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# Alternative Voice Services Trials application form—draft

May 2020

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## Important information

### Background

1. The Department of Infrastructure, Transport, Regional Development and Communications (the Department) is proposing to trial alternative ways to deliver voice services in rural and remote areas of Australia, and particularly those areas serviced by Telstra’s high capacity radio concentrator (HCRC) networks.
2. The objective of the trials is to demonstrate and assess the effectiveness of new ways to deliver voice services, including by new providers, given concerns about existing voice solutions and the potential for alternative technologies to provide better services and functionality.
3. The trials are also relevant to the Government’s commitment to explore with industry and the community better ways to deliver the Universal Service Guarantee (USG) for telecommunications over time. The trials should provide insights into better ways to deliver the USG.

### Completing this form

1. The information you provide in this application form will be used by the Department to assess the relative merits of applications. Applications will be assessed on a competitive basis against other applications.
2. This form is an attachment to, and should be read in conjunction with, theAlternative Voice Services Trials Grant Opportunity Guidelines (‘guidelines’).
3. Applications consist of the completed application form and any attachments.
4. Please use the text boxes provided under each question, expanding as necessary.
5. Applications must be submitted by email to [usg@communications.gov.au](mailto:usg@communications.gov.au) by the closing time (0900 on Monday 13 July 2020). If physical electronic media are to be lodged, they are to be addressed and delivered by the closing time to:

Director, USG Implementation  
Department of Infrastructure, Transport, Regional Development and Communications  
GPO Box 2154  
CANBERRA ACT 2601

1. Information you provide in this application form may be provided to a probity adviser, a technical adviser or other advisers in accordance with the assessment process set out in the guidelines. Confidential information may be disclosed as provided in the guidelines.

## Application checklist

This form must be attached to your application

Please check that your application includes the following elements before you submit your application.

|  |  |
| --- | --- |
| 1 Application form (including contact details and title of proposed grant activity) | Yes  No |
| 2 Summary of application | Yes  No |
| 3 Claims against eligibility criteria | Yes  No |
| 4 Claims against merit criteria | Yes  No |
| 5 Statement of Compliance with draft grant agreement | Yes  No |
| 6 Conflict of Interest declaration | Yes  No |
| 7 Privacy declaration | Yes  No |
| 8 Signatures | Yes  No |

## 1. Applicant details

Note: All fields with an asterisk (\*) must be completed.

|  |  |
| --- | --- |
| Title of grant activity\* |  |
| Grant manager name\* |  |
| Grant manager organisation\* |  |
| Grant manager telephone\* |  |
| Grant manager facsimile\* |  |
| Grant manager mobile\* |  |
| Grant manager email\* |  |

### Application members

#### Lead applicant details

|  |  |
| --- | --- |
| Legal name\* |  |
| Trading name(s)[[1]](#footnote-1) |  |
| ABN\* |  |
| Organisation website |  |
| GST registered?\* | Yes  No |
| Address Line 1\* |  |
| Address Line 2 |  |
| Address Line 3 |  |
| Suburb/ town\* |  |
| State/ territory\* |  |
| Postcode\* |  |
| Email address\* |  |

### Consortium details (if applicable)

|  |  |
| --- | --- |
| Is your application being submitted by a consortium? | Yes. Provide details below.  No. Go to section 2. |

#### Consortium Member 1

|  |  |
| --- | --- |
| Legal name\* |  |
| Trading name(s) |  |
| ABN\* |  |
| Role in consortium\* |  |
| Nominated contact\* |  |
| Business address\* |  |
| Primary contact number\* |  |
| Email\* |  |

#### Consortium Member 2

|  |  |
| --- | --- |
| Legal name\* |  |
| Trading name(s) |  |
| ABN\* |  |
| Role in consortium\* |  |
| Nominated contact\* |  |
| Business address\* |  |
| Primary contact number\* |  |
| Email\* |  |

#### Consortium Member 3

|  |  |
| --- | --- |
| Legal name\* |  |
| Trading name(s) |  |
| ABN\* |  |
| Role in consortium\* |  |
| Nominated contact\* |  |
| Business address\* |  |
| Primary contact number\* |  |
| Email\* |  |

You must attach letters showing support from each of the consortium members. Each letter of support should include:

* details of the consortium member
* an overview of how the consortium member will work with the lead applicant and other consortium members (if any), including financial co-contributions
* an outline of the relevant experience and/or expertise the consortium member will bring to the group.

