

EOI Application Form

Form Preview

Introduction

* indicates a required field

Welcome

Welcome to MVP Ventures (the Program), delivered by Investment NSW (the Department). Please read the Program Guidelines to understand the application requirements before proceeding with your Expression of Interest (EOI).

Program Guidelines can be viewed on the Investment NSW website: <https://www.investment.nsw.gov.au/grants-and-rebates/mvp-ventures/>

Submission Information

Application Number

This field is read only.
The identification number or code for this submission.

Grant Program Name

This field is read only.

Grant Round Name

This field is read only.

You can save a draft of your application by pressing 'save and close' on the form. To reopen your draft application, click on the 'My Submissions' link at the top of the screen.

Please note that when submitted, applications are locked and no further editing or uploading of information is possible.

You can also download a copy of your application, whether draft or completed, as a PDF. Click on the 'Download PDF' button located at the bottom of the last page of the application form.

Privacy Notice

Investment NSW (the Department) collects the information in your application, which may include "personal information" as defined in the *Privacy and Personal Information Protection Act 1998* (NSW) ("PIIP Act"). We collect this personal information for the purpose of considering and assessing your application.

If your application is successful, your information will also be used to provide the funding to you, assist you in meeting your obligations and for reporting on the programs to which your funding relates. Providing your personal information is voluntary, however if you do not

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provide this information, we may not be able to assess your application and you will not be considered for funding.

We may also disclose your personal information to the following third parties:

- Our Community Pty Ltd, being the application portal provider to help administer the program
- Corporate Scorecard, being the credit assessment agency engaged to assist the Department complete appropriate due diligence checks
- legal advisors, probity advisors and other advisors
- third party consultants to help assess and recommend applications
- other NSW Government agencies to help assess and administer the program, monitor activity, assist organisation's whose applications are successful in meeting their obligations, and introduce unsuccessful applicants to other support programs that may be of assistance to them.

We may also be required to disclose information by law. For example, the Department is subject to the *Government Information (Public Access) Act 2009* ("GIPA Act"), which means the information you provide may be required to be released in response to a request under the GIPA Act. We may also be required to disclose information to oversight and investigative bodies and to the NSW Parliament.

If your application is successful and you receive the grant, the Department will publish the following information about your grant on the NSW Government Grants and Funding Finder as per the requirements outlined in the Grants Administration Guide (the Guide) under the Government Sector Finance Act 2018 (NSW) including:

- the name and location of your organisation;
- the grant amount; and
- any other information that may be required under the Guide,

unless publication would be contrary to the *Privacy and Personal Information Protection Act 1998* (NSW) or other statutory requirements.

Please refer to the website <https://www.investment.nsw.gov.au/privacy/> for more information on the Department's Privacy Policy relating to the privacy of your personal information.

By submitting this application form, you consent to the Department collecting, using and disclosing information about you in the manner described above. You must comply with the *Privacy Act 1988* (Cth) in relation to any personal information disclosed to you by the Department in connection with this application or the Program.

Please confirm you have read the program guidelines and privacy notice before proceeding. *

☐ Yes

Supporting Documentation

As part of the Expression of Interest process, applicants will be required to upload supporting documentation as indicated throughout the application form. Please ensure you have this information available before proceeding.

You must use the templates provided by the Department. All templates are available on the <https://www.investment.nsw.gov.au/grants-and-rebates/mvp-ventures/>

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NOTE: Maximum file size is 25MB. Only documents in JPEG, PDF, DOCX or DOC format will be accepted. Video submissions must be uploaded to a video sharing website (e.g. YouTube) and a link provided to the Department.

Attachment Checklist

Evidence of Aggregated Turnover and FTE (mandatory)

- ☐ Accountant Declaration and,
- ☐ Financial statements (including profit and loss statements).

Accountant Declaration template is available on the Investment NSW website: <https://www.investment.nsw.gov.au/grants-and-rebates/mvp-ventures/>

Innovation Pitch Deck (mandatory)

- ☐ Presentation (max 6 slides), or a
- ☐ Link to an online video (max 2 minutes), or a
- ☐ Document (max 6 pages)

Business Canvas (mandatory)

- ☐ A completed Business Canvas

Business Canvas template is available on the Investment NSW website: <https://www.investment.nsw.gov.au/grants-and-rebates/mvp-ventures/>

Evidence of IP (optional)

- ☐ IP documentation

Eligibility Confirmation

* indicates a required field

Before completing this Expression of Interest, you are required to answer the following eligibility questions to ensure the applicant organisation meets the Program eligibility criteria.

