# Part 1 Progress Report Instructions:

# Please complete the following Progress Report (the “Report”) and the accompanying [Expense Allowance Financial Table](https://albertainnovates.ca/wp-content/uploads/2019/02/Expense-Allowance-Financial-Table.xlsx) (found online) on behalf of the Applicant. As a reminder, “Applicant” means the company or entity who completed and submitted the Application. The completed Report must be signed by an authorized representative of the Applicant, and submitted, *no later than twenty (20) business days prior to the completion of the first year of the Project.*

All capitalized words or terms which are not defined within this Progress Report Form have the respective meaning as set out in the Program Guide for the [Industry Associates Programs](https://albertainnovates.ca/programs/commercialization-associates/) (the “**Guide**”). In this Report, the term “**you**”and “**Applicant**” are used interchangeably. As a reminder, “**Project**” means the activity to be performed over the duration of the Investment.

The completed Report and Report Financial Table must be submitted by email to inbox\_grants@albertainnovates.ca as a PDF, for Alberta Innovates’ consideration. If you require assistance in completing the Report, please email inbox\_grants@albertainnovates.ca. An incomplete Report, or a Report that is not in the current standard form provided on Alberta Innovates’ webpage, will not be accepted by Alberta Innovates. The Report may be executed in counterparts and all counterparts together shall constitute one and the same Report. Delivery by a party of an executed copy of this Report by electronic means constitutes effective delivery and the parties accept any signatures received electronically as original signatures of the Parties.

Alberta Innovates may approve, request specific changes, or decline approval of this Report as determined in its sole discretion, and Alberta Innovates’ decision is binding on all parties. Upon its review, Alberta Innovates will indicate its decision to approve or decline the Report at the bottom of this document and will provide a scanned copy of this completed Report by email to each of the Applicant and the Associate, and any Alberta Innovates Representative identified in the Application (i.e. TDA).

If the Report is approved, Alberta Innovates will continue to pay the Investment within forty-five (45) days after date indicated in SECTION X.

**Part 2 Freedom of Information and Protection of Privacy Act (Alberta) (“FOIP”):**

Alberta Innovates is governed by FOIP. This means Alberta Innovates can be compelled to disclose the information received under this Progress Report, or other information delivered to Alberta Innovates in relation to a Project, when an access request is made by anyone in the general public.

In the event an access request is received by Alberta Innovates, exceptions to disclosure within FOIP may apply. If an exception to disclosure applies, certain information may be withheld from disclosure. Applicants are encouraged to familiarize themselves with FOIP. Information regarding FOIP can be found at http://www.servicealberta.ca/foip/. Should you have any questions about the collection of this information, you may contact the Manager, Grants Management Team at 780-450-5551.

**Part 3 Publication of Non-Confidential and Aggregate Information by Alberta Innovates:**

Alberta Innovates may (1) publish and/or disseminate in the public domain certain information contained within this Progress Report as a way to promote success stories about innovation in the Province of Alberta and/or (2) use certain information contained within this Progress Report as a way to verify information contained in this Progress Report. On these bases, Alberta Innovates has indicated which information provided in the Progress Report has been deemed to be non-confidential and is subject to disclosure by Alberta Innovates in its sole discretion at any time:

In addition, Alberta Innovates may aggregate information within this Progress Report for the purposes of reporting or dissemination in the public domain. For clarity, ‘aggregate’ means removal of personal identifiers such as names, locations and addresses of the Applicant and employees, and combining such information with that of other Applicants.

**Date:** Click here to enter a date.

**Program:** Choose an item.

**Level of Associate:** Choose an item.

**Record Number:**

**One Year Period:**

**From Project Start Date:** Click here to enter a date.

**To:** Click here to enter a date.

**Project Title (Non-Confidential)**:

**SECTION I: CONTACT INFORMATION**

Applicant Information (Non-Confidential)

(Applicant means the company or entity that submitted the Application)

Legal Name:

Trade Name (if applicable)

Applicant Representative’s Name:       Title:

Representative’s email:      phone:

Civic Address line 1:

Civic Address line 2 (if applicable):

City:       Province:       Postal Code:

**Industry Associate Information**

Industry Associate’s Name:

Industry Associate’s email:       phone:

**SECTION II:** **CHANGES TO THE PROJECT**

Please indicate by check mark if you experienced any of the following changes in the scope of the Project. Check all that apply.

