



Soil Science Challenge

Application Information

National Soil Strategy and National Soil Package

Released in May 2021, the National Soil Strategy sets out how Australia will value, manage and improve its soil for the next 20 years. The Strategy prioritises soil health, empowers soil innovation and stewards, and strengthens soil knowledge and capability.

The Australian Government has committed to a \$214.9 million National Soil Package to implement the Strategy. This includes \$20.9 million over four years for the Soil Science Challenge; a competitive grant opportunity aimed at research organisations.

Soil Science Challenge

The Australian Government recognises that healthy soils improve resilience to climate change and natural disasters, contribute to our emission reduction targets, help grow our agriculture industry and secure human health, food and water security, biodiversity and economic growth. Soil provides essential ecosystem services that support food and fibre production, water storage, filtration and nutrient cycling and carbon storage.

Innovation in the way we manage our soil and advances in soil science and technology will be essential if we are to meet the Ag2030 goal of growing the agriculture sector to \$100 billion by 2030 while sustaining the environment.

To better support decision-making we need to understand more - through better robust, well researched and peer-reviewed science - about how management practices impact soil, soil organic carbon levels, productivity and environmental sustainability.

Through the Soil Science Challenge, the Australian Government is inviting applications for new projects that add to Australia's soil health knowledge and address soil-related research priorities.

Community Grants Hub

This grant round is being administered by the Community Grants Hub, on behalf of the Department of Agriculture, Water and the Environment.

Closing Date/Time

Applications must be submitted by **9:00pm Australian Eastern Daylight Time (AEDT) Monday 14 February 2022**.

Making Sure Your Application is Saved

Upon exiting the form please ensure that you use the 'Save and Exit' button. The 'Continue' button should only be used as you intend to progress through the form. For your Application to be saved when exiting, you will need to click on:

- 'Save and Exit', and
- 'Confirm'.

You will know that your application is saved when you are taken from the current form process to the 'Form Saved' page.

Note that the 'Save and Exit' button will ask that you 'Confirm' that you wish to save the Application, which you must do to complete the save process. If this is not done, your Application will not be saved.

You can return to your Application with the data saved using the link on the 'Form Saved' page that says 'Click here to return to your form' and confirming your submission reference ID details.

Grant Opportunity Documents

Read all information in the Grant Opportunity Documents before completing this Application Form. The Grant Opportunity Documents are available on the [GrantConnect\(https://www.grants.gov.au\)](https://www.grants.gov.au) and [Community Grants Hub\(https://www.communitygrants.gov.au\)](https://www.communitygrants.gov.au) websites. Applications will be assessed using the process outlined in the Guidelines.

Application Help

Information about the Application process is available on the [GrantConnect\(https://www.grants.gov.au\)](https://www.grants.gov.au) and [Community Grants Hub\(https://www.communitygrants.gov.au\)](https://www.communitygrants.gov.au) websites.

Applicants must submit any questions relating to the Program or this Application process in writing to [support@communitygrants.gov.au\(mailto:support@communitygrants.gov.au\)](mailto:support@communitygrants.gov.au). Applicants may submit these questions up until five business days prior to the Closing Time and Date. A response will be provided within five business days.

Applicants may direct any general enquiries, requests for technical help or support in using and/or submitting the Application Form by:

- Phone **1800020283**

- Email to support@communitygrants.gov.au (<mailto:support@communitygrants.gov.au>)

Attachment Limits

This Application Form allows users to attach files to support their application, where directed to do so. The maximum size for individual attachments is no larger than 2MB and the form will not accept individual attachments above this size. Please plan to modify your attachment files accordingly if necessary.

Accepted file types:

.bmp, .doc and .docx, .gif, .jpeg, .Jpg, .msg, .pdf, .png, .pps, .ppt, .pptx, .txt, .xls, .xlsx, .xlsm.

Note: Compressed files, such as .zip, .rar, are not accepted and foreign characters should not be used in file names.

Sharing this Form

More than one person should not access this form at the same time. If this is done there is a risk that information entered in the form may be lost and not transferred upon submission. If you wish to share this form and access details, please ensure that only one user edits the form at any given time.

To avoid any issues with your submission, ensure each contributor has completed their updates, saved their changes and exited the form prior to another person accessing the same form.

Submission Reference ID

Each Application Form is allocated a unique Submission Reference ID. Each time this Application is accessed you will be required to use this Submission Reference ID.

