**INSTRUCTIONS**

* This Part 2 form must be submitted **after** Part 1 approval.
* Part 2 forms should be submitted when all project-level details are known, and the participants are ready to start the project.
* Part 2 forms must provide **details about all project participants** — **no TBDs can be accommodated.**
* Separate Part 2 forms should be submitted to activate each project under an approved Part 1.
* Part 2 forms may be submitted at any point during the lifespan of an approved Part 1. The remaining lifespan of the Part 1 does not limit the length of projects than can be submitted—applicants may submit projects of longer duration provided all current rules for IUs with respect to intern level are followed.
* Part 2 must receive approval before the project can begin.

*\** ***An incomplete application or a modified form (including deleting any instructions in this form) will result in a delay in the proposal evaluation process \****

# 1. Internship summary

|  |  |
| --- | --- |
| **1.1 IT number of approved Part 1:** |  |
| **1.2 Number of internship units (IU):**  |  |
| **1.3 Total funding requested for this project:** |  |
| **1.4 Project title:**  |  |
| **1.5 Keywords:**5-10 specific keywords to identify reviewers: 50% technically related, 50% discipline-related |  |
| **1.6 Academic discipline:** |  Select Discipline |
| **1.7 Program priority sectors:** | 1st Priority Sector | 2nd Priority Sector | 3rd Priority Sector |

**1.8 List of participants:**

|  |  |  |
| --- | --- | --- |
| **Academic Supervisor(s)** | **Department** | **Academic Institution** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Partner organization name(s)** | **Contact/Supervisor** | **Partner legal status** |
|  |  | Select Legal Status |
|  |  | Select Legal Status |
|  |  | Select Legal Status |
| **Intern(s)** | **Academic Level** | **Number of internship units** |
|  | Select diploma or degree program |  |
|  | Select diploma or degree program |  |
|  | Select diploma or degree program |  |

**2. Project description**

## Relevance to the Partner Organization (maximum 200 words)

Describe (1) the main activities of the partner, (2) the challenges the partner aims to solve through this project, (3) the anticipated social or economic benefits of the project for the partner organization(s). This section will be used to recruit external audit reviewers (post project approval).

## Workplan and details of internship(s)

Describe the (1) objectives of the project, (2) specific methodologies, and (3) expected deliverables. If the project includes multiple interns, consider including a table to outline the activities for each intern and their relationships.

## Partner Interaction

Describe the activities that will be performed with the partner organization(s) (and incubator, if applicable). Indicate (1) who the intern(s) will have direct interaction with, (2) the partner resources provided for the project and intern(s), and (3) the partner’s physical/virtual facilities (include location if physical) at which interns will be working.

**2.4 Indigenous community involvement or impact (if applicable)**

Internships that involve or impact Indigenous communities must comply with the [Indigenous Research Policy](https://www.mitacs.ca/about/policies/). Please provide information on (1) Indigenous community support for the project, and their role in shaping its objectives & approach, (2) plans for Indigenous community access, use, and governance of resulting knowledge / data, and (3) the team’s background in Indigenous research, including any planned training / mentorship the intern(s) will receive to address deficits in experience. You may also submit 1-2 letter(s) of support from Indigenous Elders who are members of the partner community / communities and possess the authority to speak on community interests.

**2.5 References**

List any references cited in the proposal.

**3. Declarations**

**3.1 Will the intern conduct any of the proposed research activities outside of the academic institution or partner premises?**

[ ]  Yes [ ]  No

**If yes,** please describe:

a. the location

b. the nature of the activities

c. potential impact(s) or consequences on the environment, if any

d. potential risk(s) to the intern’s safety, if any

e. authorizations, permits, or licenses required to undertake the activities, if any

Please note: Mitacs may request a copy of any authorizations, permits or licenses to ensure compliance.

**3.2**  **a.** **Does the proposed research involve the following?**

(i) Human participants whose data, or responses to interventions, stimuli, or questions by the researcher, are relevant to answering the research question?

[ ]  Yes [ ]  No

(ii) Secondary use of human data or health information (even if anonymized)?

[ ]  Yes [ ]  No

**b. Does the proposed research involve the following?**

(i) Human biological materials, as well as human embryos, fetuses, fetal tissue, reproductive materials, and stem cells? This applies to materials derived from living and deceased individuals

[ ]  Yes [ ]  No

(ii) Secondary use of biological materials (even if anonymized)?