Applicant Organisation must:

- have an active Australian Business Number (ABN)
- be a company incorporated in Australia
- not be a subsidiary
- be non-tax exempt
- be headquartered in NSW
- have an account with an Australian financial institution
- hold intellectual property (IP) or rights to commercialise
- have an aggregated turnover that is no more than A\$1 million for each of the three financial years prior to the lodgement of your application; and
- have no more than a total of 20 FTE employees (including Founders).

Applicants that do not meet all eligibility criteria will not be able to complete the EOI.

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Does the applicant organisation have an active Australian Business Number (ABN)? *

- ☐ Yes
- ☐ No

Is the applicant organisation a company incorporated in Australia? *

- ☐ Yes
- ☐ No

Is the applicant organisation a subsidiary of a parent company? *

- ☐ Yes
- ☐ No

If part of a group, the parent company or entity must apply on behalf of the consolidated entity and meet all eligibility requirements.

Is the applicant organisation non-tax exempt? *

- ☐ Yes
- ☐ No

Please select Yes, if the applicant organisation is liable to pay tax. You can find out more about your tax status at <https://www.ato.gov.au/businesses-and-organisations/not-for-profit-organisations/your-organisation/does-your-not-for-profit-need-to-pay-income-tax/income-tax-exempt-organisations>.

Is the applicant organisation headquartered in NSW? *

- ☐ Yes
- ☐ No

To demonstrate this, your Australian Business Register (ABR) ABN profile 'Main Business Location' must be listed in NSW.

Does the applicant organisation have an account with an Australian financial institution? *

- ☐ Yes
- ☐ No

For the purpose of this Program, Financial Institutions are defined as Australian Authorised Deposit-taking Institutions (ADIs).

Does the applicant organisation hold intellectual property or the rights to commercialise the product or process? *

- ☐ Yes
- ☐ No

Trademark and copyright are not considered IP.

Does the applicant organisation have an aggregated turnover of no more than A\$1 million for each of the three financial years prior to the lodgement of your application? *

- ☐ Yes
- ☐ No

Does the applicant organisation have no more than a total of 20 FTE employees? *

- ☐ Yes
- ☐ No

Total Full Time Equivalent (FTE) employees must include the FTE employees and founders of the applicant organisation.

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⚠ **Thank you for your interest in the MVP Ventures program, based on the responses provided, the applicant organisation does not meet the minimum eligibility requirements to apply to the Program.**

⚠ **Submission of Expression of Interest forms that do not meet minimum eligibility will be considered ineligible and no further administrative action will occur.**

Organisation Details

* indicates a required field

Organisation Name *

Organisation Name

Please use the organisation's full name as listed in official documentation such as that with the 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	
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.

What is the primary industry division of the organisation? *

Organisation Address *

Address

Must not be a PO box.

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Please provide a brief description of the organisation and what it does. *

Word count:

Must be no more than 200 words.

Contact Name *

First Name

Last Name

This is the person with whom we will correspond regarding this grant.

Position *

e.g., Manager, Board Member or Grant Coordinator.

Phone Number *

Must be an Australian phone number.

Email Address *

Must be an email address.

This is the email address we will use for correspondence regarding this grant.

Website

Must be a URL.

Organisation Financials

*** indicates a required field**

What is the applicant organisation's total number of Full Time Equivalent (FTE) employees? *

Must be a number.

Total Full Time Equivalent (FTE) employees must include the FTE employees (including Founders) of the applicant organisation.

What is the applicant organisation's aggregated turnover for the current financial year to date? *

Must be a dollar amount.

Please provide the name of the applicant organisation's financial institution. *

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Must be an Australian Authorised Deposit-taking Institution (ADI). <https://www.apra.gov.au/register-of-authorised-deposit-taking-institutions>

To evidence your aggregated turnover and FTE employees, you must submit:

- a completed accountant declaration form; and
- copies of your financial statements including profit and loss statements for each of the previous three financial years*.

