

**Innovation Proof-of-Concept Grant Program – Spring 2026 Intake**  
**Expression of Interest (EOI) Application Form**

**Section 1: Primary Applicant Information**

**1.1. Applicant Identification**

a. Full name and Salutation

b. Type of Organization

Post-secondary Institution

Industry

Other (*Please specify*)

c. Name of Institution/Organization

d. Title/Position

e. Faculty and Department

*(if applicable)*

**1.2. Address and Contact Information**

a. Address

*(Include street name, city, province, postal code)*

b. Email

c. Phone

## Section 2: Proposed Project Information

### 2.1. Project Information

#### a. Project Title

#### b. Keywords

Please provide up to 5 keywords to identify the research

#### c. Technology Readiness Level (TRL)

This program supports projects between TRL 3 and 7. Please use the TRL assessment tool in the program guide to accurately assess the TRL level of your project.

TRL at the beginning of the project

TRL to be achieved upon completion

### 2.2. Stream and Research Area

#### a. Application Stream (*select one*)

- Stream 1: Manitoba-Based Consortium
- Stream 2: Manitoba Post-Secondary Researcher
- Stream 3: Manitoba Independent Industry

b. Research Pillar (*select one*)

- Health – Basic Biomedical
- Health – Clinical
- Health – Health Services
- Health – Social/Population Health
- Social Sciences and Humanities
- Natural Sciences and Engineering

c. Provincial Target Area (*select one*)

- Advanced Manufacturing
- Bioscience
- Information and Communication Technology
- Infrastructure and Transportation Industries and Technologies

### 2.3. Abstract

In the space provided below, please provide a non-technical summary of your research, written in simple and clear language suitable for a general audience, and may be used for preparation of a press release.

(Maximum 200 words)

## 2.4. Innovation and Commercialization Potential

In the space provided below, briefly describe how the research project is innovative, and plans for commercialization.

*(Maximum 200 words)*

## 2.5. Benefit to Manitoba

In the space provided below, briefly describe how the research project is strategically relevant to Manitoba and will further Manitoba as a leader in this field/industry.

*(Maximum 150 words)*

### Section 3: Research Team Information

#### 3.1. Co-Applicant Information (if applicable)

Co-Applicant Name	Title/Position	Name of Institution/Organization	Email
<b>Industry Co-Applicant(s)</b>			
<b>Academic Co-Applicant(s)</b>			

#### 3.2. Collaborator or Consortium-member Information (if applicable)

Name	Title/Position	Institution/Organization <i>(include name and type of organization, e.g., industry, academic, non-profit or community org. etc.)</i>	Email

### 3.3. Role in Research Team

In the space provided below, briefly describe the roles and contributions of each research team member, including the Primary Applicant, Co-Applicants, Collaborators or Consortium Members, and other HQP involved in the project. Stream 1 applicants should elaborate on key collaborations and partnerships for the project.

*(Maximum 200 words)*

## Section 4: Budget and Budget Justification

### 4.1. Research Manitoba Budget Table

Please use this budget table for the amount requested from Research Manitoba only, and not the budget for the entire project. Please refer to the table of eligible and ineligible expenses provided in the program guide while preparing the budget and adhere to the total award amount maximum and annual maximum depending on the stream.

Category	Number	Year 1 (Amount)	Year 2 (Amount)
<b>PERSONNEL</b>			
Technicians			
Trainees: Graduate Studentships			
Trainees: Postdoctoral Fellows			
Other Personnel			
Fringe Benefits & Payroll Tax			
<b>EQUIPMENT</b>			
Equipment			
<b>SUPPLIES AND SERVICES</b>			
Supplies and Services			
<b>TRAVEL</b>			
Travel			
<b>OTHER</b>			
Other			
<b>TOTAL</b>			

## 4.2. Matching Funds (Stream 1 and 3) and/or Other Leveraged Funds

Please use the table below to provide information about Matching Funds or other co-funding acquired for this project. Please note that Matching Funds are required for Stream 1 and 3 applications.

Category	Funding Source	Cash Contribution (Amount)	In-kind Contribution (Amount)
<b>MATCHING FUNDS (Required for Stream 1 and 3)</b>			
Personnel			
Equipment			
Supplies and Services			
Travel			
Other			
<b>TOTAL</b>			
<b>OTHER LEVERAGED FUNDS</b>			
Personnel			
Equipment			
Supplies and Services			
Travel			
Other			
<b>TOTAL</b>			

## 4.3. Funds Administration

Please provide information of the individual who will be administering the funds (e.g., director of finance, operations manager, staff in the finance and/or operations department of an organization, etc.)

- a. Full Name
- b. Email Address
- c. Title/Position
- d. Organization

#### 4.4. Budget Justification

In the space provided below, please ensure that details are complete and full justification is given. If concurrently applying for, or holding, funding for the project from another funding organization, the applicant must provide details of that budget. (*Maximum 1 page*)

## Section 5: Approvals and Signatures

### 5.1. Human Ethics Approval

All studies involving human subjects must be ethically acceptable to Council and to the sponsoring institution.

a. Please select the status for this project:

- Not Needed
- Received
- Pending

b. Comments

### 5.2. Animal Care Approval

The handling of animals used in investigations supported by Research Manitoba is to be in accord with the guidelines set out by the Canadian Council on Animal Care in its publication Guide to the Care and Use of Experimental Animals and other guidelines published or endorsed by the Canadian Council on Animal Care (available from the Canadian Council on Animal Care, 315-350 Albert Street, Ottawa K1R 1B1 or visit their website at [www.ccac.ca](http://www.ccac.ca)).

a. Please select the status for this project:

- Not Needed
- Received
- Pending

b. Comments

### 5.3. Institution/Organization Declaration Form

The undersigned hereby certify that:

- 1) All information contained in the application and all information I will provide later (electronically or otherwise) related to the application, including any amendments, are and will be accurate and complete.
- 2) I pledge to respect the obligations described in the common general rules of Research Manitoba and all conditions and requirements described in the description of the program.
- 3) I pledge to respect the standards of ethics and integrity defined by Research Manitoba.
- 4) I authorize Research Manitoba to exchange all information regarding my file for purposes of study or assessment under the condition that the persons access such information in respect of confidentiality.
- 5) I agree that this commitment be governed and interpreted under applicable laws in Manitoba.

ACCEPTANCE of a grant or award indicates agreement by the applicant and the institution/organization which employs them to the general conditions as outlined in the Finance and Administration Guide. The undersigned, guarantee 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.

Role	Type Name, Title/Position and Organization	Signature and Date
Primary Applicant		
Institutional Signatory <i>(VP of Research or designate at post-secondary institutions)</i>		
Industry Organization Signatory <i>(Director of Finance or designate who will administer the funds)</i>		

## Section 6: Checklist of Application Materials and Submission Instructions

Please combine this EOI application form with other application materials listed below into a single PDF and email to Sneha Das at [Sneha.Das@researchmb.ca](mailto:Sneha.Das@researchmb.ca). Please enter the email subject line as - **IPoC\_SP26\_Full Name of Primary Applicant**.

Please select all that apply for your EOI application package:

- EOI Application Form
- EOI Research Proposal (4-pages)
- Appendices (no page limit, but only up to 10 pages will be reviewed)
- Narrative CVs (required for all primary applicants and co-applicants)
- Industry Organization Form (required for Stream 1 and 3)
- Prior Grant Support Form (if applicable)
- Letters of Support (if applicable)

I declare that the information provided in this EOI application form is accurate and complete to the best of my knowledge.

Full Name (printed)

Signature

Date