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| NOIC Northwestern Ontario Innovation Centre  2400 Nipigon Rd., Box 398  Thunder Bay, ON P7C 4W1  Phone: (807) 768-6682  Fax: (807) 768-6683  Toll Free: 1 (866) 768-6682  info@nwoinnovation.ca | | | | | | | | | | | | | | | | | | | | | | | | | |
| ADVANCEEarly Stage Innovation Assistance Program (ESIAF)APPLICATION FORM | | | | | | | | | | | | nrc-irap_collaborate_e  **NRC- IRAP** | | | | | | | | | | | | | |
| Company Information (Incorporation Mandatory) | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Legal Name:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Doing Business As:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Contact Name: Title:** | | | | | | | | | | | | |  | | | | | | | | | | | | |
| **Mailing Address:** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** |  | | **Province:** | | |  | | | | | **Postal Code:** | | | | | | | | |  | | | | | |
| **Physical Address (if different from above)** | | | | |  | | | | | | | | | | | | | | | | | | | | |
| **Phone:** |  | | **Cell:** | | |  | | | | | **Fax:** | | | | | | | | |  | | | | | |
| **Email:** |  | | | | | | **Web Address:** | | | |  | | | | | | | | | | | | | | |
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| **Date of incorporation:** | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **GST / HST or BRN or T2 Corp # (a 9 / 8 digit #):** | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Business start-up date?** | | | | | | | **Month** | | |  | | | | | | | | **Year** | | | |  | | | |
| **Fiscal Year End (Month):** | | | | | | |  | | | | | | | | | | | | | | | | | | |
| **Description of Company’s core business?** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Company Ownership or Major Share Structure | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Owner(s) Name(s)** | | | | | | | | | | | | | | | **Share** | | | | | | | **Citizenship** | | | |
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| **What is the overall % of Canadian ownership?** | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is the company a Whole Company? 🞎 Yes 🞎 No** | | | | | | | | | | | | | | | | | | | | | | | | | |
| If **“No”** Parent Company Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name(s) and location(s) of Divisions and/or related companies:** | | | | | | | | | | | | | | | | | | | | | | | | | |
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| TERMS AND CONDITIONS | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  | | --- | | Applicant’s signature acknowledges the understanding that a cash contribution in the amount of $400.00 (PLUS HST), is required. The required contribution amount will be invoiced to the applicant and is payable upon advisement of application approval. The applicant’s signature further acknowledges that the Northwestern Ontario Innovation Centre Inc. will not be responsible for any Contractor charges in excess of the approved amount nor will any payment be made to the Contractor in advance of applicant’s payment of the required contribution or the applicant’s signature confirming Contractor services completed.  The applicant agrees that the project shall be completed on or before February 28th, 2017.  The applicant further acknowledges that the Northwestern Ontario Innovation Centre Inc. accepts no responsibility for the contractors’ services provided under this agreement. The sole responsibility of the Northwestern Ontario Innovation Centre Inc. is to issue approved payment, upon satisfactory completion of the work, to the client’s contractor.  The service provided by NOIC is at no or minimal cost to the clients, however, there is a requirement by Innovation Centres to demonstrate to their funders that they’re providing value by helping clients progress. To do this we collect data on client growth and progress. The data being collected enables this progress to be tracked and communicated. As clients receive support from other provincial and federal funders, tracking the effect of these individual and combined supports is key to proving the value of these support programs so they can continue to be funded. How is the data used? The CRA business number (it’s the same number you put on the invoices you send to your customers) will be used by StatsCan to compare the outcomes of supported vs. unsupported companies over the long term (5+ years). Since the type of support provided can take a long time to translate into success outcomes, this data is necessary to ensure that the critical early stage supports can continue to be funded. Identifiable company-level data is used to de-duplicate clients who received support from multiple support organizations to ensure they are not double-counted during reporting. Once they’ve been de-duplicated, the data is aggregated and anonymized before sending to any reporting agency. This ensures accurate reporting of data while protecting the confidentiality of the clients. No identifiable company-level data is sent to the government.  The applicant acknowledges the right of the Northwestern Ontario Innovation Centre Inc. to audit the Eligible Activity and the right of representatives of the Minister of Industry to audit, or cause to have audited, the accounts and records of the applicant and to have a right of access to the books and the applicant’s accounts. The applicant shall be required by the Northwestern Ontario Innovation Centre Inc. to act as its agent for the purpose of any inquiry undertaken by the Auditor General of Canada with respect to the use of funds under this agreement. The applicant shall release to the Northwestern Ontario Innovation Centre Inc., upon request and in a timely manner, for the purpose of releasing to the Auditor General of Canada, all records held by the applicant, or by agents or contractors of the applicant, relating to the contribution agreement and the use of funds; and; such further information and explanations as the Auditor General, or anyone acting on behalf of the Auditor General may request relating to any part of the contribution agreement or the use of funds.  The applicant agrees to comply with all federal, provincial, territorial, municipal and other applicable laws governing the applicant or the applicant’s activity, or both, including, but not limited to, statutes, regulations, by-laws, rules, ordinances and decrees. This includes legal requirements and regulations relating to environmental protection.  The applicant agrees to acknowledge, if requested thereof, the federal government’s role in the funding provided through this agreement and consent to a public announcement of the eligible activities by or on behalf of the Minister of Industry in the form of a news release. The Minister of Industry will inform the applicant of the date of any public announcement. NOTE: Release of confidential or competitively sensitive information will not be required as this is protected under the Access to Information Act.  Please read the additional [**Client Terms and Conditions**](http://www.nwoinnovation.ca/article/terms-and-conditions-1098.asp) from the NOIC and agree to them.  I have read and understand and agree to the above conditions and that I have authority to sign on behalf of the applicant. (Right click checkbox, select properties to check off). | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Client Acknowledgment:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | Client Signature | | | | | | | | | | | | | | | | | | | Dated | | | | | |
