

Innovation Proof-of-Concept Grant Program – Industry Organization Form

1. Contact Information

Organization Name	
Organization Address	
Authorized Organizational Representative Information	
Name	
Title or Position	
Email Address	
Phone Number	

2. Organization Information

9 Digit Business Number	
Date of Incorporation <i>(Provide in YYYY-MM format)</i>	
Operating since <i>(Provide in YYYY-MM format)</i>	
Type of Organization	<input type="checkbox"/> A parent company <input type="checkbox"/> A subsidiary, please specify parent organization:
Location of Headquarters	<input type="checkbox"/> In Manitoba <input type="checkbox"/> Outside Manitoba, please specify location:
Industry Sector (required)	Refer to NSERC's Industry/Product and Services Codes to identify the sector
Number of Employees	Total Manitoba-based employees: <ul style="list-style-type: none"> • Full-time: • Part-time: • Contract: Total non-Manitoba employees:

3. Organization Questionnaire

1. Does the majority of your organization's revenue come either from sales or significant private sector investment your organization has secured?
 Yes No
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. Is your organization at arm's length with the academic applicants and/or institutions involved in this project? (Stream 1 only)
 Yes No
5. Does your organization have more than three (3) full-time dedicated employees?
 Yes No

If you answered **No**, please fill out additional employee information table below:

Employee Information	Type of Employment	Location (check all that apply)
Employee 1		
Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract	<input type="checkbox"/> Home Office/Virtual <input type="checkbox"/> Onsite <input type="checkbox"/> In Manitoba <input type="checkbox"/> Outside Manitoba
Title:		
Qualifications:		
Area of Expertise:		
Employee 2		
Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract	<input type="checkbox"/> Home Office/Virtual <input type="checkbox"/> Onsite <input type="checkbox"/> In Manitoba <input type="checkbox"/> Outside Manitoba
Title:		
Qualifications:		
Area of Expertise:		
Employee 3		
Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Contract	<input type="checkbox"/> Home Office/Virtual <input type="checkbox"/> Onsite <input type="checkbox"/> In Manitoba <input type="checkbox"/> Outside Manitoba
Title:		
Qualifications:		
Area of Expertise:		

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

Yes

No

If you answered **No**, please provide information on how you plan to access facilities and resources that are required for this project? (Maximum 200 words)

7. Has your organization received any prior grant or award from Research Manitoba?

Yes

No

If you answered **Yes**, please provide additional information on the grant/award, its status, and major outcomes? Please take this opportunity to explain how the project is different from or building on the previous project. (Maximum 200 words)

8. 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)

4. Matching Funds Commitment

As the authorized representative for my organization, I confirm the following financial commitments on the start date of the award, if this submitted application is awarded by Research Manitoba.

(a) Direct Cash Contribution:

(b) In-kind Contribution:

5. Eligibility Certification

I confirm that I have read and understood the eligibility criteria, and that all the information provided in this Industry Organization Form is accurate at the time of completing this application.

Signature:

Name and Position:

Date: