**Going Global Innovation (GGI) Program**

**Application Form**

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| **A. CANADIAN ENTITY INFORMATION**  |
| 1. Legal Name of Entity: |  |
| 2. Entity Website: |  |
| 3. Preferred Language of Correspondence: | [ ]  English  |
| [ ]  French |
| **B. APPLICANT CONTACT INFORMATION** |
| 1. First Name: |  |
| 2. Last Name: |  |
| 3. Salutation: | [ ]  Mr. | [ ]  Mrs. | [ ]  Ms. |
| 4. Job Title: |  |
| 5. Telephone #: |  |
| 6. Email Address: |  |
| 7. Mobile phone #: |  |
| **C. SIGNING AUTHORITY CONTACT INFORMATION**  |
| *Only complete this section if different from Section B above.* |
| 1. First Name: |  |
| 2. Last Name: |  |
| 3. Salutation: | [ ]  Mr. | [ ]  Mrs. | [ ]  Ms. |
| 4. Job Title: |  |
| 5. Telephone #: |  |
| 6. Email Address: |  |
| 7. Mobile phone #: |  |
| **D. SIGNING AUTHORITY MAILING ADDRESS - CANADA** |
| 1. Street # and Name: |  |
| 2. Unit/Suite #: |  | 3. City: |  |
| 4. Postal Code: |  | 5. Province: |  |
| **E. MAILING ADDRESS**  |
| *Only complete this section if different from Section D above.* |
| 1. Street # and Name: |  |
| 2. Unit/Suite #: |  | 3. City: |  |
| 4. Postal Code: |  | 5. Province: |  |
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| **F. APPLICANT ENTITY PROFILE** |
| 1. Entity Type: | [ ]  Private Sector[ ]  Non-Government Research Centre[ ]  Academic Institution  |
| 2. Entity’s business registration number: |  |
| 3. Entity’s GST/TAX number: |  |
| 4. Number of Employees: |  |
| 5. **Entity Description**: The description must include details on the entity’s history, mandate, human resources required to carry out the Project, and the Entity’s previous experience in technology commercialization: |
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| 6. **Prior Going Global Experience**: Identify if the Entity has previously applied to GGI, if the project was approved, and results achieved (indicate N/A if none): |
|  |
| **G. PROJECT DETAILS** |
| 1. Project Title (Maximum 5 words): |  |
| 2. Are all travelers included in the application Canadian citizens or permanent residents? | [ ]  Yes | [ ]  No |
| ***Note****: Only Canadian citizens and permanent residents are eligible for GGI funding* |
| 3. List the sources of funds (including amounts) other than GII funds to be used to support the Project: |
|  |
| 4. Detail any other funds *already* received from government sources in support of the Project (indicate “NIL” is none): |
|  |
| 5. Identify the targeted industry sector (**select only one**): |
| [ ]  Aerospace | [ ]  Forestry and Wood Products |
| [ ]  Agriculture | [ ]  Infrastructure |
| [ ]  Automotive | [ ]  Information and Communication Technologies |
| [ ]  Clean Technologies | [ ]  Life Sciences |
| [ ]  Defence and Security | [ ]  Mining |
| [ ]  Financial Services | [ ]  Oil and Gas |
| [ ]  Other (Please specify):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 6. Identify the type of collaboration(s) being sought: |
| [ ]  Joint Technology Agreement | [ ]  Intellectual Property Agreement |
| [ ]  Venture Technology Agreement  | [ ]  Partnership Agreement  |
| [ ]  Material Transfer Agreement  |  |
| [ ]  Other (Please specify): |
| 7. Describe the problem or the new opportunity being addressed by your technology: |
|  |
| 8. Describe how your technology will solve the problem or address the new opportunity: |
|  |
| 9. Describe the technology’s competitive advantage (how is it unique or better than what’s currently offered) in the target market: |
|  |
| 10. What Intellectual Property protection is applied to the technology: |
|  |
| 11. Provide a summary of your technology commercialization plan that includes the Total Addressable Market (TAM) and market shares anticipated in your first, second, and third year of sales: |
| *The commercialization plan should offer a clear and concise description of the proposed project’s market potential and the planned path to commercialization. Describe the strategy that your organization will use to generate revenue, business opportunities, as well as the current and anticipated landscape/resources required to address the opportunity enabled by your innovation.* |
|  |
| 12. Identify the Foreign Entity you are pursuing for R&D Collaboration and describe how the Foreign Entity’s knowledge, expertise, or technology will contribute to the project’s objectives, outputs, and outcomes: |
|  |
| 13. If other Canadian Entities are involved in the Project, describe their role in formalizing the collaboration with the Foreign Entity(s) and their role in the subsequent R&D Collaboration (e.g. knowledge, expertise, investment sources): |
|  |
| 14. Outline any risks that may threaten the formalization of a contractual agreement with the Foreign Entity(s) and how you plan to mitigate these risks: |
|  |
| **H. FOREIGN AND CANADIAN ENTITY CONTACT DETAILS** |
| 1. Provide the full contact coordinates for **each** **Foreign Entity** (add additional rows as needed). A letter or email from each Foreign Entity confirming their interest and purpose in meeting the Applicant must be included in the completed Application.  |
|  |  |
| Contact Person’s Name: |  |
| Job Title: |  |
| Foreign Entity Name: |  |
| Mailing Address: |  |
| Telephone Number: |  |
| Email: |  |
|  |  |
| Contact Person’s Name: |  |
| Job Title: |  |
| Foreign Entity Name: |  |
| Mailing Address: |  |
| Telephone Number: |  |
| Email: |  |
|  |
| 2. If **other Canadian Entities** are involved in the Project, provide the full contact coordinates for each Canadian entity (add additional rows as needed). A letter or email from the other Canadian Entity confirming their collaboration must be included in the completed Application: |
|  |
| Contact Person’s Name: |  |
| Job Title: |  |
| Foreign Entity Name: |  |
| Mailing Address: |  |
| Telephone Number: |  |
| Email: |  |
|  |  |
| **I. COMMUNICATION PLAN** |
| 1. Identify, the Project’s communication activities, the targeted audience for each activity, and how you will share information about the Project and its results (e.g. news releases, public events, posters):  |
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| **J. PERFORMANCE MEASUREMENT PLAN** |
| *Provide the expected results of your GGI project under the Expected Results column. Indicate the information source used to measure the results under the Data Source column. The Data Source column is pre-populated with example sources. Please revise the examples if needed. Applicants will not need to submit copies of these data sources upon project completion (unless in the case of a program audit, whereby audited applicants may need to substantiate the undertaken activities).* |
| **Performance Indicator** | **Expected Results**  | **Data Source** |
| Number of meetings attended  | # of meetings:  |  | Agendas and meeting minutes |
| Number of foreign participants you expect to meet with | # of people: |  | Business cards |
| Type of foreign participants (e.g. CEOs, CTOs, etc.) |  | Business cards |
| Number of Canadian travelers | # of people: |  | Airfare tickets |
| Type of Canadian participants (e.g. CEOs, CTOs, etc.) |  | Business cards |
| On a scale from 1 to 4, how much will your knowledge of R&D opportunities in your GGI target market increase? | [ ]  1 Slight[ ]  2 Some[ ]  3 Moderate[ ]  4 High | Survey of Canadian participants |
| Number of formal contractual agreements you expect to sign as part of your GGI project | # of agreements: |  | Signed agreement(s) |