[ ]  Yes [ ]  No

**If Yes** was checked for any of the questions above, applicants must contact the ethics offices at all participating academic institutions to determine whether ethics clearance is required. This includes primary/secondary use of human data/biological materials owned by the partner.

Please note: Mitacs may request a copy of any authorizations, permits or licenses to ensure compliance.

**3.3**  **Will the proposed research require the use of laboratory animals, and/or potentially impact the well-being of wild/domesticated animals?**

[ ]  Yes [ ]  No

**If yes,** applicants must contact the animal care committees at all participating academic institutions to determine whether any certifications/authorizations are required.

Please note: Mitacs may request a copy of any authorizations, permits or licenses to ensure compliance.

**3.4** **Will the proposed research require the interns to handle or be exposed to biohazards?**

[ ]  Yes [ ]  No

**If yes,** please check all that apply:

[ ]  Biohazards (e.g., viruses, bacteria, fungi, parasites, toxins, prions, zoonotic pathogens, recombinant DNA, genetically modified organisms, viral vectors, synthetic organisms, cell lines/cultures)

[ ]  Radioactive materials

[ ]  Restricted substances (e.g., cannabis)

[ ]  Other:

If one or more options were checked, any necessary documentation must be obtained in accordance with all participating academic institutions’ policies and maintained throughout the duration of the research project.

Please note: Mitacs may request a copy of any authorizations, permits or licenses to ensure compliance.

**3.5** **Will the project involve the use of personal data or large datasets that could be considered sensitive (for additional information, see** [**List 2 of Annex A of the National Security Guidelines for Research Partnerships**](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/national-security-guidelines-research-partnerships#a-2-3)**)?**

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:Click or tap here to enter text |

**3.6 Will the project involve research related to** [**critical minerals**](https://www.canada.ca/en/campaign/critical-minerals-in-canada/canadian-critical-minerals-strategy.html#aa) **and/or one of the** [**critical infrastructure**](https://www.publicsafety.gc.ca/cnt/rsrcs/pblctns/srtg-crtcl-nfrstrctr/index-en.aspx) **sectors?**

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:Click or tap here to enter text |

**3.7** **Will the project involve research related to goods or technology that are included on the** [**Export Control List**](https://www.international.gc.ca/trade-commerce/controls-controles/ecl-lec/export_control_list-guide-liste_exportation_controlee_2023.aspx?lang=eng) **(ECL) of the Export and Import Permits Act (EIPA)?**

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:Click or tap here to enter text |

**3.8** **Will background intellectual property (IP) be transferred from Canadian institution(s) to the partner organization(s)?**

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:Click or tap here to enter text |

**3.9** **Will intellectual property (IP) arising from the project be owned by, assigned to, or licensed to the partner organization(s)?**

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:Click or tap here to enter text |

**3.10** **Does the project aim to advance any of the listed** [**Sensitive Technology Research Areas (STRAs**](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/sensitive-technology-research-areas)**)?**

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:Click or tap here to enter text |

**If YES to declarations 3.5 - 3.10,** applicants should consider any potential research security risks associated with the nature of the proposed activities. Applicants should also consult the policies, guidelines, and requirements of their participating Canadian academic institution(s) to determine any appropriate research security risk mitigation measures based on federal and provincial government guidelines/policy statements, and to identify any necessary actions to ensure compliance with relevant government regulations and legislation (e.g., import/export laws).

**3.11**  **Have any academic supervisors declared a Conflict of Interest (COI)\* as part of this application?**

[ ]  Yes [ ]  No

If yes, please attach the appropriate documentation outlined in section 4.1.1

**3.12** **Have any interns declared a Conflict of Interest (COI)\* as part of this application?**

[ ]  Yes [ ]  No

If yes, please attach the appropriate documentation outlined in section 4.3.2

### 4. Participants

**4.1.** **Lead academic supervisor:**

|  |  |
| --- | --- |
| Name: |  |
| Academic institution: |  |
| Department or Faculty: |  |
| Phone: |  |
| Permanent email: |  |
| Alternative email:  |  |
| \*OPTIONAL\*Please include any additional administrative personnel to be copied project outcome and award letters. |
| Name: |  |
| Email: |  |

**4.1.1.**   **Academic supervisor Conflict of Interest declaration:**

1. Do you have any current or previous relationships, ownership, influence, positions (whether salaried or not) or circumstances with the partner organization or other program participants that could contribute to a conflict of interest, or to the appearance of a conflict of interest? Please refer to Mitacs’s [Conflict of Interest policy](https://www.mitacs.ca/about/policies/).

