

Application for R&D Vouchers

Please e-mail completed submissions to IET@gov.nl.ca

Section 1: ApplicantDetails

* - Indicates Required Entry

Primary Contact: * Secondary Contact: First Name: * First Name: Last Name: * Last Name: Last Name: * Last Name: Job Title: * Job Title: Business Address: * Job Title: City/Town: * Province: * NL Telephone: * (10-digits onlyplease) Fax: (10-dig Company Signing Authority: (10-dig Annual Sales Revenue for Last Fiscal Year: (10-dig	Company Legal Name: *	
First Name: * First Name: Last Name: * Last Name: Job Title: * Job Title: Job Title: * Job Title: Business Address: * City/Town: * Province: * NL City/Town: * Province: * NL Telephone: * (10-digits onlyplease) Fax: (10-digits onlyplease) E-mail: * Company Signing Authority: Annual Sales Revenue for Last Fiscal Year:	Business Registration Number: *	
Last Name: * Last Name: Job Title: * Job Title: Business Address: * Job Title: City/Town: * Province: * NL Telephone: * (10-digits onlyplease) Fax: (10-digits onlyplease) E-mail: * (10-digits onlyplease) Company Signing Authority: (10-digits onlyplease) Annual Sales Revenue for Last Fiscal Year: (10-digits onlyplease)	Primary Contact: *	Secondary Contact:
Job Title: * Job Title: Job Title: Business Address: * Province: * NL City/Town: * Province: * NL Telephone: * (10-digits onlyplease) Fax: (1	FirstName: *	First Name:
Business Address: City/Town: * Province: * NL Telephone: * (10-digits onlyplease) Fax: (10-digits onlyplease) <	LastName: *	Last Name:
Telephone: * (10-digits onlyplease) Fax: (10-digits onlyplease) E-mail: * (10-digits onlyplease) Fax: (10-digits onlyplease) Company Signing Authority: (10-digits onlyplease) Fax: (10-digits onlyplease) Annual Sales Revenue for Last Fiscal Year: (10-digits onlyplease) Fax: (10-digits onlyplease)	Job Title: *	Job Title:
City/Town: * Province: * NL Telephone: * (10-digits onlyplease) Fax: (10-digits E-mail: * Company Signing Authority: Annual Sales Revenue for Last Fiscal Year:		
Telephone: * (10-digits onlyplease) Fax: (10-dig. E-mail: * (10-dig. (10-dig. (10-dig. Company Signing Authority: (10-dig. (10-dig. Annual Sales Revenue for Last Fiscal Year: (10-dig. (10-dig.	Business Address: *	
E-mail: *	City/Town: *	Province: *NL Postal Code: *
Company Signing Authority: Annual Sales Revenue for Last Fiscal Year:	Telephone: * (10-digits only	please) Fax: (10-digits only please) Cell:
Annual Sales Revenue for Last Fiscal Year:	E-mail: *	
Annual Sales Revenue for Last Fiscal Year:		
	Company Signing Authority:	Year of Incorporation:
First Time Expenditure on R&D? * OYes ONo R&D Expenditures for La	Annual Sales Revenue for Last Fiscal Year:	Number of Employees: *
	First Time Expenditure on R&D? * OYes	No R&D Expenditures for Last Fiscal Year:
	urrently in good stand	ing with Her Majesty in Right of Newfoundland and Labrador? O Ye

2. Is your company currently in payment arrears with the NL Innovation Council and/or Her Majesty in Right O Yes O No of Newfoundland and Labrador?

P.O.Box 8700, 50 Elizabeth Avenue, ET Building | St. John's, NL Canada A1B4J6 t +1.709.729.6123 | <u>https://www.gov.nl.ca/iet/funding/</u>

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Section 2: ProjectDetails						
R&D Project Title: *						
Sector Focus (Choose u	up to 3 sectors, as app	licable. At least one Sector Focus	is required):			
Sector Focus (1st): * [
Sector Focus (2nd):						
Sector Focus (3rd):						
Research Activity Loo	cation(s): *					
In order for the NL In to assist your comp collaborative R&D a	any, what	Facilities Access Testing Services	 Technical Consulting Equipment Access 			

Section 3: Facilities & Collaborators

☐ Other Collaborative Activities

Proposed R&D Facilities and Collaborators

Please list proposed facilities, equipment, and collaborators that are being sought for the project

Potential Facilities & Equipment:	Location(s):
Potential Collaborators (industrial and academia):	Location(s):
PlannedStartDate: Pla	anned Completion Date:

Has the company made any financial or legal commitments for the project? * \bigcirc Yes \bigcirc No

interested in funding? Please check all

that apply:

Section 4: ProjectDescription

Project Overview: *

(Please cover the following to complete your description. 1. Current situation/background; 2. Description of the work to be done; 3. Challenge/issue your project will address; 4. The goal or anticipated outcomes; 5. Additional benefits if applicable.)

Research Activities: * (Area of focus, scope of work, technical requirements - facilities, equipment, expertise, etc...)

Anticipated Outcomes: *

(Anticipated outcomes, technical challenges, success targets, innovative technologies, patents, etc...)

Disclosable Project Description: * (Please provide a summary of the project that can be used for media release)

Section 5: Detailed Project Cost

Project Costs

	Cost Category	Other Category	Description	Amount	NL Innovation Council Amount
+					
	Total Project Cost	\$0.00			
Comm	ents:				

Section 6: Detailed Project Financing

NL Innovation Council Financing Request

	Amount	%ofTotalFinancing	Details
+			
	Total NL Inr	novation Council Fi	nancing Request: \$0.00

Total NL Innovation Council Financing Request:

Other Financing Sources

	Source	Secured Date	Amount	%ofTotalFinancing	Details
+					

Total Other Financing:

\$0.00

Client Contribution

	Description	Secured Date	Amount	% of Total Financing	Details
+					

Total Client Contribution:	\$0.00

Total Financing \$0.0

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00		

Financial Notes:

Section 7: Confidentiality & Declaration

Confidentiality

NL Innovation Council has the right to protect client confidential information, unless disclosed in agreement with the applicant, or required or authorized by law.

The personal information collected or provided as part of the application process will only be used for purposes relating to the operation of the relevant funding programs and for statistical reports. All information will be kept confidential and handled as required by the *Access to Information and Protection of Privacy Act*. Any questions or comments can be directed to the Access to Information and Protection of Privacy Coordinator, Industry, Energy and Technology, at 709.729.0463 or IET@gov.nl.ca.

NL Innovation Council external scientific/technical reviewers are required to sign confidentiality agreements regarding all information provided as well as the results of the review.

Declaration

This is to confirm that the information in this project proposal is accurate, complies with the proponent's policies and procedures, as well as federal and provincial environmental and other regulations, and to authorize the NL Innovation Council, if necessary, to contact collaborating parties named in the proposal for future clarification, to consult with relevant federal and provincial organizations for the purpose of assessment of the proposal, and to solicit independent scientific/technical reviews of all or part of the project proposal as part of the project assessment process.

Please note that all approved R&D Vouchers applications are subject to annual results monitoring. Proponents must complete the R&D Vouchers Results Monitoring Template at the time of Letter of Offer and annually thereafter, as required by the NL Innovation Council. The Results Monitoring Template gathers project indicators relevant to the strategic direction of the NL Innovation Council and the program objectives of R&D Vouchers. Proponents will be expected to provide results on such indicators as R&D expenditure levels, employees involved in R&D, improved access to institutional facilities and R&D collaborations.