## 2. Application summary

Please outline the overall nature and scope of the proposal. Please provide no more than two pages as a summary.

|  |  |
| --- | --- |
| 1. Proposed solution |  |
| 2. Customer numbers |  |
| 3. Target Area |  |
| 4. Location/s |  |
| 5. Amount of funding sought/ contributions/end-user charges |  |
| 6. Capability/capacity to deliver |  |
| 7. Timing |  |
| 8. Conflicts of interest |  |
| 9. Privacy declaration |  |
| 10. Compliance with Grant Agreement |  |

## 3. Claims against eligibility criteria (clause 4.1 of the guidelines)

You will have provided your ABN and confirmed you are registered for GST in section 1. These are both eligibility criteria. In this section, please confirm:

|  |  |
| --- | --- |
| 1. You have an account with an Australian financial institution | Yes  No |
| Provide details |  |
| 2. You are, or propose to become, a Carriage Service Provider (CSP) as defined in the Telecommunications Act 1997, or are a consortium with at least one organisation operating as, or proposing to operate as, a CSP. | Yes  No |
| Provide details |  |

## 4. Claims against merit criteria (clause 4.2 of the guidelines)

### Criterion 1: proposed approach and expected outcomes

Please provide information in response to each matter, expanding the boxes as necessary.

|  |  |
| --- | --- |
| a) The broader outcomes you expect to demonstrate from your participation in the trials and how they will align with the objectives of the trials. |  |
| b) Proposed location/s (including priority HCRC areas) |  |
| c) Number of proposed customers to take part including minimum and maximum numbers (in the event we need to negotiate to cap the number) |  |
| d) Your approach to providing voice services using alternative technologies and background on these, including proposed equipment, installation process and support, and marketing/promotion |  |
| e) Details of the voice services, including service inclusions, costs for customers (if any) and approach to ensuring network and service reliability |  |
| f) Any additional services or features to be offered to the consumers in addition to voice service e.g. data services, back-up power |  |
| g) What customer support you intend to provide—e.g. call diversion arrangements, customer service hotlines, complaints handling procedures, service and network standards. |  |
| h) Arrangements for supporting monitoring of the trials, including the sharing of customer and service information for survey purposes |  |
| i) Add any other information you consider relevant |  |

### Criterion 2—capability and capacity to deliver outcomes

Please provide information in response to each matter, expanding the boxes as necessary.

|  |  |
| --- | --- |
| a) Experience in providing voice services (and any other proposed services) |  |
| b) Access to any necessary infrastructure |  |
| c) Your track record in delivering similar projects (if any) |  |
| d) Access to personnel and/or partners with the right skills and experience |  |
| e) Your readiness to commence the project including availability of key personnel and equipment |  |
| f) Your assessment of risk and mitigations (please refer to Appendix A for our preferred approach to risk assessment) |  |
| g) Your financial and operational ability to deliver the proposal including demonstrated access to the funds you propose to contribute |  |
| h) Add any other information you consider relevant |  |

To assist in the assessment of Merit Criterion 2, please provide background on specified personnel, such as the project manager, including experience in similar types of projects. (Maximum 3 pages per person is preferred). Use the following template, expanding the boxes as necessary:

|  |  |
| --- | --- |
| Name |  |
| Position |  |
| Role in project |  |
| Qualifications |  |
| Experience |  |
| CV attached | Yes  No |

### Criterion 3—costs

Please provide information in response to each matter, expanding the boxes as necessary.