[ ]  Yes

[ ]  No

1. Have you disclosed a conflict of interest pertaining to this Mitacs application to your academic institution in accordance with your academic institution’s conflict of interest policies?

[ ]  Yes

[ ]  No

**If yes to either of the above**, please provide a copy of your approved academic institution’s Conflict of Interest declaration, or [Mitacs’s Academic Institution Acknowledgement form](https://www.mitacs.ca/wp-content/uploads/2023/11/Mitacs_Academic_Instituion_Acknowledgement_Reconnaissance_etablissement_denseignement.zip), with your application. The documents must contain confirmation that your academic institution is aware of the potential conflict of interest, describe the nature of the conflict, and detail any measures in place to manage the conflict.

Generally, Mitacs accepts the mitigation measures put in place by your academic institution. If your academic institution’s mitigation measures include the appointment of an independent administrator, please also complete the [Independent Administrator profile](https://www.mitacs.ca/wp-content/uploads/2022/02/Acc_Profil_admin_independant.zip) for Accelerate.

In some instances, Mitacs may require additional mitigation measures to what was put in place by your academic institution. If required, Mitacs will communicate this to you alongside the outcome letter for your application or through your Mitacs Advisor.

**4.1.2.**  **Academic Supervisor Policy on Sensitive Technology Research and Affiliations of Concern**

 **Declaration:**

1. Are you currently affiliated with, or in receipt of funding or in-kind support from any of the listed [Named Research Organizations (NROs)](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations)?

Select Yes or No

Any applicant who is currently affiliated with, or in receipt of funding or in-kind support from one or more of the institutions on the list of [NRO~~’~~s](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations) is not eligible to participate in a Mitacs-funded project involving research that aims to advance a [Sensitive Technology Research Area (STRA)](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/sensitive-technology-research-and-affiliations-concern/sensitive-technology-research-areas).  Mitacs will also screen a sample of applications, selected at its sole discretion, and validate the accuracy of the completed declarations.

Mitacs reserves the right to decline funding, at any point, for a project that advances a sensitive technology research area because of affiliations of concern.

**For any additional academic co-supervisors, copy and paste Section 4.1, 4.1.1 and 4.1.2 below:**

**4.2. Partner organization:**

|  |  |
| --- | --- |
| **Legal business name** (*required*)**:**A legal name is what has been registered with the Government of Canada (e.g., Mitacs Inc.) | Partner Legal Name |
| **Operating name** (if different from legal business name)**:**An operating name is what is used in day-to-day activities and advertising (e.g., Mitacs) | Partner Operating Name |
| **Date of incorporation** (if applicable): | mm-yy |
| **Address:** | Enter the street number and street name*Street number and street name* |
| Enter the city, country, province, postal code*City, country, province, and postal code* |
| **Website:** | Add link to partner Website |
| **Partner size** (number of employees)**:** | Select No. employees |
| Exact number (if under 50): Enter # of employees |
| **Partner size** (number of employees) in Canada**:**   | Select No. employees |
| Exact number (if under 50): ​Enter # of employees​   |
| **Is your organization:** | A parent company?

|  |
| --- |
| Select Yes or No |

A subsidiary?

|  |
| --- |
| Select Yes or No |

If **YES** to either of the above, please provide the information that applies below:* Main subsidiaries
* Name of the parent company/holding company
* City and country where the headquarters of the parent company/holding company are located

Click or tap here to enter text |
| Does the organization have an **R&D department in Canada**?  | Select Yes or No |
| If **NO**, does it undertake R&D on the organization’s premise?

|  |
| --- |
| Select Yes or No |

 |
| **Number of R&D staff**: | Enter exact # of R&D staff |
| **Legal status:** | Select Legal Status |
| IF not-for-profit Canadian corporation**:**

|  |
| --- |
| Select NFP Type |

 |
| **NAICS code** (*required*)**:**[Click here for a list of North American Industry Classification System codes](https://www.statcan.gc.ca/en/subjects/standard/naics/2022/v1/index) | Select a NAICS code |
| Is this the **first time** **the partner has collaborated** with the academic institution? | Select Yes or No |
| Is this the **first time** **the partner has collaborated** with the academic supervisor? | Select Yes or No |
| Have the funds committed by the Organizations identified in this application been leveraged against other federal or provincial programs?  |

|  |
| --- |
| Select Yes or No |

If you have responded **YES** to the question above, please provide details:

|  |
| --- |
| Enter a detailed description |

 |

**For any additional partner organization copy and paste Section 4.2. below:**

Please note that the financial contribution of organizations with permanent establishments in Canada may be subject to any applicable Goods and Services Tax (GST), Harmonized Sales Tax (HST) and/or Quebec Sales Tax (QST) (collectively VAT).

