

Name of network

List all key individuals alphabetically. Where indicated, enter the percentage of the total salaried time committed to the network. Indicate role(s) of key individuals in the proposed network, as follows: ND = Network Director; KR = Key Researchers; MS = proposed member of Management Structure.

SECTION B: ALPHABETICAL LIST OF KEY INDIVIDUALS

Family name, initial(s)	Organization, department and position	Province	% of time	Role	Mark with asterisk if CV is submitted

Name of network

SECTION C: NETWORK VISION (maximum one page)

Name of network

SECTION D: SUMMARY OF PROPOSAL FOR PUBLIC RELEASE (use plain language) (maximum one page)

Name of network

SECTION E: STRATEGIC PLAN

Follow the instructions for completing the six required sections of the strategic plan within the overall limit of 33 pages.

Name of network

SECTION F: REFERENCES CITED

Use extra pages as required to provide a bibliography (including titles) of all references cited in Sections D, E or G.
(e.g., name(s), title, publication, volume, page(s), year)

Name of network					
Before completing this section, refer to the <i>NCE - NI and the NCE Program Guides</i> for the list of eligible expenditures. Provide a short explanation of the cash and in-kind contributions on up to two additional pages (i.e., for categories B to F and H to L).					
SECTION G: BUDGET (Round all estimates to the nearest 1000)					
SECTION G.1: SUMMARY OF ANTICIPATED FUNDING FOR THE NETWORK					
Cash contributions	Year 1	Year 2	Year 3	Year 4	Total (Years 1 to 4)
A. Funding requested from NCE program (from page G.3.2, line 9)					
B. University support expected					
C. Industry support expected					
D. Provincial support expected					
E. Federal support expected (non-NCE)					
F. Support expected from other sources (specify)					
G. Total cash contributions					
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In-kind contributions	Year 1	Year 2	Year 3	Year 4	Total (Years 1 to 4)
H. University support expected					
I. Industry support expected					
J. Provincial support expected					
K. Federal support expected					
L. Support expected from other sources (specify)					
M. Total in-kind contributions					
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N. TOTAL CASH AND IN-KIND CONTRIBUTIONS *Sum of total, years 1 to 4.					*

Name of network

Complete a separate page for each contributing organization. Where a commitment of support is indicated, a letter certifying the contributors' commitment to the network must be included in Book 3 (see Instructions). Do not write in shaded boxes.

SECTION G: BUDGET (Round all estimates to the nearest \$1000)

SECTION G.2: INCREMENTAL CONTRIBUTIONS FROM PARTNER ORGANIZATIONS

Identify Sector: university industry provincial federal or other

Name of partner organization

	Year 1	Year 2	Year 3	Year 4
1) Cash contributions				
2) In-kind contributions				
a) Donation of equipment, software				
b) Donation of materials				
c) Provision of services				
d) Use of company facilities				
e) Salaries of administrative staff				
f) Project-related travel				
g) Other (specify)				
3) Total in-kind contributions				

Give an explanation of how the incremental cash and in-kind contributions reported above will be distributed in the network. Use an additional page if necessary.

Name of network					
Before completing this section, refer to the <i>NCE - NI and the NCE Program Guides</i> for the list of eligible expenditures. Provide details and justification on the costs associated with operating the network on separate pages. Do not write in shaded boxes.					
SECTION G: BUDGET (Round all estimates to the nearest \$1000)					
SECTION G: PROPOSED EXPENDITURES OF NI - NCE FUNDS FOR THE NETWORK					
Cash contributions	Year 1	Year 2	Year 3	Year 4	Total (Years 1 to 4)
Administration Budget					
1) Administrative salaries + benefits + management fees					
a)					
b)					
c)					
2) Consulting and/or technical services					
a)					
b)					
3) Supplies and services					
4) Travel expenses and accommodations					
a) Network staff					
b) Committee expenses					
c) Other travel costs (specify)					
5) Other (explain)					
a)					
b)					
Networking / Partnership Activities					
6) Networking/partnership activities					
a) Seminars, workshops, etc.					
b) Logistics					
c) Accommodations					
d) Other expenses					
Communications					
7) Communications					
a)					
b)					
c)					

Name of network					
Before completing this section, refer to the <i>NCE - NI and the NCE Program Guides</i> for the list of eligible expenditures. Provide details and justification on the costs associated with operating the network on separate pages. Do not write in shaded boxes.					
SECTION G: BUDGET (Round all estimates to the nearest \$1000)					
SECTION G.3.2: PROPOSED EXPENDITURES OF NI - NCE FUNDS FOR THE NETWORK (CONTINUED)					
Cash contributions	Year 1	Year 2	Year 3	Year 4	Total (Years 1 to 4)
Knowledge Transfer/Technology Transfer					
8) Knowledge transfer and/or technology transfer					
a)					
b)					
c)					
9) TOTAL PROPOSED EXPENDITURES OF NCE FUNDS FOR THE NETWORK *Sum of totals for years 1 to 4.					*

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Use one page per organization. List the the Management Structure members alphabetically. Where indicated, enter the percentage of the total salaried time committed to the network. The Signatories agree that the Network Director will administer the grant in accordance with the directives of the Management Committee

BOOK 5: SIGNATURES OF MANAGEMENT STRUCTURE MEMBERS BY ORGANIZATION

Family name, initial(s) and PIN	Organization, department and position	% of time	Signature

MANGEMENT STRUCTURE MEMBERS

It is agreed that the general conditions governing grants as outlined in the granting agencies' literature apply to any grant made pursuant to this application and are hereby accepted by the organization.

This certifies that time, space and basic facilities will be available to the members of the management structure employed by the organization.

SIGNING OFFICER'S CONTACT INFORMATION

Family name	Given name		
Title of position	Tel. Area code	Tel. Number	Tel. Extension
Department			
Organization			
NSERC PIN if available.	Signature		