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| **K. DECLARATION OF THE APPLICANT** |
| 1. **Unpaid Debts to Canada**: It is a requirement of the Treasury Board, *“Directive on Transfer Payments*” that recipients of government funding declare any amount owing to the federal government.Does your Entity have any outstanding debts to the Government of Canada? If yes, indicate the amount and under what program/legislation: |
| [ ]  No | [ ]  Yes | If “Yes”, Amount of Unpaid Debt: |  |
|  If “Yes”, Program/Legislation:  |  |
| 2. **Conflict of Interest Disclosure:** Provide the names of anyone involved with this Project that has in the past year been employed, or held public office with the federal government. Indicate their former position(s) and the nature of their involvement in your Project. Applicants must comply with the “*Value and Ethics Code*” of the Public Service related to Measures on Conflict of Interest and Post-Employment (http://www.tbs-sct.gc.ca/pol/doc-eng.aspx?id=25049). |
| *Answer to this question is mandatory (Check “None” if there are no conflicts of interest):* |
| [ ]  None | Names: |  |
| Former Positions: |  |
| Nature of Involvement: |  |
| 3. **Declaration of the Applicant:** By signing and submitting this Application, I understand and agree that:1. Information provided in the Application will be collected and used by the Department to determine eligibility for funding under the Going Global Innovation Program;
2. Information provided to the Department herein is subject to the Access to Information Act. Information may be accessible or protected as required under the provisions of the Access to Information Act;
3. Personal information (such as name, home address and home phone number) will be protected by the Privacy Act;
4. Information provided about the Project may be published on the Department’s web site in the event that the Project is approved for funding;
5. Information may be disclosed to third parties for purposes of assessing the proposal funding;
6. Individuals have the right to the protection of and access to their personal information and to request corrections where the individual believes there is an error or omission. Individuals may contact the Department’s Access to Information and Privacy Protection Division to request corrections: and
7. This Application creates no obligation on the part of the Department to provide funding and that merely meeting the Program’s requirements does not ensure or oblige the Department to fund the activities proposed in this Application.

**I declare that I am the legal authorized signing officer for the Entity and that the information given in this Application is, to the best of my knowledge, complete, true and correct. I understand that any withheld, false, or misleading information that may materially affect the Application is grounds for immediate refusal of this Application.****I understand that in the event that this Application is approved it will require the execution of a Contribution Agreement.** |
| Print Name of Authorized Representative: |  |
| Title of Authorized Representative: |  |
| Authorized Representative Signature: |  |
| Date: |  |
| Name of Entity: |  |
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| The Application Form **must be signed** in order to be considered complete.The following documents **must** be submitted to innovation@international.gc.ca in order for your application to be considered complete. Incomplete applications will not be processed for funding. * Signed Application Form
* Budget Work Plan
* Incorporation Papers
* Letter or email from foreign partner or investor confirming their interest in meeting with you to discuss R&D collaboration or investment terms.
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