

Atlantic Innovation Fund – Round IV

ADMINISTRATION and DECLARATION FORMS

Note: The following Administration and Declaration forms must be completed and included with each project proposal.

ADMINISTRATION FORM

A - Reference Number

1. Indicate the project proposal reference number provided by ACOA in the acknowledgement of your letter of intent for this round: _____

B - Proponent Information

1. Identification:

Legal Name of Proponent: _____

Business Name (if different): _____

Mailing Address: _____

Postal Code: _____

Business Identification Number (if applicable): _____

2. Person to whom enquiries may be directed:

Name: _____

Title: _____

Telephone: _____

Fax: _____

E-mail: _____

3. Official Language Preferred for Correspondence:

English French

4. Proponent's Organization Type (check only one):

Non-profit:

- University
- College
- Other Post-Secondary
- Research Centre
- Industry Association
- Other Non-Profit

Private Sector:

- Incorporated Company
- Sole Proprietorship
- Limited Partnership
- Cooperative

5. Proponent's Professional References:

	Name of Firm/Agency	Contact Person	Telephone
Financial Institution	_____	_____	_____
Accountant	_____	_____	_____
Lawyer	_____	_____	_____
Consultant	_____	_____	_____

C - Project Information

1. Project Name or Title: _____

Note: The "project name or title" may be used for reporting and/or communication purposes and, therefore, should capture the essence of the project.

2. Applicable Sector (check only one):

Note: ACOA will assign projects to the sector in which the technology is being applied (e.g., an innovative application of computer software for environmental monitoring would be assigned to the environment sector and cross-referenced to the software sector.)

- Aquaculture
- Energy
- Environment
- Information Technology:
 - E-commerce
 - Software
 - Wireless
 - Geomatics

- Life Sciences:
 - Biotechnology
 - Genomics
 - Health/Medical
- Manufacturing/Processing
- Natural Resources
- Ocean Industries
- Defence and Aerospace
- Physical Sciences (Physics, Chemistry, Engineering)
- Other, specify _____

3. **Total Estimated Project Cost:** \$ _____

Amount Requested from the AIF: \$ _____

4. **Estimated Start Date of the Project:** _____ (yyyy/mm/dd)

Note: Please allow about four (4) months between the closing date for project proposals under this round and the announcement of successful projects.

Estimated Completion Date: _____ (yyyy/mm/dd)

5. **Principal Project Location** (*either city, town, village or rural route and province*): _____

6. **Key Collaborators to be involved in the project:**

Name	Organization Type	Province	Role*	Participation confirmed? (Y/N)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

* Role may be related to Research and Development (R&D), Management (M), Commercialization (C) and/or Finance (F). Indicate all that apply using the abbreviation of R&D, M, C and/or F.

7. Have you previously applied for assistance for the project (or a version thereof) under the AIF?

- Yes No

If yes, provide AIF project number(s): _____

8. Have you previously applied for assistance for the project (or a version thereof) from other funding sources?

- Yes No

If yes, provide details: _____

9. Have you made any financial or legal commitments for the project?

- Yes No

If yes, provide details: _____

10. Have you considered all environmental requirements?

- Yes Not applicable

Note: Please refer to section 2.8 of the main body of the Request for Letters of Intent and Project Proposals.

Provide details: _____

11. Have you considered all ethical requirements?

Note: Please refer to section 2.9 of the main body of the Request for Letters of Intent and Project Proposals.

- Yes Not applicable

If yes, has the project been reviewed, or will it be reviewed, by a Research Ethics Board?

- Yes No

If yes, indicate which Research Ethics Board, and when: _____

Additional details: _____

12. Has any independent, scientific/technical, expert review(s) been conducted on all or a portion of the project proposal?

- Yes No

If yes, attach a copy, if available. If not available, describe type of review:

Date of review: _____

Name of reviewer: _____

Telephone: _____

Mailing Address: _____

Postal Code: _____

E-mail: _____

13. Qualified Independent Scientific/Technical Reviewers:

In order to help facilitate the project evaluation process, could you suggest the preferred academic/professional background of independent scientific/technical reviewers to assess your project proposal:

For our consideration, provide the names below of at least two (2) individuals or organizations that you consider leaders in your area of endeavour who would be competent to review the scientific/technical aspects of your project proposal and not be in a conflict of interest.

Scientific/technical reviewers must not be current or recent (within the last 6 years) partners/collaborators, colleagues, students, employees or supervisors.

Suggested reviewers may be from Canada (preferably from outside Atlantic Canada) or another country, and should be able to evaluate the proposal in the language in which it is written.

ACOA reserves the right to select from this or its own list of reviewers.

a) Name and/or organization: _____

Telephone: () - _____

b) Name and/or organization: _____

Telephone: () - _____

c) Name and/or organization: _____

Telephone: () - _____

d) Name and/or organization: _____

Telephone: () - _____

Provide the names of specific scientific/technical reviewers, if any, who should not be engaged to undertake a review of your proposal due to potential conflict of interest:

a) Name and/or organization: _____

b) Name and/or organization: _____

c) Name and/or organization: _____

14. List documents and corresponding file names included on the diskette/PC-readable CD ROM:

Document Name:

Document File Name:
