Research Manitoba

Knowledge User Organization Form

Contact Information

Organization Name*:	
Authorized Contact Person (Name and Title)*:	
Address*:	
Email Address*:	
Phone Number*:	

Organization Information

9 Digit Business Number (if applicable):	
Date of Incorporation (if applicable):	(YYYY-MM)
Operating Since*:	(YYYY-MM)
Which Sector is your organization in? *:	☐ Private sector (Including public and private companies) ☐ Public sector (Including Crown corporations and other companies that are owned by public organizations) ☐ Not-for-profit sector (Including all hospitals and postsecondary institutions) ☐ Other: Specify _____
Location of Headquarters*:	☐ In Manitoba ☐ Outside of Manitoba, please specify location: _____
Number of Employees*:	Manitoba-based employees Full time: ____ Part time: ____ Contract: ____ Non-Manitoba-based employees: ____

Organization Questionnaire

1.* Which of the following best describes your organization:

☐ Cooperative ☐ Holding Company ☐ Indigenous-owned business

- ☐ Private company
- ☐ Public company
- ☐ Venture capital/angel investor/seed company
- ☐ Crown Corporation or other corporation owned by a public organization
- ☐ Federal government agency
- ☐ Federal government department
- ☐ Funding organization
- ☐ Indigenous organization
- ☐ Municipalities, local or regional government
- ☐ R&D organization that is funded or controlled primarily by government
- ☐ Provincial/Territorial government agency
- ☐ Provincial/Territorial government department
- ☐ Public utility
- ☐ Incubator or accelerator organization
- ☐ Community organization
- ☐ Consortium with majority of funding from government sources
- ☐ Foreign not-for-profit organization
- ☐ Hospital
- ☐ Industrial association
- ☐ Medical or clinical research institute
- ☐ Organization that maintains collections for public good (ex. Libraries, museums, zoos, etc
- ☐ Other Canadian registered charity not captured by other categories
- ☐ Philanthropic organization
- ☐ Union
- ☐ Other: Specify_____

2.* Does your organization carry out R&D, produce goods or provide services in Manitoba?

☐ Yes ☐ No

3.* Does your organization have the financial, managerial and technical capacity to carry out the proposed project?

☐ Yes ☐ No

4.* Does your organization have at least three (3) full-time dedicated staff?

☐ Yes ☐ No

If you answered **No** to questions 4, please fill out the table below:

Employee Information (Name, title or role, qualifications, and area of expertise)	**Type of Employment**	**Location** **(check all that apply)**
Name: _____ Title: _____ Qualifications:_____ Area of Expertise:_____	☐ Full-time ☐ Part-time ☐ Contract	☐ Home Office/Virtual ☐ Onsite ☐ In Manitoba ☐ Outside Manitoba
Name:_____ Title: _____ Qualifications:_____ Area of Expertise:_____	☐ Full-time ☐ Part-time ☐ Contract	☐ Home Office/Virtual ☐ Onsite ☐ In Manitoba ☐ Outside Manitoba

5.* Does your organization operate from its own offices or facilities (i.e., not work from a home address, a virtual work setting)?

☐ Yes ☐ No

6.* Describe your organization, including the nature of its operations in Manitoba, and demonstrate how your organization and its staff have the expertise, and capacity to carry out the proposed project (e.g. technical and non-technical staff, research capacity, facilities, and financial capabilities) (Maximum 500 words).

Matching Funds Commitment (optional)

As the authorized representative, I confirm the financial commitments from my organization:

(a) Direct Cash Contribution: _____

(b) In-Kind Contribution:_____

Knowledge User Signature*

Terms and Conditions:

Before you, as the authorized representative of the partner organization, submit information as part of an application to Research Manitoba, you must read and agree to the following terms and conditions. Please retain a copy of the agreed Terms and Conditions for your records.

By submitting information as part of an application to Research Manitoba, as the authorized representative, you certify that:

- you have received approval from your organization to participate in this proposal and to commit funds and in-kind contributions;
- the information your organization provided in the funding application and related documents is true, complete and accurate to the best of your knowledge;
- your organization agrees with the content of the application and will provide the committed resources;
- your organization will inform Research Manitoba immediately, in writing, of any change that affects the participation or eligibility status of the organization.

As the authorized representative of the organization, you also confirm that should a grant be made:

- your organization will comply with the terms and conditions of the grant during tenure of the grant;
- your organization will meet financial and other reporting requirements specific to the grant or granting program;
- your organization acknowledges and accepts the general conditions as outlined in the Finance and Administration Guide.
- your organization guarantees that, where applicable, the guidelines of the Canadian Council on Animal Care with respect to related animal experimentation will be followed; the CIHR guidelines for handling recombinant DNA molecules and animal viruses and cells will be adhered to; they will comply with the Tri-Agency Framework: Responsible Conduct of Research; and, where human subjects are involved, the research will be conducted in accordance with the Tri-Council Policy Statement: "Ethical Conduct of Research Involving Humans", and the sponsoring institution's documents.

I confirm that I have read, understood, and agree to the terms and conditions listed above, and that all the information provided in this form is accurate at the time of completing this application.

Signature*: _____ **Date*:** _____

(Please provide first name, last name, position title, and signature)