

FORM 183A

Information Required from Organizations Participating in Research Partnerships Programs

Read the instructions before completing the Form.

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| **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 If not, does it undertake R&D within the organization's premises? Yes No | | | | | | | | Annual R&D expenditures  (previous/ current / next year)  / / | | | | |
| Number of R&D staff in Canada R&D staff with a PhD: Scientists and technicians: | | | | | | | |
| **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 Yes No for R&D directly related to the proposed project? | | | | | | Are the applicant and co-applicant(s) Yes No at arm's length from your organization? | | | | | | |
| Name, title and telephone number of authorized representative of the organization | | | | | | Signature | | | | | Date | |

Form 183A (2009)

PROTECTED WHEN COMPLETED

Version française disponible

