or regulatory requirement)?</p> <p>If so, provide further details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

5. PROJECT MANAGEMENT

The State Government can assist successful applicants with project management or with the works themselves in some situations. Please indicate if you would like to discuss this option.

Please note that where an applicant is deemed by the Department and not having the necessary project management expertise, the Department reserves the right to appoint a project manager to manage the project on the applicant’s behalf.

Is your organisation proposing to manage the project? If No, please provide details here on who is the proposed project manager.	Yes <input type="checkbox"/> No <input type="checkbox"/> Details _____
Is your organisation proposing to undertake all or part of the works? If so, please outline your organisation’s experience and capacity to undertake the works.	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Details _____
Will your organisation be tendering for works associated with this application?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, please provide an estimated timelines for the tender processes.	

6. TIMEFRAME AND WORK PLAN

Provide a timeframe and work plan for the project showing major milestones and activities. Indicate expected commencement and completion dates for the project and project milestones. A draft work plan can be attached to the application if available.

Projects should be completed by 30 June 2020, including submission of final report, acquittal of project expenditure and receipt of the final payment from the State Government.

If the project cannot be completed in that timeframe, please provide projected milestones and additional funding details for the extended project period. These details will form the basis of a draft Funding Agreement and may be discussed or negotiated with you. Proposals seeking to extend beyond 30 June 2020 are subject to funding being available.

Proposed Project Start Date:		
Proposed Project Completion Date:		
Milestones	Commencement date	Completion date
<i>List major milestones (eg. Tenders called, contractors appointed, materials delivered, on-ground works commenced, final report submitted).</i>	<i>Expected</i>	<i>Expected</i>

7. BUDGET

All costs/prices should be **GST exclusive**. If you are seeking funding across financial years, please provide full funding and budget information for each year. These details may be discussed or negotiated with you.

Project Description	State Government	Applicant		Total
		Cash <i>(please circle)</i>	In-kind	
	\$	\$		\$

For each component of the project, please provide a breakdown of costs*.

Component	State Government	Applicant	Total
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$

* NB You will need to demonstrate the basis on which you calculated your costs, including written quotes, estimates of time and hourly rates, etc.

8. PREVIOUS GOVERNMENT ASSISTANCE

Please provide details of any Government funding assistance provided to this aerodrome in the past.

Funding Source (Program and Agency)				
Total Funding Received (\$)				
Purpose / Works undertaken				
Contributor	2015-16	2016-17	2017-18	2018-19
Australian Government	\$	\$	\$	\$
State/Territory Government	\$	\$	\$	\$
Local Government	\$	\$	\$	\$
Total	\$	\$	\$	\$

<p>Is this project the subject of a current RAUP submission? If so, please provide details.</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Details _____</p>
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9. PROPOSED PROJECT EVALUATION

Reporting will be required in the form of progress reports, acquittals of expenditure and a final project report on completion of works. In addition, the Department seeks to evaluate the benefits of the project against the key criteria of the program. Successful applicants may be required to participate in future follow-up surveys and/or case studies conducted by the Department to collect this performance information.

10. OTHER COMMENTS

Provide details of any other relevant information.

11. ATTACHMENTS

List any attachments submitted with this application (eg quotes, inspection reports, letters of support, etc).

DECLARATION/CONSENT

To be signed by the Chief Executive Officer or a person authorised by the group or organisation to make the declaration/consent.

I declare that the information provided in this form is complete and correct and any required group or organisation endorsement has been received prior to submission of this application.

I declare that:

No conflict of interest exists in relation to this application for funding

OR

A conflict of interest may exist in relation to this application for funding. Further information is provided in the attachment provided below.

(please tick appropriate box)

I consent to the release of information in this application (excluding personal details) for non-commercial public information purposes.

I consent to participate in any follow-up surveys and/or case studies conducted by the Department to evaluate program outcomes.

Signature	
Name	
Position	
Date	