Submitting Application Form

Once you have completed this Application Form, you must submit it electronically by using the submission section at the end of this form.

Please note: there may be short, scheduled outages to systems as part of regular information technology maintenance that may affect submission of this form. Notification of these outages will be on the website.

Following electronic submission, a message with your Submission Reference ID will appear on your screen. An email will be sent to the main email contact provided in the Application Form. A function is also available on the submission page to allow you to send a receipt email to the address of your choosing. Please save this email receipt for future reference and use it in all correspondence about this Application.

Note: Applications will be assessed using the process outlined in the Grant Opportunity Documents. Applicants will be notified of the grant funding outcome on completion of the assessment process.

National Relay Service (NRS)

The Community Grants Hub uses the NRS to ensure our contact numbers are accessible to people who are deaf or have a hearing or speech impairment. Please phone 1800555677 to access the NRS.

Australian Tax Office Reporting

The Department will need to report details of payments made to the Australian Taxation Office (ATO) as part of the taxable reporting obligations for government entities.

In general terms, the types of payments to be reported to the ATO are:

- Payments made for grants to entities with an Australian Business Number (ABN);
- Payments made for services.

If you receive a payment from the Department that meets the ATO criteria, it will be reported to the ATO as part of the *Taxable payments annual report*.

Further information is available on the [Australian Taxation Office \(http://www.ato.gov.au\)](http://www.ato.gov.au) website.

Privacy

The Community Grants Hub uses an integrated Smartform service assisted by the Department of Industry, Science, Energy and Resources on www.business.gov.au (<http://www.business.gov.au>).

If you are providing information to access a non-Department of Industry, Science, Energy and Resources program, that information will not be accessed by Department of Industry, Science, Energy and Resources employees. The only exception to this is where Senior Analysts within the Department of Industry, Science, Energy and Resources require access to your information for the sole purpose of troubleshooting technical errors. Where this occurs Senior Analysts will only access the data with permission and at the request of client agencies.

The Community Grants Hub will be able to access the Application as part of the form support services.

By submitting the Application you acknowledge that the information provided in the Application may be shared with other Commonwealth and law enforcement agencies for the prevention and detection of fraud.

For more information about how the Department of Industry, Science, Energy and Resources protects your privacy and personal information, please see the Department of Industry, Science, Energy and Resources' [Privacy Policy \(https://www.business.gov.au/legal-notices/privacy\)](https://www.business.gov.au/legal-notices/privacy). The Community Grants Hub [Privacy Policy \(https://www.communitygrants.gov.au/privacy\)](https://www.communitygrants.gov.au/privacy) and [WCaG Accessibility \(https://www.communitygrants.gov.au/accessibility\)](https://www.communitygrants.gov.au/accessibility) Information and the Department of Agriculture, Water and the Environment [Privacy Policy \(https://www.awe.gov.au/about/commitment/privacy\)](https://www.awe.gov.au/about/commitment/privacy) should also be read and understood.

Use of Information

Your Submission Reference is:

XXXXXXX

Please send yourself a link to this saved form by entering your email address below. This email will detail your Submission Reference, the date and time this application process will close, and a link to access your saved form.

If you have any questions relating to this Application phone 1800020283 or email support@communitygrants.gov.au (mailto:support@communitygrants.gov.au).

Your email address*

Confirm your email address*

Use of Information

The Community Grants Hub may use the information, other than personal information, provided in this Application Form to assist it to:

- comply with the Australian Government requirement to publish the details of all grant recipients on the GrantConnect website,
- inform staff negotiating and establishing Grant Agreements of risks and issues that need to be addressed in the Grant Agreement for that program, and/or
- inform future assessments for Applications.

All information including personal information provided in this Application may be shared with other Commonwealth and law enforcement agencies for the purpose of preventing and detecting fraud. This includes personal information of any third party provided in this Application.

You can only apply if you agree to the use of the information you provide in this form for the purposes listed above.

Check this box if you agree to the use of the information you provide in this Application Form.

I agree*

Existing Grant Recipient

Is the Applicant an existing Grant Recipient? *

You must respond to this question.

Select 'No' if the Applicant is not an existing recipient of a grant through the Community Grants Hub.

Select 'Yes' if the Applicant is an existing recipient of a grant through the Community Grants Hub. If yes is selected you then must enter your organisation ID number in the next field. The Applicant's organisation ID number should be entered as it appears on the Grant Agreement. After entering the organisation ID, click on the 'Search' button to validate the ID to bring back key organisation details for this Application. Should there be any issues with validation, a message will be returned to give a choice on actions to progress. If you require assistance, please call 1800020283.