Please use the accountant declaration form template provided on the Investment NSW website: <https://www.investment.nsw.gov.au/grants-and-rebates/mvp-ventures/>

*If you have been operating for less than 3 years, you are only required to provide evidence for the years you have been operating. If you have been operating for less than 1 year and do not have a complete set of financial statements, you may submit an accountant declaration only.

Please upload your accountant declaration and financial statements *

Attach a file:

Previous Funding

* indicates a required field

Has the applicant organisation or related parties previously applied for or received funding under the MVP Ventures Program? *

- ☐ No
- ☐ Yes, Round 2 (2024-2025)
- ☐ Yes, Round 1 (2023-2024) or Pre 2023

Please provide the application number *

Was your project funded? *

- ☐ Yes
- ☐ No

Briefly describe the funded project and how it differs from this application? *

Word count:

Must be no more than 350 words.

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Did you receive feedback on the previously submitted application? *

- ☐ Yes
☐ No

Please provide details on how you addressed the feedback received *

Word count:

Must be no more than 350 words.

Has the applicant organisation or related parties received or are currently receiving any NSW Government or federal assistance from another program for the same purpose as this application? *

- ☐ Yes
☐ No

Please list all NSW and Federal Government funding the applicant organisation or any related parties has received or is currently receiving for the same purpose as this application.

Fund or Program Name	Funding Body	Funding Amount	Funding Status
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		\$	
		Must be a dollar amount.	

Briefly describe the funded project and how it differs from this application? *

Word count:

Must be no more than 350 words.

Adverse Findings

* indicates a required field

Are there any actions of insolvency or bankruptcy proceedings, actual or threatened (including Voluntary Administration, Application to Wind Up, or other) against the applicant organisation, its parent or associated entities or any directors within the past 2 years? *

- ☐ Yes
☐ No

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Please provide details *

Word count:

Must be no more than 200 words.

Are there any court proceedings of any kind, actual or threatened, against the applicant organisation, its parent or associated entities or any directors within the past 2 years? *

- ☐ Yes
☐ No

Please provide details *

Word count:

Must be no more than 200 words.

Are there any breaches of the Fair Work Act 2009 (Cth) or any other related legislation against the applicant organisation, its parent or associated entities or any directors within the past 2 years? *

- ☐ Yes
☐ No

Please provide details *

Word count:

Must be no more than 200 words.

Are there any breaches of the Work Health Safety Act 2011 (Cth) against the applicant organisation, its parent or associated entities or any directors within the past 2 years? *

- ☐ Yes
☐ No

Please provide details *

Word count:

Must be no more than 200 words.

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Project Information

* indicates a required field

Project Title *

The title should clearly summarise the product being commercialised. For example: Charging Stations for Electric Vehicles OR Digital Platform for Managing Waste.

Short project description *

Word count:

Must be no more than 350 words.

Please complete the description in this format: [Applicant] has developed/is developing [innovative product] for the [target/priority market/industry/application sectors]. This [technology/solution] will [value proposition/customer benefits]. MVP Ventures support will be used to help [Applicant] progress this [product] along the TRL scale to achieve [expected commercial outcomes and/or national/global benefits]. As this description may be used publicly, you should ensure that it does not include any sensitive and/or commercial-in-confidence information.

Project length (in months) *

Must be a number.

The minimum project period is three months. The maximum project period is 12 months.

Project location *

Address

Must be the location where the majority of project activities will be undertaken.

Grant amount requested *

The total financial support you are requesting in this application, minimum grant amount \$25,000, maximum grant amount \$50,000.

Please select the NSW Industry Development Framework sector your project aligns to. *

The NSW Industry Development Framework is available at <https://www.investment.nsw.gov.au/living-working-and-business/nsw-industry-development-framework/>

Project Details

* indicates a required field

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Is your project directly related to the pre-market development and commercialisation pathway of your product? *

- ☐ Yes
☐ No

Briefly describe the product that you are intending to commercialise. *

Must be no more than 350 words.

A strong answer will provide a brief description of the product's overall functionality and purpose.

Innovation Pitch

Please upload an Innovation Pitch in one of the following formats:

- a 6-slide deck,
- an online video (maximum 2 minutes), or
- a 6-page document.