**4.2.1.** **Invoicing partner contact**

Partner contributions must be received by Mitacs BEFORE any funds are awarded to the academic institution. **Costs can only be incurred after research approval of the proposal** and the **receipt** of the partner funds at Mitacs**.**

Please describe any applicable **invoicing requirements** (vendor setup, PO, tax exemption, etc.):

|  |  |
| --- | --- |
| **Billing** contact name: |  |
| **Billing** phone number: |  |
| **Billing** email address: |  |
| **Accounts payable** email address: |  |
| Partner organization wishes to be invoiced by term, annually, or in one payment: | Select invoicing schedule |
| Is there a P.O. required? | [ ]  Yes (please provide the PO number):[ ]  No  |
| Does your organization hold tax exemption status? | [ ]  Yes\*[ ]  No**\*If yes,** please attach proof of tax exemption with your application |
| Other invoicing instructions:(additional billing contact names, email addresses, etc.)  |  |

**Invoicing partner address**:

|  |  |
| --- | --- |
| Address: | Select |
| Legal name: |  |
| Address: |  |
| City, country, postal code: |  |

Have these funds been leveraged against other federal or provincial programs?

[ ]  Yes [ ]  No

**If yes,** please provide details:

**4.2.2 Partner funds at academic institution. *IF APPLICABLE***

To be completed only if partner funds were sent as an exception to the academic institution**. If no**, please proceed to section 4.3.

1. Is there a **research agreement** in place with the academic institution that governs the use of these partner funds?

[ ]  Yes [ ]  No

**If yes,** please speak with your Mitacs Advisor. You may need to fill out the *Cash Flow Statement and Certificate* document and submit that document with your completed application.

**If no,** pleasecomplete the following:

* + - * 1. ORS/UILO or equivalent agrees to send these funds to Mitacs?

[ ]  Yes [ ]  No

**If yes**, please provide:

|  |  |
| --- | --- |
| Academic institution account number: |  |

* + - * 1. The partner agrees by signing this application that the funds can be forwarded?

[ ]  Yes [ ]  No

**If yes**, please provide:

|  |  |
| --- | --- |
| Name of the consenting partner representative: |  |

* + - * 1. Is the GST or HST, and QST (if applicable) to be included with the invoice to the academic institution?

[ ]  Yes [ ]  No

**If no**, tax(es) will be invoiced directly to the partner organization.

1. **Invoicing academic institution contact** to receive Mitacs invoice:

|  |  |
| --- | --- |
| Name: |  |
| Department: |  |
| Email: |  |

**4.3.** **Intern(s) identified:**

**4.3.1.** **Intern #1 information *\* MANDATORY \****

|  |  |
| --- | --- |
| Name: |  |
| Full-time diploma or degree program at the start of the internship: | Select diploma or degree program | *If Other, please specify diploma or degree program:* |
| If applying for a **College, Undergrad, Master’s, PhD, or Other** internship: | Indicate expected month/year of graduation: | MM/YYYY |
| If applying for a **Recent Graduate** internship: | Select most recent diploma or degree obtained: | Select most recent diploma or degree |
| Indicate month/year diploma or degree obtained: | MM/YYYY |
|  If applying for a **PDF** internship: | Indicate month/year PhD obtained: | MM/YYYY |
| Academic institution during internship: |  |
| Department or Faculty: |  |
| Country: |  |
| Phone: |  |
| Permanent email: |  |
| Alternative email: |  |
| Citizenship: | Select citizenship | If foreign, please indicate citizenship:  |

Mitacs will invite you to complete a self-identification data collection form by email. Collection of this data is a mandatory requirement for our funders, which helps to secure continuous funding for our programs.