**Minor Changes:**

[ ]  Minor change to the workplan which does not change the end goal of the Project

[ ]  Project Completion Date extended by less than 90 days whether due to delay or suspension

[ ]  Change of contact person from the Notices Article 6 in the Investment Agreement

[ ]  Company Name Change (Applicant or other Party) where no change of corporate control has taken place

[ ]  Other

Note: Minor changes must be detailed in Section III.

**Major Changes:**

[ ]  Substantial change in the nature of the Project which changes the overall intention of the Investment, and which may or may not impact the Project Completion Date

[ ]  Change in the Project Completion whether due to delay or suspension

[ ]  Change / Departure of Industry Associate

[ ]  Applicant Change of Control \*

[ ]  Other

Note: Major Changes will require the execution of an amendment to the Investment Agreement. An Alberta Innovates representative will contact you if this is indicated above.

If any of these changes are as a result of a name change or Change of Control\*, complete the following:

**New Name:** Add text here

**Date of Sale/Transfer of Assets if Applicable:** Add text here

\*See the Investment Agreement for a definition of Change of Control

**SECTION III: PROJECT SUMMARY TO DATE**

1. **Project Summary (Non-Confidential)**

Provide a non-confidential summary of the progress of the Project to date.

Add text here

1. If any of the information in SECTION I is different from Section 6.0 of the Investment Agreement, please identify the changes:

Add text here

1. **Project Details**

Did the Project proceed as expected during this period? Please Select

Provide a more detailed description of the progress to date. Provide details regarding the following:

* current outcomes against the Milestones described in the Investment Agreement;
* new or unforeseen outcomes or lessons learned;
* impact and management of any setbacks or challenges encountered;
* new customers or strategic partnerships;
* advancement of the Intellectual Property protection of this technology;
* advancement of the commercialization of this technology; and
* any other details you think will help Alberta Innovates assess your progress and support the continuation of the Investment.

Add text here

1. Strategic Partners. If you have developed any new strategic partnerships with institutes or companies not named in your Application (i.e. use of laboratory space at a university, a manufacturing or distribution partnership, or prototype test site), and such partnership is required to complete the Project, a letter confirming the partnership is required. The Letter of Support must be from a representative of that institute or company and MUST be attached to this Report. Please note that Alberta Innovates may contact the representative(s) of such institute(s) or company(s) for verification of information in the Letters of Support, without further notice to the Applicant.

Add text here

1. **Any Additional Information You Wish to Provide For Clarification or Information to Alberta Innovates**

Add text here

1. **Applicant 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.

Add text here

SECTION IV: ASSOCIATE COMMENTS

1. **If the Associate wishes, he or she may provide additional comments regarding the Project to date below.**

Add text here

1. **Associate’s 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 stemming from your experience to date.

Add text here

SECTION V: REQUIRED ATTACHMENTS

* You must download and complete the “Expense Allowance Financial Table”, which can be found on our website at <https://albertainnovates.ca/funding-entrepreneurial-investments/industry-associates-program/> ; and
* The Associate’s payroll statements for the last 3 months. Employer obligations to CCP and EI must be evident. Payroll statements are confidential and are required for Alberta Innovates’ verification purposes only.

**SECTION VI: SALARY INFORMATION**

Please complete the following table and use the text box below to explain any discrepancies between the information provided in these tables and the information provided in the Investment Agreement.

Add text here

|  |
| --- |
| **Associate Salary Table** |
| **All payments to the Associate Salary and Benefits** | **Year 1 Budgeted in Investment** **Agreement** | **Year 1 Actual** | **Year 2 Budgeted in Investment** **Agreement** | **Year 2 Revised** |
| **Required 25% Cash Contribution** | $       | $       | $       | $       |
| **Alberta Innovates Stipend (does not include the $7000 Allowance)** | $       | $       | $       | $       |
| **Total Eligible Salary** | **$** | **$** | **$** | **$** |
|  Describe Optional Additional Salary below: |
| Add text here | $       | $       | $       | $       |
| Add text here | $       | $       | $       | $       |
| Add text here | $       | $       | $       | $       |
| Add text here | $       | $       | $       | $       |
| Total Additional Salary | $       | $       | $       | $       |
| **Total Associate Salary and Benefits**  | **$**  | **$** | **$** | **$** |

