

Alliance grants

Partner Organization Form

Important note:

Partner organization information will soon be completed through the NSERC online system. This process will be implemented on October 21, 2019. On and after this date, Partner Organization Forms will no longer be accepted as PDF attachments to an Alliance grant application.

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

<i>Partner Organization Name:</i>		<i>Completed Date:</i>	
-----------------------------------	--	------------------------	--

Contact Information

As the authorized contact person for this organization, please provide your information.

<i>Position or title</i>	
<i>Family name</i>	
<i>Given names</i>	
<i>Initials of given names</i>	
<i>Telephone number</i>	
<i>Email address</i>	

Organization Information

<i>Department or branch</i>	
<i>Street address</i>	
<i>City</i>	
<i>Province / State</i>	
<i>Country</i>	
<i>Postal / zip code</i>	

Indicate whether your organization is:

- A parent*
- A subsidiary*

If your organization is a subsidiary, please specify the parent: _____

Where are the headquarters of your organization based?

- In Canada*
- Outside Canada*

Which sector is your organization in?

- Private sector (Including public and private companies) (complete Private section below)*
- Public sector (including Crown corporations and other corporations that are owned by public organizations) (complete Public section below)*
- Not-for-profit sector (including all hospitals and postsecondary institutions) (complete Not-for-profit section below)*
- Other: Specify _____ (complete the section below that most closely aligns with your organization)*

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

Private sector

Complete this section if your organization is in the **private sector**

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
- Other; please specify: _____

2. Industry / Products and Services

Click for list: [Industry/ Products and Services Codes](#)

Please select at least one and up to three codes from the list that best describe your organization's industry and products or services

Code 1:

Code 2:

Code 3:

3. Business Number: _____ (if incorporated in Canada)

Need help finding your business number? Look for it using Corporations Canada website: [Search for a Federal Corporation](#).

4. Is your organization federally or provincially/territorially incorporated in Canada?

Yes

Date of incorporation in Canada (YYYY-MM): _____

No

Operating since (YYYY-MM): _____

5. How many employees does your organization employ in Canada (to the best of your knowledge)?

- 1 to 9
- 10 to 99
- 100 to 499
- 500+
- No presence in Canada

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

6. How many employees does your organization employ worldwide (to the best of your knowledge)?

- 1 to 9
- 10 to 99
- 100 to 499
- 500+

7. Does your organization have at least 5 full-time dedicated staff?

- Yes
- No

A *Partner organization supplemental information questionnaire* must be completed by all organizations

- that have **fewer than 5 full-time employees** and
- that have not submitted a questionnaire in the last year

8. Has your organization submitted a Partner organization supplemental information questionnaire in the last year?

- Yes
- No

9. Does your organization carry out R&D, produce goods or provide services in Canada?

- Yes
- No

10. Does your organization have the financial, managerial and technical capacity to exploit the results of the proposed research within Canada?

- Yes
- No

11. Does your organization operate from its own offices or facilities (i.e., not work from a home address, a virtual work setting or the campus of a university except in a recognized incubator or similar reserved space for start-ups)

- Yes
- No

12. Does the majority of your organization's revenue come either from sales or significant private-sector investment your organization has secured?

- Yes
- No

13. Does your organization operate independently (e.g., have a Board of Directors or similar oversight)

- Yes
- No

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

14. Arm's length from the applicants and academic institution

Your organization is considered at arm's length from the applicants and academic institution if:

- Day-to-day management control is not exercised by the applicant, co-applicants, academic institution or any other participants who have financial authority for the grant. These individuals must not hold executive positions in the private-sector organization, such as president, CEO, chief scientific officer, vice-president of R&D, etc.
- Applicants, co-applicants or any other participants in the academic team, as well as their relatives, do not hold ownership of the organization and are not members of the governing board that controls the organization.

Note: Although not at arm's length, a researcher-owned company may be able to participate as a partner organization if certain conditions are met (see [Alliance grants: Role of partner organizations](#)). You must explain how these conditions are met in the [Partner organization supplemental information questionnaire](#).

Is your organization at arm's length from the applicants and the academic institution?

- Yes
 No

Public sector

Complete this section if your organization is in the **public sector**

1. Which of the following best describes your organization?

- Crown corporation or other corporation owned by a public organization
- Federal government agency
- Federal government department
- Foreign government
- Funding organization (organization whose primary mission is to fund R&D)
- Indigenous organization
- Municipalities, local or regional governments established by or under provincial or territorial statute
- R&D organization (organization whose primary mission is to perform R&D and that is funded or controlled primarily by government)
- Provincial / Territorial government agency
- Provincial / Territorial government department
- Public utility
- Other public organization; specify:

2. Operating since (YYYY-MM): _____

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

3. *How many employees does your organization employ in Canada (to the best of your knowledge)?*

- 1 to 9
- 10 to 99
- 100 to 499
- 500+
- No presence in Canada

4. *How many employees does your organization employ worldwide (to the best of your knowledge)?*

- 1 to 9
- 10 to 99
- 100 to 499
- 500+

5. *Does your organization have at least 5 full-time dedicated staff?*

- Yes
- No

*A **Partner organization supplemental information questionnaire** must be completed by all organizations*

- *that have **fewer than 5 full-time employees** and*
- *that have not submitted a questionnaire in the last year*

6. *Has your organization submitted a Partner organization supplemental information questionnaire in the last year?*

- Yes
- No

7. *Does your organization have a mandate to create or modify policy that is relevant to the proposed project and the capacity to use the research results?*

- Yes
- No

8. *Does your organization have the capacity to exploit the research results directly for economic gain?*

- Yes
- No

9. *Is your organization at arm's length from the applicants and the academic institution?*

- Yes
- No

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

Not-for-profit sector

Complete this section if your organization is in the **not-for-profit sector**.