**4.3.2** **Conflict of Interest**

Do you have any current or previous relationships, ownership, influence, positions (whether salaried or not) or circumstances with the partner organization or other program participants that could contribute to a conflict of interest, or to the appearance of a conflict of interest? Please refer to the [Mitacs Conflict of Interest Policy.](https://www.mitacs.ca/about/policies/)

[ ]  Yes

[ ]  No

**If yes** to the above, please complete the [**Mitacs Intern Eligibility and** **Conflict of Interest Declaration Form**](https://www.mitacs.ca/wp-content/uploads/2022/02/Mitacs_Intern_Admissibility_COI_Form.zip)and send it to your Mitacs Advisor for review **BEFORE** submitting your application. If you are applying for **Accelerate Entrepreneur**, please complete the **Mitacs Accelerate Entrepreneur COI Declaration Form**

**4.3.3.**  **Academic Supervisor Policy on Sensitive Technology Research and Affiliations of Concern**

 **Declaration:**

1. Are you currently affiliated with, or in receipt of funding or in-kind support from any of the listed [Named Research Organizations (NROs)](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations)?

Select Yes or No

Any applicant who is currently affiliated with, or in receipt of funding or in-kind support from one or more of the institutions on the list of [NRO~~’~~s](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/named-research-organizations) is not eligible to participate in a Mitacs-funded project involving research that aims to advance a [Sensitive Technology Research Area (STRA)](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/sensitive-technology-research-and-affiliations-concern/sensitive-technology-research-areas).  Mitacs will also screen a sample of applications, selected at its sole discretion, and validate the accuracy of the completed declarations.

Mitacs reserves the right to decline funding, at any point, for a project that advances a sensitive technology research area because of affiliations of concern.

**For any additional interns copy and paste Section 4.3.**

**5. Potential conflicts of interest**

**\* *OPTIONAL* \*** Projects approved by Mitacs will be subject to a quality assessment by external reviewers.

Please list reviewers you would prefer Mitacs not to contact as part of this process, if applicable.

|  |  |
| --- | --- |
| Name: |  |
| Academic institution / Research group: |  |

|  |  |
| --- | --- |
| Name: |  |
| Academic institution / Research group: |  |

**6. Mitacs Accelerate Memorandum**

The participants listed below confirm that the information presented accurately reflects their intention to apply to the Mitacs Accelerate program. The participants have also agreed to set in place an internship based upon the attached proposal. The participants acknowledge that they have read, understood, and agreed to abide by and uphold the project responsibilities applicable to each of them, available for reference at <http://www.mitacs.ca/en/programs/accelerate/project-responsibilities>, which include and are not limited to the following: It is understood that the partner organization contribution shall be provided to Mitacs Inc. in Canadian dollars prior to commencement of the internship; in the event that the partner organization funds are at the academic institution, the academic institution shall forward these funds to Mitacs. Upon research approval and the receipt of the partner funds at Mitacs, Mitacs shall forward the funds to the Canadian academic institution as a research grant to the Canadian academic supervisor, and the internship stipend/salary will be paid to the student by the academic institution from the grant. Costs associated with this proposal as outlined in the budget can only be incurred after research approval of the proposal and the receipt of the partner funds at Mitacs.

Mitacs is unable to assume liability for any losses including — but not limited to — accidents, illness, travel, or other losses that may occur during the internship period. All undersigned parties agree that they are responsible for ensuring that they have appropriate insurance and meet any institutional policies regarding health, safety, and travel preparation requirements. All parties also agree that the intern will provide Mitacs with a final report and that all participants will complete an exit survey within one month of project completion.

*For projects involving international travel:* In acknowledging that international exposure can greatly enhance an intern’s learning and experience, Mitacs will approve international travel provided that participation does not impact the safety and security of the intern and meets the policies outlined by the home academic institution. By signing this memorandum, you are acknowledging that the home academic institution agrees to assist the intern in meeting all academic institution requirements pertaining to research abroad and that the intern understands that he/she is responsible for obtaining insurance appropriate for the travel destination. Participants in projects involving international travel acknowledge that additional project responsibilities apply to each of them, available for reference at <https://www.mitacs.ca/en/programs/accelerate/mitacs-accelerate-international>. Participants in projects involving international travel also acknowledge that the internship cannot begin and funds cannot be released until Mitacs receives the signed International Pre-Departure Form and Code of Conduct and Ethics forms.