Yes No

If Yes, provide the organisation ID number as it appears on your Grant Agreement and then click 'Verify number' to confirm the details are correct

Tip: Copy and paste the organisation ID number from the Grant Agreement to avoid errors.

Organisation ID*

Applicant Legal Name

Registered Business Name

Entity Type

ABN

State

Postcode

GST Registered

Charity

For Profit

Withholding Tax Exempt

Are updates required to the Applicant's details? *

You must respond to this question.

Select 'No' if updates are not required to the Applicant's details as currently held by the Community Grants Hub.

Select 'Yes' if updates are required to the Applicant's details as currently held by the Community Grants Hub. You will be required to contact your Funding Arrangement Manager to update your details.

Yes No

Eligibility Requirements

What is the Applicant's entity type? *

For a list of eligible entity types, refer to the Guidelines.

If you are unsure about the Applicant's entity type, please seek professional advice (e.g. from your lawyer or accountant) or refer to the Australian Business Register website for further information.

You must respond to this question. Choose the entity type that is relevant to the Applicant from the list.

NOTE: Use the field's scroll-bar or the keyboard's down-arrow to view all available options.

Is the Applicant able to provide documentation to support the entity type? *

You must respond to this question. At least one attachment must be provided if the response to "Is the Applicant able to provide documentation to support the entity type?" was 'Yes'.

Select 'No' if the Applicant is not able to provide documentation to support the entity type.

Select 'Yes' if the Applicant is able to provide documentation to support the entity type. If 'Yes' is selected, click the 'Click to Upload' button to add the file in each attachment section and then click the 'Add Attachment' button to add sections for subsequent attachments. Note: the maximum size permitted per attachment file is 2mb and the overall form has the capacity to take 15MB of attachments in total. Once a file has been uploaded or an attachment section has been added, select the appropriate 'X' symbol button to delete.

NOTE: There is a maximum of 2 attachments for this question if the response is Yes.

Yes No

List of attachments (Note: Attach any relevant documentation. Mandatory to provide at least one document where it has been indicated that the Applicant is able to provide documentation to support their entity type.)

Attachment 1 *

Is the applicant applying on behalf of a research organisation? *

You must be a research organisation; a company that fits one or more of the following descriptions to be eligible to apply for this grant opportunity:

- Research and development corporation
- Primary industry and scientific organisation
- Cooperative research centre
- State or territory government
- Corporate Commonwealth entity
- University
- Public or private research organisation.

You must respond to this question.

Please select the most appropriate option.

Yes
 No - you are ineligible to apply for this grant opportunity

Funding amount *

Please confirm you are applying for a total amount that is between \$500,000 and \$5 million (GST exclusive), and for a maximum of 4 years. If your organisation is registered for GST you will be paid GST in addition to these amounts.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm

Funding source *

Please confirm you are not receiving funding from another government source for the same activities.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm

Australian financial institution *

Please confirm you have an account with an Australian financial institution.

To be eligible for this Grant Opportunity you must respond to this question.

I confirm

Research priorities *

Please select the research priority/ies your project will address to support the outcomes of the program.

You must respond to this question.

Please select the option/s that apply.

- Soil carbon dynamics
- Soil hydrology
- Soil biology and nutrients
- Soil/root interface

Project/Activity Details

Provide a short title of your Application for this Project/Activity. *

You must respond to this question. 250 character limit.

NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/\ @, all other characters including carriage returns are not accepted.

(Limit: 250 characters)

Characters entered:

Provide a brief description of your project or the services to be delivered and how it will contribute to the objectives outlined in the Grant Opportunity Guidelines. *

You must respond to this question. 1000 character limit (approximately 150 words). The character count includes letters, numbers, spaces, paragraph marks, bullet points etc.

NOTE: In this field, please only enter the characters of A to Z, 0 to 9, () . , ' & -/\ @. Other characters should not be entered as there is a risk of data corruption.

Question Instructions:

- The response should be easy to understand and written in plain English. Try not to use technical terms, acronyms, or lingo.
- Your response should be a stand-alone summary of your project, or explain how you will implement the services detailed in the Grant Opportunity Guidelines.
- The description may be used as part of our application review, and may be copied or published for reporting or grant agreement purposes.