| Project Information | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A brief overview of the proposed project is required, which should describe the commercialization opportunity for this innovation within the marketplace (national or global), a description of the envisioned commercialized product, the steps required to develop the innovation and commercialization intentions and methodology. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Project Name (Title):** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Marketplace opportunity: What market gap (need or pain) does this innovation address?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. **Describe the steps required to develop and commercialize your innovation, including engineering, prototype development, testing, launch and marketing?** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Specific Need for ADVANCE ESIAF Support:** Describe the specific hurdle, in detail, that the ADVANCE funding will assist in overcoming which currently precludes your innovation from moving forward? (Your contractor quotation for Services should address this hurdle) | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **With respect to the above, describe the course of action the Company will take without ADVANCE assistance** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Summary of Work undertaken to Date:** Include a summary of work that has already been commenced and/or completed including any market research, engineering, prototype development, patent protection, etc. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Relevance to existing core business:** How will the commercialization of this innovation align with your Company’s existing core business? Does it integrate with existing products and marketing efforts or is it a departure from existing core business requiring different marketing strategies and distribution? | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Previous Advance Support:** Have you received previous ADVANCE funding? If so, summarize including the project title(s), dollar amounts, contractor services provided, outcomes of the previous project(s): | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Other collaborative or financial support:** Describe any collaborative or financial support which has been provided by other organizations in relation to this project. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Investment to Date by Applicant**: Summarize the investment capital that has already been committed to this project, both private and other. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Project Benefits:** Describe the anticipated post-commercialization benefits for the company, and summarize the fiscal impacts by completing the table below. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Financial Information (please use your company's financial reporting period):** | | | | | | | |  | | | | | |  | | | | | | | | | | |  | |
|  | | | | | | | | **Past Fiscal Year 2016/17** | | | | | | | | **Current Fiscal Year 2017/18** | | | | | | | | **Projected Fiscal Year 2018/19** | | |
| Number of employees | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Gross Revenue $ | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Cost of Goods Sold $ | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Operating Expenses $ | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Net Income $ | | | | | | | |  | | | | | | | |  | | | | | | | |  | | |
| Project Costing Details **It is imperative that a Contractor Proposal be attached to this application specifically describing the services to be provided by the Contractor and the cost.**  **PROJECTS MUST BE COMPLETED NO LATER THAN FEBRUARY 28TH, 2018.** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Contractor(s):** | | | | | | | | | | | | | | **Quoted Amount: $** | | | | | | | | | | | | |
| **Address:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **City:** | | | | **Province:** | | | | | | | | | | | | | **Postal Code:** | | | | | | | | | |
| **Phone:** | | | | **Cell:** | | | | | | | | | | | | | **Fax:** | | | | | | | | | |
| **Email:** | | | | | | | | | **Website:** | | | | | | | | | | | | | | | | | |
| Applicant Signature | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Applicant’s signature acknowledges the understanding that a $400 (plus HST) administration fee will be invoiced to the applicant payable upon advisement of application approval. The applicant’s signature further acknowledges that the Innovation Centre will not be responsible for any Contractor charges in excess of the approved amount nor will any payment be made to the Contractor in advance of applicant’s payment of the $400 (plus HST) administration fee or the applicant’s signature confirming Contractor services completed. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature of Applicant:** | | | | | | | | | | | | | | | | | **Dated:** | | | | | | | | | |
| Office Use Only | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Administration Fee Received:** **🞎 Yes 🞎 No** | | | | | | | | | | | | | | | | | | | | | | | Invoice #: | | | |
| **Contractor Proposal Attached :** **🞎 Yes 🞎 No** | | | | | | | | | | | | | | | | | | | | | | | Dated: | | | |
| **Approved Amount: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NRC-IRAP Approval:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | NRC-IRAP Signature | | | | | | | | | | | | | | | Dated | | | | | | | |
| **Innovation Centre Approval:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Innovation Centre Signature | | | | | | | | | | | | | | | Dated | | | | | | | |
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| Applicant Acknowledgment of Work Completed | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Applicant signature required after Contractor services completed:** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | Client Signature | | | | | | | | | | | | | | | Dated | | | | | | | |
| **I hereby state that the work outlined in the Contractor Proposal submitted has been completed to my satisfaction with no outstanding items.** | | | | | | | | | | | | | | | | | | | | | | | | | | |