The Innovation Pitch should provide detail on the product features, how these features are innovative and their purpose.

Please select which media you are using for your Innovation Pitch: *

- ☐ Deck
☐ Video
☐ Document

Innovation Pitch Deck/Document *

Attach a file:

Innovation Pitch Video, please provide the link below. *

Must be a URL.

If you choose to upload a video to YouTube, videos can be set to 'unlisted' so that they are not public.

What problem or opportunity does your product address and how does the product address it? *

Word count:

Must be no more than 350 words.

Please list three competitors and their comparative products utilising the same or similar features as your product.

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Competitors	Comparative products	Competitor product link
		Must be a URL.

Please indicate the current TRL of your product. *

Please explain why it is at that TRL *

Word count:

Must be no more than 350 words.

A strong answer will detail the development steps undertaken to progress the product to its current TRL.

Please select the expected TRL of your product at completion of this project *

Supporting Documents

The Business Model Canvas Template is available on the Investment NSW website: <https://www.investment.nsw.gov.au/grants-and-rebates/mvp-ventures/>

Business Canvas *

Attach a file:

If you have any of the following documentation for your product or process, please upload:

- Ownership of IP
- Commercialisation rights
- A patent
- A patent application
- An intellectual property strategy

Attach a file:

Organisation Demographics

* indicates a required field

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Is your organisation First Nations Australian owned? *

- ☐ Aboriginal Owned
- ☐ Torres Strait Islander Owned
- ☐ Aboriginal & Torres Strait Islander Owned
- ☐ Prefer not to say
- ☐ No

An organisation is classified as Aboriginal-owned when majority of its members or proprietors are of Aboriginal heritage. An organisation is classified as Torres Strait Islander-owned when majority of its members or proprietors are of Torres Strait Islander heritage.

Does your organisation have employees who are: *

- ☐ Culturally and Linguistically Diverse
- ☐ Persons with a disability
- ☐ Veterans
- ☐ Mature-aged
- ☐ Women with a background in Science, Technology, Engineering and Mathematics (STEM)
- ☐ Prefer not to say

Is your organisation female founded? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Does your company have women employed in leadership roles? *

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

Terms and Conditions

Application Terms ("Terms")

- 1.Submission of an application to the Crown in the Right of the State of New South Wales acting through the Investment NSW (the **Department**) constitutes an acceptance by you of the **MVP Ventures Program** Guidelines (**Program Guidelines**), Privacy Notice, and these Terms and Conditions and you agree to be bound by both of them.
- 2.Your application must be submitted to the Department on or before **17:00 AEST 28 February 2025**.
- 3.Applications may only be submitted using the method described in the Program Guidelines.
- 4.Applications that are incomplete or do not comply with the instructions provided in the application form and/or the Program Guidelines may be rejected by the Department. The Department may, in its sole discretion, accept or reject an application which is incomplete or does not comply with the Program Guidelines, or for any other reason.
- 5.You agree to bear the costs of preparing and submitting your application without recourse to the Department.
- 6.You confirm that all the information provided as part of the application is true, correct and valid as at the date of your application.
- 7.You confirm that where you submit information on behalf of a third party, you warrant that you have obtained the legal consent of such parties for the purpose of submitting an application under this Program.

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8. You agree to indemnify the Department against and in respect of all damages, losses, expenses, and costs (including legal costs on an indemnity basis) which arise out of or in relation to any incorrect or invalid information that you provide to the Department through this application.
9. If you are found to have made false or misleading claims or statements, or to have obtained improper assistance in relation to your application, the Department may exclude your application from the evaluation process. You should be aware that giving false or misleading information to the Department is a serious offence under the *Crimes Act 1900 No 40* (NSW).
10. An application submitted electronically will be treated in accordance with the *Electronic Transactions Act 2000* (NSW).
11. Assessment and approval of your application will be in accordance with the criteria outlined in the Program Guidelines.
12. Submitting an application does not guarantee approval under the Program. Approval is at the sole discretion of the Department.
13. The Department reserves the right to verify the information provided by you as part of your application and determine your eligibility for the Program.
14. You must seek the written consent from the Department before making any public announcement about the Program and the Department's and the State's role in the Program.
15. Nothing in this request for applications or your application will be construed as giving rise to any contractual obligations or rights, express or implied, (other than your agreement to these Terms and Conditions and the Program Guidelines).
16. If your application is successful, the information provided in your application will form part of a funding agreement to be separately agreed and signed between you and the Department.
17. Unsuccessful applications will be notified via email and/or letter of the outcome of their application and will be offered feedback if requested. Unsuccessful applicants may reapply at any time if material changes have occurred and you believe you are eligible under the Program Guidelines.
18. You are not eligible for any funding until a funding agreement is agreed and signed by you and the Department.
19. Subject to the terms of any funding agreement entered into between you and the Department, the Department reserves the right to alter, amend, suspend, cancel or withdraw the Program for any reason and in any circumstances in its sole and absolute discretion and without notice to you.

