

## Product Demonstration Program Progress Report

### Project Information & Changes

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Reporting Period Start Date

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Reporting Period End Date

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Grant Type:

Project Title:

Legal Name:

Trade Name:

Address 1:

Address 2:

City:

State/Province:

Country:

Postal Code:

Applicant Representative Name:

Phone Number:

Email:

Please indicate if you experienced any of the following Minor Changes in the scope of the Project:

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Please indicate if you experienced any of the following Major Changes in the scope of the Project:

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### Project Summary

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Please provide a brief summary of the project thus far:

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Please describe the project schedule. Describe the anticipated completion date and whether it will be completed within 12 months from starting.

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What feedback has the Strategic Partner shared with you regarding the project? What is the likelihood of the Strategic Partner purchasing the product/service upon project completion?

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How has your strategic partner validated your product?

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How have you and the strategic partner worked together in establishing best practices?

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Have potential customers expressed interest in purchasing your product as a result of this project? If yes, how did this project encourage them to investigate your product? If no, what plans do you have to encourage potential customers to investigate your product?

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How many new jobs have been created, directly or indirectly, as a result of your project? How many jobs were forecasted in the application and will the forecast be achieved? If not, please provide an explanation?

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Has incremental revenue been realized as a result of your project? If yes, how much incremental revenue has been realized? If no, when do you anticipate receiving incremental revenue? What proportion of that revenue do you anticipate will be recurring?

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Has your pricing strategy changed during this milestone? If yes, please describe how your pricing strategy has changed. If no, do you have plans to change your pricing strategy before the next milestone? If so, what are your plans for that possible pricing change?

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Has your customer delivery model changed during this milestone? If yes, please describe how your customer delivery model has changed. If no, do you have plans to change your customer delivery model before the next milestone? If so, what are your plans for that possible delivery model change?

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What challenges have you encountered and how have they been overcome? If any challenges remain unresolved, what plans do you have to tackle those challenges?

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What are some of the ways you best see Alberta Innovates supporting your endeavors in the future?

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### Comments to Alberta Innovates

To assist Alberta Innovates in our efforts to constantly improve our programs and services, please provide any comments, concerns, or suggestions you may have as a result of your experience to date. If you have had contact with a TDA, a Program Associate, or someone else from Alberta Innovates, please let us know who that was and provide any feedback you would like:

### Financial Information

All expense statements below must be for Eligible Expenses and the total of all expense statements must agree with the total indicated on the Milestone, Reporting and Payment Schedule for this Milestone period.

o If there are Ineligible Expenses indicated, mark the expense statement and reduce the expense statement total below.

o In lieu of invoices, In-kind Contributions must be supported with work records or other supporting documentation and listed below.

o Manually number all expense statements to correspond with the numbering below;

Explain any discrepancy between the amounts indicated above and the amounts indicated on the most recent MRP attached to the Investment Agreement:

Note: If activities during this reporting period have affected changes to any portion of the Schedule, a new Schedule C - Milestone, Reporting and Payment Schedule MUST be submitted along with this Report and an explanation provided in the text box below. To request a new Schedule, please contact Jasbinder Sihra at [jasbinder.sihra@albertainnovates.ca](mailto:jasbinder.sihra@albertainnovates.ca).

## Uploads

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**Invoices:**

Required: Detailed receipts or other supporting documents (cash or in-kind) for Eligible Expenses for the current Milestone.

**ACKNOWLEDGMENTS****Name of Applicant:**

By signing below, I, as the representative of the Applicant, as named in the Investment Agreement, legally represent for and on behalf of the Applicant confirm that all information contained in this Report is true and accurate and acknowledge and consent to the dissemination/publication of non-confidential information by Alberta Innovates as outlined in Part 3 of the instructions for this Report. I further confirm that all required attachments are provided with this report.

**Name of Representative for and on behalf of the Applicant:** \_\_\_\_\_**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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