All parties involved with Mitacs Accelerate are bound by the standard intellectual property (IP) terms of the academic institution where the intern is enrolled; except where IP is covered by separate agreements to which the academic institution(s) and the partner organization are parties and that are active during the dates of the internship. By signing this memorandum, if you have separate agreements covering IP between you and the academic institution, you are acknowledging that you are bound by their specific terms and conditions. Otherwise, if you don’t have separate agreements, you are bound by the standard IP terms of the academic institution, and by signing this memorandum you agree to the terms of the academic institution where the intern is enrolled. Institution-specific IP policies regarding Accelerate internships can be found at https://www.mitacs.ca/en/programs/accelerate/faq.

The participants also agree that Mitacs will post the title of the project, the summary, the name of the partner(s) organization(s), the name of the intern(s), the name of supervisor(s) and the involved academic institution on [www.mitacs.ca/en/projects](http://www.mitacs.ca/en/projects) and that this information may be used by Mitacs to publicize Mitacs Accelerate. Mitacs Privacy Policy can be found at [www.mitacs.ca/en/privacy-policy.](https://www.mitacs.ca/node/20705)

Part 2s approved by Mitacs will be subject to a quality assessment. This will include considering reviews for each accepted project, which will be completed by Mitacs-selected independent experts. When the quality assessment is satisfactory, projects may continue to be submitted through the streamlined review process to activate additional internship units. If challenges are identified, Mitacs will follow up with the holder(s) of the Part 1 to help resolve any issues. If the quality assessment is unsatisfactory, Mitacs may, at its sole discretion, cancel the streamlined review for additional internship units and applicants will instead be invited to submit additional projects through the standard Accelerate submission process.

Internship participants (intern, academic supervisor, and partner) further agree to the following addendum(s):

Mitacs does not require, inspect, or enforce any additional terms as outlined by participants in the above addendum.

**7. Participant signatures**

Please sign, scan, and save in PDF format. Typed signatures will not be accepted. E-signature or signature images are preferred.

**7.1 Intern:**

|  |  |
| --- | --- |
| Name:  |   |
| Department:  |   |
| Academic institution:  |   |
|   | *For interns participating in the Indigenous Pathways program:*[☐] The intern self-identifies as an Indigenous person.  |
| Signature:   |   | Date:  |

**7.2 Academic supervisor:**

|  |  |
| --- | --- |
| Name:  |   |
| Department:  |   |
| Academic institution:  |   |
| Signature:   |   | Date:  |

**7.3 Partner organization:**

|  |  |
| --- | --- |
| Name:  |   |
| Department:  |   |
| Title/position:  |   |
| Organization:  |   |
| Total financial commitment:  | $  |
|    | The partner organization commits to the funding contribution specified directly above and the payment schedules outlined in the attached *Accelerate Budget and Invoicing* schedule. These are key conditions of the application and by signing this proposal below, the partner organization agrees to these conditions. Please note that the financial contribution of organizations with permanent establishments in Canada may be subject to any applicable Goods and Services Tax (GST), Harmonized Sales Tax (HST) and/or Quebec Sales Tax (QST) (collectively VAT).  |
|   | *For partner organizations participating in the Indigenous Pathways program, check any that apply:*[☐] The partner organization is a for-profit organization with self-identifying Indigenous persons who hold 50% or greater ownership shares[☐] The partner organization is a not-for-profit organization with board membership consisting of 50% or greater self-identifying Indigenous persons[☐] The partner organization is a not-for-profit organization whose core mandate includes Indigenous community impact or serving indigenous communities  |
| Signature:   |   | Date:  |

**7.4 Office of Research Services Representative or equivalent:**

By signing, the ORS or equivalent is confirming that academic supervisor(s) can hold Tri-Agency funds.

|  |  |
| --- | --- |
| Name:  |   |
| Title/position:  |   |
| Academic institution:  |   |
| Signature:   |   | Date:  |

**For any additional participants include corresponding details and signature line below:**

**Appendix A – Accelerate Intern Consent Form**

**USE AND DISCLOSURE OF PERSONAL INFORMATION PROVIDED TO MITACS**

1. All personal information collected is subject to privacy legislation and Mitacs Privacy Policy for Program Participants. For a description of Mitacs’s commitment to protecting the personal information provided by program applicants, please see <http://www.mitacs.ca/en/privacy-policy>.
2. All the information supplied in this application will be made available to Mitacs staff responsible for managing the application, for activities including identifying appropriate peer reviewers, administering, and monitoring awards, compiling statistics, and evaluating the program.
3. Information supplied in this application will be made available to internal and/or external reviewers, being composed of experts recruited from the academic, public, and private sectors. All reviewers are required to commit to keep the application information confidential.
4. Contact information in this application may be used by Mitacs staff to contact you in future for:
5. Invitations to be profiled in stories or news items, to speak at or attend events, to provide a spotlight story and/or blog post
6. Communications about opportunities for Mitacs alumni
7. Research surveys for Mitacs alumni

You will have the opportunity to unsubscribe from emails sent to you, once all commitments regarding the internship that is the subject of this application are complete.

