Introduction:

The following Intake Form has been developed as part of the ImplementAB.digHprogram to enable Alberta Innovates to best serve and guide interested potential applicants. **Please submit the completed form to the Program Lead at** [**sandra.stabel@albertainnovates.ca**](mailto:sandra.stabel@albertainnovates.ca)**.**

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 Intake Form, or other information delivered to Alberta Innovates in relation to a Project, when an access request is made by anyone in the general public.

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Alberta Innovates may publish and/or disseminate in the public domain certain information contained within this Intake Form as a way to promote success stories about innovation in the Province of Alberta. On this basis, Alberta Innovates has indicated which information provided in the Intake Form has been deemed to be non-confidential. All other information, where not expressly identified as non-confidential, is deemed to be confidential.

In addition, Alberta Innovates may aggregate information within this Intake Form 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 Applicants and employees, and combining such information with that of other Applicants.

Section 1: General Information

1. **Applicant Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Legal Name of Applicant: | Click or tap here to enter text. | | |
| Trade Name of Applicant: | Click or tap here to enter text. | | |
| Jurisdiction of incorporation | Click or tap here to enter text. | Phone Number: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. | | |

Applicant Representative

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | |
| Title: | Click or tap here to enter text. | Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | |

1. **Solution Provider Information**

|  |  |
| --- | --- |
| Legal Name of Solution Provider Applicant: | Click or tap here to enter text. |
| Trade Name of Solution Provider Applicant: | Click or tap here to enter text. |
| Website: | Click or tap here to enter text. |

Solution Provider Representative

|  |  |  |  |
| --- | --- | --- | --- |
| Name: | Click or tap here to enter text. | | |
| Title: | Click or tap here to enter text. | Phone Number: | Click or tap here to enter text. |
| Email: | Click or tap here to enter text. | | |

1. **Additional Collaborators** – this includes other potential partners beyond the Applicant and solution provider. Examples could include additional secondary testing sites or consulting firms that will be involved in the project (e.g. for economic analysis or other research support).

|  |  |  |
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| **Organization** | **Organization Representative** | **General Role in Project** |
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Innovation Opportunity

**The Problem / Innovation / Evidence Relationship (Confidential):** The objective of this section is to characterize the relationship between the customer problem identified, the innovation offering, and the evidence required for market access.

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| --- |
| **Existing Problem:** Define the problem the innovation is addressing. Explain how you know this to be a problem. The problem should be communicated in quantifiable terms and demonstrate substantial market need for the innovation. From the perspective of the health system or end-user, how serious is the problem and why? **(limit of 500 words)**  Click or tap here to enter text. |
| **Proposed Innovation Solution:** Describe the innovation offering in its current status, including what it is and how it addresses the problem from a technical perspective. Provide any supporting evidence generated to date that indicates its viability as a solution to the problem. **(limit of 500 words)**  Click or tap here to enter text. |
| **Evidence Required for Adoption:** What evidence is the innovation currently missing that would be required in order to be adopted at scale? What is stopping the innovation from being put into practice in its current format with available evidence? **(limit of 500 words)**  Click or tap here to enter text. |
| **References:** List references (if any) cited in this Intake Form. **(limit of 100 words)**  Click or tap here to enter text. |

*Please submit the completed form to* [*sandra.stabel@albertainnovates.ca*](mailto:sandra.stabel@albertainnovates.ca)