1. Which of the following best describes your organization?

- Incubator or accelerator
- Community organization
- Consortium with majority of funding from government sources
- Foreign not-for-profit organization
- Hospital
- Indigenous organization
- Industrial association
- Individual
- Medical or clinical research institute
- Organizations that maintains collections (e.g., historical, scientific, artistic, or cultural) for the public good, such as libraries, museums, zoos or aquariums
- Funding organization (organization whose primary mission is to fund R&D)
- Other Canadian registered charity not captured by other categories
- Philanthropic organization
- Postsecondary institution
- Canadian registered charity that has a mandate to carry out and apply research within natural sciences and engineering (other than postsecondary institutions)
- Union
- Other: Specify: _____ (Provide explanation in the Partner organization profile section)

2. Is your organization federally or provincially/territorially incorporated in Canada?

- Yes
Date of incorporation in Canada (YYYY-MM): _____
- No
Operating since (YYYY-MM): _____

3. Business Number: _____ (if incorporated in Canada)

Need help finding your business number? Look for it using Corporations Canada website: [Search for a Federal Corporation](#).

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

4. *How many employees does your organization employ in Canada (to the best of your knowledge)?*

- 1 to 9
- 10 to 99
- 100 to 499
- 500+
- No presence in Canada

5. *How many employees does your organization employ worldwide (to the best of your knowledge)?*

- 1 to 9
- 10 to 99
- 100 to 499
- 500+

6. *Does your organization have at least 5 full-time dedicated staff?*

- Yes
- No

*A **Partner organization supplemental information questionnaire** must be completed by all organizations*

- *that have **fewer than 5 full-time employees** and*
- *that have not submitted a questionnaire in the last year*

7. *Has your organization submitted a Partner organization supplemental information questionnaire in the last year?*

- Yes
- No

8. *Is your organization funded or controlled primarily by Government?*

- Yes
- No

9. *Does your organization carry out R&D in the natural sciences and engineering?*

- Yes
- No

10. *Is your organization at arm's length from the applicants and the academic institution?*

- Yes
- No



Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

<i>Partner Organization Name:</i>		<i>Completed Date:</i>	
-----------------------------------	--	------------------------	--

Partner Profile: *Using a maximum of 1 page, 1) describe your organization, including the nature of its operations in Canada and how it intends to grow in Canada by developing innovative new or improved products, services, processes or policies (if applicable), and 2) demonstrate that your organization has existing or planned capacity to achieve the expected results of the project (human resources, facilities and financial capabilities).*

A reference to the partner organization's website is not acceptable in lieu of the profile.

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

Contributions/Terms and Conditions

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

	Year 1	Year 2	Year 3	Year 4	Year 5
<i>Direct cash contribution to the project</i>					
<i>Cash contribution to university overhead</i>					
<i>In-kind contributions</i>					

Terms and Conditions of Applying

Before you, as the authorized representative of the partner organization, submit information as part of an application to NSERC, 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 NSERC, 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 NSERC 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 that NSERC reserves the right to defer or cancel a grant or an instalment if the continued need for funds is not demonstrated, if the program objectives and/or eligibility criteria are not being met, or subject to the availability of funds and Parliamentary appropriations;*
- *your organization acknowledges and accepts that NSERC may terminate, reduce the amount or duration, or change the Terms and Conditions of an award, in order to comply with Government of Canada laws, regulations, policies, directives, which are subject to change from time to time;*
- *your organization will inform grant holders of their role, responsibilities and obligations with respect to any research requirements, including laws, regulations, standards or policies (the "Research Requirements") in the organization's jurisdiction;*

This information will be used to aid in the evaluation of applications submitted to NSERC. The responses will be treated confidentially by NSERC.

PROTECTED B WHEN COMPLETED.

Alliance Grants Partner Organization Form

This information must be completed by a representative of the partner organization.

Partner Organization Name:		Completed Date:	
----------------------------	--	-----------------	--

- your organization is aware of the requirement for grant holders to comply with the relevant provisions of the *Tri-Agency Framework: Responsible Conduct of Research* and with the terms and conditions set out in the program description;
- your organization will take full responsibility for complying with any Research Requirements in its jurisdiction and will advise NSERC immediately, in writing, of any allegations or findings of breach of any Research Requirements in the organization by the grant holder;
- your organization will strive to provide an environment that supports the best research and that fosters researchers' abilities to act honestly, accountably, openly and fairly in the search for knowledge. As best practices, you are referred to the *Tri-Agency Framework: Responsible Conduct of Research*, the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* and the *Canadian Council on Animal Care* policies, guidelines, and recognized standards;
- your organization agrees to the release of the public summary of the award and to the publication of the organization's name as a supporter of the initiative;
- your organization will endeavour to obtain the greatest possible benefit to Canada from the resulting activity and will *acknowledge* NSERC's support for the project;
- your organization accepts that non-compliance with, or misrepresentation of, any of these matters may result in actions by NSERC, including the disentitlement to participate in this grant and for future collaborations funded by NSERC or the other granting Agencies.

CONFIRMATION OF AGREEMENT TO THE TERMS AND CONDITIONS OF APPLYING

If you have any concerns about you or your organization ability to comply with the terms and conditions listed above, contact your organization official or NSERC staff responsible for the program immediately. Do not agree to the terms and conditions and do not submit your organization's information until you are certain that you can and will comply with all of the requirements.

I confirm the truth of all statements made by me in this application, and agree to all of the terms, conditions, responsibilities and obligations as set out above.

Signature: _____

Date: _____