Example: Our organisation intends to provide a free weekly language group for newly arrived migrants to assist them in building their English language skills and connect with other migrants in a similar situation. By improving the language skills of newly arrived migrants the hope is that these migrants will be better equipped to access job opportunities, find accommodation, navigate their local area, access community services and engage with the community.

(Limit: approx 150 words, 1,000 characters)

Characters entered:

In which service area/s is the Applicant proposing to deliver the Project/Activity? *

Instructions:

- The Service Area Type field below indicates the areas used in this Application form.
- If applicable, select a State to refine the available service area values.
- A list of values will appear in the Available service area/s for selection. Choose the appropriate value/s and click Add to insert the highlighted value/s into the Chosen service area/s. Repeat the process as required.

IMPORTANT NOTE:

The form only allow 40 service areas available for selection. If you wish to apply for more services areas, a separate form/s will need to be completed.

Tips:

- To choose multiple values to add at one time, use Shift+Left-Click to select a group of values, or use
- Ctrl+Left-Click to select a range of alternating values, and then click the Plus symbol.
- To delete from the 'chosen service area/s', highlight the value in the box on the right and click the Minus symbol.

Service Area/s

Australia

Financials

Provide a breakdown of the proposed grant funding by the chosen service area/s. *

You must complete a separate row for each chosen service area.

Please note that you must complete the "In which service area/s is the Applicant proposing to deliver the Activity?" question before you can commence this question.

	Amount(\$ exc GST)	Amount(\$ exc GST)	Amount(\$ exc GST)	Amount(\$ exc GST)	Total funding	Approx.% of Total
Financial year	2021-2022	2022-2023	2023-2024	2024-2025		
Australia	\$0	\$0	\$0	\$0	\$0	0
Total funding	\$0	\$0	\$0	\$0	\$0	

Provide bank account details for receipt of grant payments should the Application be successful. *

You must respond to this question.

Bank account details for the receipt of payments:

- BSB Number: Enter the BSB number for the Applicant's nominated bank account. Must be 6 digits only. Do not enter spaces or other characters.
- Account Number: Enter the account number for the Applicant's nominated bank account. Must be 2 to 9 digits only. Do not enter spaces or other characters.
- Account Name: Enter the account name for the Applicant's nominated bank account. The account name should be as it appears on the bank statement. 60 character limit. The character count includes letters, numbers, spaces, paragraph marks, bullet points etc. NOTE: This field accepts the characters of A to Z, 0 to 9, () . , ' & -/\ @, all other characters including carriage returns are not accepted.

BSB number*

Account number*

Account name*

Assessment Criteria

Criterion 1: Researcher(s)/Capability (weighting 35%) *

Describe the:

- Research Opportunity and Performance Evidence (ROPE), including completion of the application Project Plan template
- Time and capacity to undertake the research
- Evidence of experience in research training, mentoring and supervision (where appropriate)
- Capability of the researcher or team to build collaborations both within Australia and internationally (where appropriate).

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () . , ' & -/\ @, other characters and formatting are not accepted.

(Limit: approx 900 words, 6000 characters)

Characters entered:

0

Criterion 2: Project quality and innovation (weighting 40%) *

Describe the:

- Contribution to an important gap in knowledge or significant problem
- Novelty/originality and innovation of the proposed research (including any new methods, technologies, theories or ideas that will be developed)
- Clarity of the hypothesis, theories and research questions
- Cohesiveness of the project design and project plan (including the appropriateness of the aim, conceptual framework, method, data and/or analyses)
- Extent to which the research has the potential to meet objectives 1d and 3a of the National Soil Strategy.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

Criterion 3: Benefit (weighting 15%) *

Describe the potential benefits including the:

- New or advanced knowledge resulting from outcomes of the research
- Economic, commercial, environmental, social and/or cultural benefits for Australia and international communities
- Potential contribution to capacity in the Australian Government's National Science and Research Priorities and other priorities identified by Government.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

Sample Only

Criterion 4: Feasibility (weighting 10%) *

Describe the:

- Cost-effectiveness of the research and its value for money, including the completion of the application Budget template
- Suitability of the environment for the research team and their project, and for Higher Degrees by Research students where appropriate
- Availability of the necessary facilities to complete the project
- Extent to which the project's design, participants and requested budget create confidence in the timely and successful completion of the project.