Last modified: August 2016



Document for Clients

# Reporting Requirements for NRC-IRAP Funded

**Services**

## Impact of Support from NRC-IRAP

NRC-IRAP’s mandate is to create wealth for Canada. To achieve this we aim to support firms like yours directly or through local innovation support organizations to develop technologies that will increase your competitiveness and hopefully contribute to the growth and success of your firm.

To achieve our goal to assist firms like yours, we seek to continually measure the impact of our partner organizations' interactions with your firm and to improve our collective service offerings as our resources allow. We have tools available for your use to assist us to assess the impact and quality of NRC-IRAP supported services. This includes an on-line assessment which will require a small amount of your time while meeting our needs to assess NRC-IRAP’s programs.

## Post-Service Assessment

The Post-Service Assessment is designed to measure achievements and outcomes from your NRC-IRAP funded project or service and provide feedback on the relevance, timeliness and accuracy of the services provided to you.

The information you will be asked to provide will assess:

1. Degree of satisfaction with the services received.
2. Likeliness that you would recommend the services received to others.
3. Impact of project on the technical and business capabilities of the firm.
4. Intent to utilize the knowledge gained or project outcomes.
5. Engagement quality for services provided

The feedback you will provide will not be seen by the service organization. They will only have access to data in anonymous form, combined with results from other firms and will not have the ability to identify individual client responses. You should be as candid as possible in order to help us improve both the relevance and the quality of services provided to clients like you.

I understand my reporting obligations by receiving the NRC-IRAP funded service(s).

I agree to complete the Post Service Assessment survey.

Name: Title:

Company name:

Signature: Date (D/M/Y):