|  |  |
| --- | --- |
| a) Any set-up, administration or promotional costs for which funding is sought (noting such costs should generally not exceed around 10 per cent of the total grant amount being sought) |  |
| b) Any upfront per-service costs, such as for equipment (e.g. antennas and boosters) or installation |  |
| c) Costs for each voice service to be provided |  |
| d) Total grant funding being sought |  |

## 5. Budget

Provide details of your total expenditure to be paid for with grant funding and other contributions.

| **Description**  Expenditure (Provide details of estimated expenditure below, for example, for staff, administration, equipment, installation, access to facilities or services) | **FY 2020–21**  GST exclusive | **FY 2020–21**  Including GST |
| --- | --- | --- |
|  | $ | $ |
|  | $ | $ |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Total Project Expenditure | $ |  |
| Commonwealth funding being sought | $ |  |
| Other Contributions  (Provide details of your own financial contributions, including the source of the funds and the items on which you are spending the funds) | $ |  |

## 6. Conflict of interest (clause 4.4 of the guidelines)

|  |  |
| --- | --- |
| Do you or any of your specified personnel have any perceived or existing conflicts of interest to declare? | Yes. Identify the entity or person concerned and describe the perceived or existing conflict/s of interest and how you propose managing them below.  No. |
| If your application is successful, the details you provide below will be published on the departmental website. Published project details inlcude, name of project, title of the project, a description of the project and intended outcomes, amount of funding. |  |

## Statement of compliance with privacy requirements (clause 4.5 of the guidelines)

|  |  |
| --- | --- |
|  | Yes.  No.  Describe below how you will ensure that all trial activities are conducted in a manner that complies with the Privacy Act 1988, by reference to existing policy documents or new governance arrangements that will be implemented. |
| If you ticked no above, describe how you will ensure that all trial activities are conducted in a manner that complies with the Privacy Act 1988, by reference to existing policy documents or new governance arrangements that will be implemented. |  |

## 8. Statement of compliance with draft grant agreement (clause 5.1 of the guidelines)

|  |  |
| --- | --- |
| You accept the draft Grant Agreement in full | Yes  No |

If an applicant does not accept a clause in the draft grant agreement in its entirety, the applicant is required in this Statement of Compliance, using the table below (expanding the rows as required) to:

1. identify any aspect of their application that involves a proposed departure from, or variation to, the provisions of the draft grant agreement;
2. describe the nature of the departure and the rationale for the proposed departure;
3. specify the impact that compliance with the existing clause would have on other parts of its application (including price) and the risks to the applicant that would arise if the applicant were required to comply with the existing clause under the draft grant agreement with the Department;
4. where the applicant does not accept all clauses in the draft grant agreement, submit a revision‑marked version of the draft grant agreement reflecting the applicant’s proposed changes (including text for new, modified or replacement clauses); and
5. in completing the ‘nature of departure’ column below, use one of the following expressions:
6. partially complies (PC) means the contractual condition, characteristic or performance requirement of the clause can be met by the applicant, subject to certain qualifications, which are stated in full;
7. does not comply (DNC) means that the contractual condition, characteristic or performance requirement of the clause cannot or will not be met by the applicant; or
8. not applicable (NA) means that due to the nature of the application, or of the applicant, the question of adherence to the clause does not arise.

| **Clause / annex / attachment** | **Nature of departure** | **Rationale for proposed departure** | **Impact and risk for applicant** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

## 9. Applicant declaration

### Privacy and confidentiality provisions

I acknowledge that this is an Australian Government program and that the Department will use the information I provide in accordance with the following

* [Australian Government Public Data Policy Statement](https://www.dpmc.gov.au/sites/default/files/publications/aust_govt_public_data_policy_statement_1.pdf) ([www.pmc.gov.au/sites/default/files/publications/aust\_govt\_public\_data\_policy\_statement\_1.pdf](http://www.pmc.gov.au/sites/default/files/publications/aust_govt_public_data_policy_statement_1.pdf))
* Commonwealth Grants Rules and Guidelines ([www.finance.gov.au/sites/default/files/2019-11/commonwealth-grants-rules-and-guidelines.pdf](http://www.finance.gov.au/sites/default/files/2019-11/commonwealth-grants-rules-and-guidelines.pdf))
* Alternative Voice Services Trials—Grant Opportunity Guidelines
* applicable Australian laws.