1. Your name, academic institution and department, and the title of your project may be provided to the federal, provincial/territorial, and academic institution funders of the Accelerate program, to:
2. Enable Mitacs to report on funding contract commitments
3. Allow the funders to evaluate the program

Additional information, such as passport numbers and dates of birth, may be provided to the international funders of the program (if applicable), for adjudication and reporting purposes.

1. Your name, contact information, and other personal information as required may be provided to the academic institution(s) participating in the internship to enable the academic institution(s) to manage the award, to sign off on the pre-departure form (if applicable), and for reporting purposes.

I, the undersigned, do hereby give CONSENT to the use and disclosure of the information contained in my application for the purposes described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intern name Signature Date

**Appendix C – Drop-down list options**

**Please delete if not applicable**

Please refer to the drop-down list of the section and type the corresponding answer in the space provided.

**1.6. Academic discipline:**

* Business
* Computer science
* Earth sciences
* Engineering
* Life sciences
* Mathematical
* Social sciences, Arts & Humanities
* Physical sciences

**1.7. Project priority sectors:**

* Advanced manufacturing
* Aerospace
* Agriculture and food
* Aquaculture and fishing
* Artificial intelligence
* Automotive
* Biomanufacturing
* Biotechnology
* Cannabis
* Clean technology
* Commercial services
* Construction
* COVID-19-related research and solutions
* Cybersecurity
* Education
* Energy and utilities
* Entertainment and media
* Environmental science and technology
* Finance and insurance
* Forestry
* Green/alternative energy
* Health and related sciences and technology
* Indigenous innovation
* Information and communications technology
* Life sciences (not health)
* Manufacturing and construction
* Mining
* Nanotechnology
* Natural gas
* Natural resources
* New and digital media
* Oceanography
* Oil and gas
* Pharmaceuticals
* Public service, policy, and governance
* Quantum science
* Social innovation
* Sustainability and the environment
* Technology
* Tourism
* Transportation (excluding aerospace)
* Water
* Other (please describe)

**1.8. List of participants:**

**Partner legal status:**

* For-profit corporation
* Crown corporation
* Not-for-profit Canadian corporation
* Hospital
* Municipality

**Academic level:**

* College
* Undergrad
* Master’s
* PhD
* PDF
* Recent grad - College
* Recent grad - Undergrad
* Recent grad - Master’s
* Recent grad - PhD
* Other

**4.2. Partner organization:**

**Partner size (No. of employees):**

* 1 to 49
* 50 to 99
* 100 to 499
* 500 to 999
* 1,000 and higher

|  |  |
| --- | --- |
| **Parent company?*** Yes
* No

**R&D department?*** Yes
* No

**Legal status:** | **Subsidiary?*** Yes
* No

**If no, does it undertake R&D on premise?*** Yes
* No

**If NFP:** |
| * For-profit Canadian corporation
 | * Charitable organization
 |
| * Crown corporation
 | * Economic development organization
 |
| * Not-for-profit Canadian corporation
 | * Health organization
 |
| * Hospital
 | * Industry association
 |
| * Municipality
 | * Social welfare organization
* Other
 |
| **First-time collaboration with academic institution?*** yes
* no
 |  |

**4.2.1 Invoicing partner contact**

**Partner organization wishes to be invoiced by internship unit or annually:**

* By term
* Annually
* One payment

**Invoicing partner address:**

* Address same as filled in Section 4.2

**4.3** **Intern(s) identified:**

**4.3.1. Intern information:**

**Full-time diploma or degree program at the start of the internship**

* College
* Undergrad
* Master’s
* PhD
* PDF
* Recent graduate
* Other

**If applying for a recent graduate internship, select the most recent diploma or degree obtained**

* Recent grad - College
* Recent grad - Undergrad
* Recent grad - Master’s
* Recent grad - PhD

**Citizenship**:

* Canadian
* Canadian permanent residence
* Foreign

**Will this intern conduct any internship units at a partner organization outside Canada?**

* yes
* no