



FORM 183A

Information Required from Organizations Participating in Research Partnerships Programs

Read the instructions before completing the Form.

| GENERAL INFORMATION ON THE ORGANIZATION | | | | | |
|---|--------|--|--|--|--|
| Name of organization | | | Name and title of contact person at the organization | | |
| Mailing address | | | Mailing address for the contact person (only if different) | | |
| Telephone number | | Facsimile number | Telephone number | | Facsimile number |
| E-mail address | | | E-mail address | | |
| Is your organization Private sector? Government owned? Government agency/department? | | | | Industry/Products and Services Code | |
| Is your organization Profit-motivated? Not-for-profit? | | Web site | | | |
| Canadian ownership (in percentage) (If Applicable) % | | Date of incorporation in Canada (If Applicable) | | Total number of employees in Canada | |
| Types of products sold and/or services offered | | | Total annual sales for previous year (If Applicable) | | |
| | | | Net profit (loss) for previous year (If Applicable) | | |
| Is your organization a parent company? a subsidiary of? (specify) | | | | | |
| RESEARCH AND DEVELOPMENT ACTIVITIES | | | | | |
| Does your organization have an R&D department? | | | Yes No | | Annual R&D expenditures (previous/ current / next year) |
| If not, does it undertake R&D within the organization's premises? | | | Yes No | | |
| Number of R&D staff in Canada Scientists and technicians: | | | R&D staff with a PhD: | | / / |
| APPLICANT INFORMATION | | | | | |
| Family name | | Given names | | Initial(s) of all given names | |
| Title of proposal | | | Personal identification no. (PIN) | | |
| | | | Appl ID (for NSERC use only) | | |
| ORGANIZATION'S CONTRIBUTIONS | | | | | |
| Contributions to the direct costs of research | Year 1 | Year 2 | Year 3 | Year 4 | Year 5 |
| a) Cash contribution | | | | | |
| b) In-kind contribution | | | | | |
| Has your organization received publicly-funded support for R&D directly related to the proposed project? | | | Yes No | | Are the applicant and co-applicant(s) at arm's length from your organization? |
| | | | | | Yes No |
| Name, title and telephone number of authorized representative of the organization | | | Signature | | Date |
| | | | | | |