



FORM 104
Application for a College and
Community Innovation Program – Technology
Access Centres Grant
PART I

Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
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Type of grant CCI – Technology Access Centres Grant	Application New Renewal	Language of application English French
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Institution that will administer the grant

Title of proposal

Provide a maximum of 10 key words that describe this proposal. Use commas to separate them.

Applicant's Telephone Number	Applicant's E-mail address
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CERTIFICATION/REQUIREMENTS

If this proposal involves any of the following, check the box(es) and submit the protocol to the college's certification committee.

Research involving: Humans Human pluripotent stem cells Animals Biohazards

Indicate if the proposed research takes place outdoors and if you answered YES to a), b) or c) – Appendix A (Environmental Information Form) must be completed.

NO YES

TOTAL AMOUNT REQUESTED FROM NSERC

Year 1	Year 2	Year 3	Year 4	Year 5
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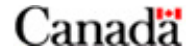
SIGNATURES (Refer to instructions "What do the signatures on the application mean?")

It is agreed that the general conditions governing grants as outlined in the NSERC *Program Guide for Professors* apply to any grant made pursuant to this application and are hereby accepted by the applicant and the applicant's employing institution.

Date (YYYY/MM/DD)

Applicant

<p style="text-align: center;">Applicant's department and institution</p>	<p style="text-align: center;">_____</p> <p style="text-align: center;">President of institution (or representative)</p>
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Personal identification no. (PIN)	Family name of applicant
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SUMMARY OF PROPOSAL FOR PUBLIC RELEASE (use plain language)
This plain language summary will be available to the public if your proposal is funded. Although it is not mandatory, you may choose to include your business telephone number and/or your e-mail address to facilitate contact with the public and the media about your centre.

Business telephone no. (optional):

E-mail address (optional):

[Large empty box for the plain language summary of the proposal]

SECOND LANGUAGE VERSION OF SUMMARY (optional)

[Large empty box for the second language version of the summary]

Personal identification no. (PIN)

Family name of applicant

Before completing this section, **read the instructions** and consult the *Use of Grant Funds* section in the *College and Community Innovation Program Financial Administration Guide* for information about the eligibility of expenditures the regulations governing the use of grant funds. On separate page(s), supply a detailed explanation and justification for your proposed expenditures. **Also explain the relationship or difference between this application and relevant support (held or applied for)**, and describe any contributions from other sources (if applicable).

PROPOSED EXPENDITURES

	Year 1	Year 2	Year 3	Year 4	Year 5
1) Salary and benefits					
1.1) Managerial and administrative staff					
1.2) Technical and research staff					
1.3) Student interns					
1.4) Faculty release					
1.5)					
2) Equipment expenses					
2.1) Purchase or rental (technical)					
2.2) Operation and maintenance costs					
2.3) Office furniture and equipment					
2.4)					
3) Operating expenses and supplies					
3.1) Technical					
3.2) Administrative					
3.3)					
4) Marketing and business development					
4.1) Outreach					
4.2) Marketing material & website					
4.3) Contracting support					
4.4) Patenting					
4.5) Trade shows and conferences					
4.6)					
5) Other Expenditures					
5.1)					
5.2)					
Total proposed expenditures					
6) Support					
6.1) Cash support from the college for the operations of the centre					
6.2) Cash support from public/private sector partners for the operations of the centre					
6.3) Cash received for services from private sector clients					
6.4) Cash received for services from all other clients					
6.5) Cash received from public funders (e.g., grants, contributions)					
6.6) Support requested from NSERC					
7) Total in-kind contributions from the college and public/private sector partners					

Use one page for each supporting organization	Personal identification no. (PIN)	Family name of applicant			
Before completing this section, read the instructions for contributions from supporting organizations and consult the <i>Use of Grant Funds</i> section in the <i>College and Community Innovation Program Financial Administration Guide</i> concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds, and Guidelines for Organizations Participating in Research Partnerships Programs regarding the eligibility of in-kind contributions.					
Name of supporting organization					
CONTRIBUTIONS FROM THE SUPPORTING ORGANIZATION					
	Year 1	Year 2	Year 3	Year 4	Year 5
Cash contributions to the operations of the Centre (transfer amounts to page 4, line 6.1 or 6.2)					
In-kind contributions to services provided by the Centre					
1) Salaries for scientific and technical staff					
2) Donation of equipment, software					
3) Donation of material					
4) Field work logistics					
5) Provision of services					
6) Use of organization's facilities					
7) Salaries of managerial and administrative staff					
8)					
Total of all in-kind contributions (include in Line 7 of Page 4)					
Participation on the Centre's (advisory) board					
Provide details of significant contributions					

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions for the Performance Measurement Table in the instructions. Use the table below to provide baseline information on any of the performance indicators that you believe are appropriate to your proposal.

PERFORMANCE MEASUREMENT**Projections for Upcoming Five Years**

	Current Year	Year 1	Year 2	Year 3	Year 4	Year 5
Mandatory Performance Indicators:						
1.1) Number of companies served						
1.2) Number of SMEs served (included in the above)						
1.3) Number of other clients (i.e. governments, public-sector organizations)						
1.4) Revenue from companies served						
1.5) Revenue from SMEs served (included in the above)						
1.6) Revenue from other clients (i.e., governments, public sector organizations)						
1.7) Number of services provided						
1.8) Number of applied research projects						
1.9) Number of training contracts provided						
Optional Performance Indicators:						
2.1) Number of new products, processes and/or services developed using TAC services						
2.2) Number of existing products processes and/or services improved using TAC services						
2.3) Person-hours of training received by clients						
2.4) Number of college faculty involved in TAC-delivered services						
2.5) Number of hours that college staff (including faculty) are involved in TAC-delivered services						
2.6) Number of students involved in TAC-delivered services (as term employees or interns)						
2.7) Number of hours that students are involved in TAC-delivered services						
Custom Performance Indicators:						
1)						
2)						
3)						

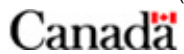
Personal identification no. (PIN)

Family name of applicant

ACTIVITY SCHEDULE

(Refer to the instructions to see if this section applies to your application. Use additional page(s) if necessary.)

Milestone	Description of Activities	Anticipated Starting Date	Anticipated End Date





Form 104 - APPENDIX C
External Reviewer Suggestions

DUPLICATE PAGE IF NECESSARY
 Do not type in grey boxes

Date

Read the instructions before completing this appendix. Provide a minimum of five external reviewer suggestions.

Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Title of proposal			
A)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
B)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
C)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
D)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
E)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
F)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
G)	Area(s) of expertise	<input type="text"/>	
		PIN	Lang.
		First committee reviewer	Personal identification no. (PIN)
		Second committee reviewer	Personal identification no. (PIN)
		Third committee reviewer	Personal identification no. (PIN)