SECTION VII: YEAR TWO WORK PLAN

1. **Work Plan.** Provide a summary of the Work Plan for the coming year in the text box provided. *If no changes have been made to the original Work Plan for Year Two, you may indicate such in the text box and leave the table blank.*

Add text here

|  |
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| **Work Plan Table** |
| **Milestone Number** | **Brief Description of Milestone and Deliverables for Year Two** | **Expected****Milestone Start Date** | **Expected****Milestone Completion Date** |
| Milestone 1 | Add text here | Click here to enter a date. | Click here to enter a date. |
| Milestone 2 | Add text here | Click here to enter a date. | Click here to enter a date. |
| Milestone 3 | Add text here | Click here to enter a date. | Click here to enter a date. |
| Milestone 4 | Add text here | Click here to enter a date. | Click here to enter a date. |

**SECTION VIII – EXPENSE ALLOWANCE – YEAR TWO**

**Year Two Expenses: Please complete the Table below.** This is an updated version of the expenses you indicated in the Investment Agreement. Please highlight any changes to the Eligible Expenses you originally indicated. If you had funds remaining from the Year One Expense Allowance, please indicate your plans to use those funds in Year Two. If Alberta Innovates approves the expenses as indicated here, they will replace the Eligible Expenses in the Investment Agreement.

|  |
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| **Expense Allowance Requested– Year Two****All expenses must be reasonably connected to or in support of the Project and used by the Associate****Total Expense Allowance for the Two Year Project Term may not exceed $14,000** |
| **Year Two Expenses** | **Description** | **Year 2 Budgeted in Investment Agreement** | **Year 2 Revised Budget, including carry forward** |
| Travel Costs  |       | $      | $      |
| Professional Development |       | $      | $      |
| Library, computer hardware and software, and minor equipment costs |       | $      | $      |
| Pre-Approved Ineligible Expenses |       | $      | $      |
| **Eligible Expenses for Industry r&D Associates Only:** |
| Scientific Materials |       | $      | $      |
| Books, periodicals and journal subscriptions |       | $      | $      |
| **Eligible Expenses for Industry Commercialization Associates Only:** |
| Marketing Intelligence Costs |       | $      | $      |
| Membership fees |       | $      | $      |
| Total Year Two from Investment Agreement | $      |  |
| Total Year Two Revised ($7,000 + Carry Forward $      = $     ) |  | $      |

**SECTION IX – ACKNOWLEDGEMENTS**

|  |
| --- |
| **Name of the Applicant:** Add Text Here |
| By signing below, I, as the representative of the Applicant, as named in Section 6.0 of the Investment Agreement, legally represent for and on behalf of the Applicant that all information contained in this Progress 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 this Report. I further confirm that all required attachments are provided with this report. |
| **Name of Representative for and on behalf of the Applicant:** Add Text Here |
| **Signature:** | **Date:** | Click here to enter a date. |

|  |
| --- |
| **Name of the Associate:** Add Text Here |
| By signing below, I, as the Associate, as named in Section 6.0 of the Investment Agreement, confirm that all information contained in this Progress 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 this Report. |
| **Signature:** | **Date:** | Click here to enter a date. |
| **Name of Witness:**Add Text Here |
| **Signature:** | **Date:** | Click here to enter a date. |

SECTION X. FOR USE BY Alberta Innovates ONLY

**Either Part 1 or Part 2 of this SECTION VI will be completed by Alberta Innovates. The completed section below indicates Alberta Innovates’ final determination regarding the Progress Report.**

Part 1 🞏 PROGRESS REPORT IS ACCEPTED

Alberta Innovates approves the Progress Report as indicated by the signature of the authorized representative of Alberta Innovates below.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Name

Signature

Part 2 🞏 PROGRESS REPORT IS DECLINED

Alberta Innovates hereby declines approval of the Report as indicated by the signature of the authorized representative of Alberta Innovates below. Information regarding the reasons for the decision and what if any remedy is available, are attached as Appendix A.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**ALBERTA INNOVATES**

Name

Signature