Accordingly, I understand that the Department may share any personal information provided in this application within this Department and other government agencies:

* for purposes directly related to administering the program, including governance, research and the distribution of funds to successful applicants and
* to facilitate research, assessment, monitoring and analysis of other programs and activities unless otherwise prohibited by law.

I understand that where I am successful in obtaining a grant, the financial information that I provide for the purposes of payment will be accessible to Departmental staff to enable payments to be made through the Department’s accounts payable software system.

I understand that information that is deemed ‘confidential’ in accordance with the guidelines may also be shared for a relevant Commonwealth purpose as set out in clause 7.2 of the guidelines.

The Department will publish information on individual grants in the public domain, including on the Department’s website, unless otherwise prohibited by law.

#### Applicant declaration

I declare that I have read and understood the guidelines, including the privacy and confidential information provisions.

I declare that the proposed project outlined in this application and any associated expenditure has been endorsed by the applicant’s Board or person with authority to commit the applicant to this project.

I declare that the applicant will comply with, and require that its subcontractors and independent contractors comply with, all applicable laws.

I declare that the information contained in this application and all its attachments, together with any statement provided is, to the best of my knowledge, accurate, complete and not misleading and that I understand that giving of false or misleading information is a serious offence under the Criminal Code 1995(Cth)*.*

I acknowledge that I may be requested to provide further clarification or documentation to verify the information supplied in this form and that the Department may, during the application process, consult with other government agencies, including state and territory government agencies, about the applicant’s claims and may also engage external technical or other advisors to advise on information provided in the application.

I acknowledge a Grant may be subject to the successful conclusion of negotiations, including to limit the number of customers who may take part in the trials, to target a particular area of Australia or to modify the duration of the trials.

I acknowledge that if the Department is satisfied that any statement made in an application is incorrect, incomplete, false or misleading the Department may, at its absolute discretion, take appropriate action. I note such action may include excluding an application from further consideration; withdrawing an offer of grant funding; using the information contained in the application for a fraud investigation that would be consistent with the Australian Government’s Investigations Standard and Commonwealth Fraud Control Framework and for management purposes and/or terminating any grant agreement between the Commonwealth and the recipient including recovering funds already paid.

I agree to participate in the periodic evaluation of the services undertaken by the Department.

I agree to accept the assessment and processes as set out in the guidelines.

I declare that I am authorised to complete this form and acknowledge that by including my name in this application I am deemed to have signed this application.

## Signature of application manager

I confirm that:

1. I am authorised by all applicant members to sign the application form on their behalf;
2. the information provided in this application form and all attached documents is complete and correct;
3. I understand that providing false or misleading information to the Commonwealth may be an offence under Part 7.4 (Division 136) of the Criminal Code;
4. I have read, understood and comply with the guidelines;
5. the content of the electronic copy of the form is identical to the content of this application form;
6. the applicant members understand that the guidelines are not an offer on the part of the Commonwealth nor do they create any obligation on the part of the Commonwealth to enter into a commercial or other relationship with any applicant;
7. the applicant members understand that the Department of Infrastructure, Transport, Regional Development and Communications will have the right (but not be obliged) to act in reliance upon the contents of my response in the application form, including any attachments and associated material;
8. the Department may provide the information in this form and the attachments to other persons in confidence where necessary for the conduct of the assessment process; and
9. the applicants will regard all communication with the Department as confidential and not disclose their contents without the Department’s prior written consent.

|  |  |
| --- | --- |
| Name |  |
| Date signed |  |
| Signature |  |

1. Your organisation may have registered one or more trading names. If you operate under a business or trading name you can enter alternative name(s) here. [↑](#footnote-ref-1)