Disclaimer

1. Subject to any applicable law, the Department makes no representation or warranty of any kind, express or implied, in relation to any information or material provided in the application form or the Program Guidelines including as to its accuracy, currency or reliability.
2. The information and material provided by NSW Government as part of the application form and Program Guidelines is of a general nature only and is not legal or other professional advice or intended to be comprehensive. You are responsible for determining the validity, quality and relevance of any information or materials and taking appropriate independent advice before submitting an application or entering into a funding agreement.
3. The Department does not accept responsibility for and excludes liability for any loss, damage, cost or expense howsoever caused (including through negligence or matters outside its control), which you or any person may directly or indirectly suffer

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in connection with your or such person's use of or reliance on, information or materials contained in the application form or the Program Guidelines.

Use of Information

The personal information collected in this application is used for purposes directly related to considering and assessing your application, and to provide the funding to you if your application is successful and for other reasons you have consented to in the application form.

Personal details you provide may also be used to contact you for evaluation purposes, in order to inform our ongoing continuous improvement processes.

Third Party Assistance

* indicates a required field

Has a third party assisted you in completing this grant application? *

- ☐ Yes
☐ No

This includes grant writers, consultants and external parties.

Third-Party Contact *

- ☐ Individual ☐ Organisation

Organisation Name

First Name

Last Name

Third-Party 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	

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ATO Charity Type	More information
ACNC Registration	
Tax Concessions	
Main business location	

Must be an ABN.

Organisation contact who assisted *

First Name

Last Name

Declaration and Authorisation

* indicates a required field

Your Expression of Interest does not meet minimum eligibility.

Submission of this application will lock the information provided and the application will not progress to assessment. It is recommended that you do not submit this application, instead save the application for future submission when all the eligibility criteria have been met.

Please confirm you understand that, if submitted this application will be declined.

*

☐ Yes

Declaration

I hereby declare that:

- I am authorised to make this application on behalf of the Applicant Organisation.
- I understand and accept the Privacy Notice, Terms and Conditions, and the Program Guidelines.
- There are no perceived or existing conflicts of interest in relation to this application.
- All information and documents submitted in this application are true, complete, and accurate.
- I am aware that it is a criminal offence under s307A of the *Crimes Act 1900* (NSW) to submit false or misleading information to a public authority in connection with an application for a benefit.

If you are found to have made false or misleading claims or statements, or to have obtained improper assistance in relation to your application, the Department may exclude your application and further action may be taken against you.

*

☐ I declare and agree with the above

Authorised Representative *

First Name

Last Name

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Organisation Position *

Title of role held in organisation

Phone Number *

Must be an Australian phone number.

Email *

Must be an email address.

Applicant Feedback

Where did you hear about this program? *

- ☐ Investment NSW Website
- ☐ NSW Government Grants Finder Website
- ☐ Investment NSW Newsletter
- ☐ Investment NSW Direct Email
- ☐ Media Article
- ☐ Word of Mouth
- ☐ Accelerator
- ☐ Incubator
- ☐ Other:

Please select all that apply

How satisfied are you with the overall EOI application form? *

- ☐ 1 (Very Dissatisfied)
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5 (Very Satisfied)

Do you have any feedback on the EOI process?

Word count:

Must be no more than 350 words.

Are you happy to be contacted to by the Department to participate in future industry events, marketing or other industry activities? *

- ☐ Yes
- ☐ No

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If your application is unsuccessful, are you happy to be contacted by the Department to discuss alternative NSW funding programs? *

- ☐ Yes
- ☐ No