If the project involves Aboriginal and Torres Strait Islander research describe:

- The strategies for enabling collaboration with Australian Aboriginal and Torres Strait Islander communities where appropriate (for example, dialogue/collaboration with an Indigenous cultural mentor)
- Any existing or developing, supportive and high quality research communities.

You must respond to this question.

This field accepts the characters of A to Z, 0 to 9, () , . ' & - / \ @ , other characters and formatting are not accepted.

(Limit: approx 900 words, 6000 characters)

Characters entered:

Additional Information

Consortium Arrangements *

Does the Applicant plan to deliver the Project/Activity as part of the lead Agency of a Consortium?

You must respond to this question.

Please select the most appropriate option.

Yes No

Details 1

If Yes, provide the Consortium details.

Consortium Member Legal Name*

Consortium Member ABN

If the Application is successful, the Applicant will be offered a Grant Agreement as the lead agency and held liable for all obligations contained in the Grant Agreement's Terms and Conditions. This includes monitoring, management, financial performance, service outcomes and insurance coverage.

The panel of consortium members does not enter into a Grant Agreement. The Applicant should obtain agreement prior to submitting this Application.

Further evidence of the consortium arrangements may be sought from successful Applicants prior to the signing of the Grant Agreement.

Project Plan *

Complete the below project plan table for the primary activity/ies of your project.

Please note, this project plan(s) is indicative only. If your application is successful, you will be asked to submit a more detailed Activity Work Plan as part of your grant agreement.

You must respond to this question.

You may submit up to 10 project plans for separate activities (as required).

Question instructions:

- Proposed Activity/Project - summary of activity(ies)
- Estimated Resources required - list of eligible expenditure items required (refer to Section 5 of the Grant Opportunity Guidelines). Note that you will also need to provide estimated costs in the Budget Table provided under Additional Information
- Start Date and End Date - estimated dates
- Comments/Other Information - any other information to support the project plan.

Project Plan 1

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 2

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 3

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 4

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 5

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 6

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 7

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 8

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 9

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Project Plan 10

Proposed Activity/Project *

(Limit: approx 600 words, 4,000 characters)

Characters entered:

Estimated Resources required*

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Start Date*

End Date*

Comments/Other Information

(Limit: approx 300 words, 2,000 characters)

Characters entered:

Sample Only

If you have more than ten Project plan items, please provide an attachment for any additional information.

Budget Table *

Complete the below table for budget information per Project/Activity.

You must respond to this question.

Budget Item	Amount
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0
	\$0

If you have more than ten budget items, please provide an attachment for any additional information.

Applicant Contacts

Who is the Applicant's preferred authorised contact person for this Application? *

The person must have authority to act on behalf of the Applicant in relation to this Application.

Title*

First name*

Last name*

Position*

Telephone*

Mobile

Email address*

Provide an alternate authorised contact for this Application. *

This person must also have authority to act on behalf of the Applicant in relation to this Application.

Title*

First name*

Last name*

Position*

Telephone*

Mobile

Email address*

Declaration

Do you have any conflicts of interest that may occur related to or from submitting this application? *

Yes No

Please read and complete the following declaration.

This Declaration must be signed by an authorised representative of the Applicant (or, if this Application is a joint/consortium Application, an authorised representative of the lead organisation). The authorised representative should be a person who is legally empowered to enter into contracts and commitments on behalf of the Applicant.

I declare that:

- The information contained in this form is true and correct.
- I have read, understood and agree to abide by the Guidelines.
- I have read, understood and agree to the Grant Terms and Conditions, should this Application be successful.
- I agree to receiving a Recipient Created Tax Invoice (RCTI) for this funding, if applicable, should this Application is successful.
- I have read, understood and agree to information provided in this Application as detailed in the Use of Information.
- If and where 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 and for their personal information to be shared as detailed in the Use of Information.
- I give consent to the Community Grants Hub to make public the details of the Applicant and the funding received, should this Application be successful.

I understand and agree to the declaration above.*

I acknowledge that giving false or misleading information to the Community Grants Hub is a serious offence under Section 137.1 of the Criminal Code Act 1995 (Cth).*

Full name of Authorised Officer*

Position of Authorised Officer*

Date

Please provide an estimate of the time taken to complete this Application Form, including:

- actual time spent reading the guidelines, instructions and questions;
- time spent by all employees in collecting and providing the information and;
- time spent completing all questions in the Application Form.

Hours

Minutes

A copy of receipt will be sent to:

Sample Only