# INSTRUCTIONS

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| --- |
| * Please make sure you are using the latest version of this form posted on  https://www.mitacs.ca/en/programs/accelerate/proposal. This link also provides an Accelerate Guide with detailed information onhow to write your proposal. * Please **do not modify, remove** text or instructions in each section/subsection **or reformat** this form in any way. A modified form will result in a delay in the internship evaluation process. * Send your draft proposal to your [Mitacs Advisor](http://www.mitacs.ca/en/contact-us/business-development) **prior** to obtaining all signatures and submitting. * The proposal should be written and submitted **at least eight (8) weeks prior to the planned start date of the internship. For international travel, a minimum of 16 weeks lead time is required.** * The start date of the internship must be **after** research approval and the **receipt** of the partner funds at Mitacs. * Partner funds can be sent directly to Mitacs in Canadian dollars prior to approval to expedite the process. * If applicable, proposals with a not-for-profit, hospital, or municipality as a partner organization must seek partner and project eligibility approval before proceeding. Please contact a [Mitacs Advisor](http://www.mitacs.ca/en/contact-us/business-development) to discuss eligibility **BEFORE** submitting your application. * If applicable, intern conflict of interest declarations must be received by Mitacs before submitting your application. * If applicable, academic supervisor conflict of interest documentation must be submitted with your application. For more information, see Mitacs’s Conflict of Interest policy: <http://www.mitacs.ca/en/conflict-interest-policy>. * If you cannot see the items listed in the drop-down lists, please refer to Appendix C: Options and type the corresponding answer in the space provided. |

**Please note:** If required, your **Mitacs Advisor** can assist you with:

* Identifying your Office of Research Services (ORS) or equivalent representative.
* Assessing the eligibility and completeness of the proposed research.

# APPLICATION CHECKLIST

|  |
| --- |
| **A complete internship application package must include the following:**   * The application **completed and signed** by all parties   + The *1\_Accelerate Research Proposal* and *2\_Accelerate Project and Participant Information* documents must be provided in Word format   + Signatures can be either in the Word document or in a separate PDF. Signatures are required in two sections of the *Accelerate Project and Participant Information* document :     - *Mitacs Accelerate Memorandum* (Section 5)     - Appendix A - *Accelerate Intern Consent Form* * *3\_Accelerate budget and invoicing schedule* document (Excel spreadsheet) * Intern(s) CV (Any format is allowed. A [CV template](https://www.mitacs.ca/sites/default/files/accelerate/mitacs_accelerate_intern_cv_template.docx) is available on the Mitacs website) * Lead academic supervisor’s CV for each participating academic institution **only** for projects with **6+ IUs** (CCV as per Tri-Agency or other CV format) * Any supplementary documents (as applicable)   **If your application involves any international collaboration, please note:**   * You must complete Appendix B – *Mitacs Accelerate: International Collaboration Form* in addition to this entire application * International Pre-Departure Form and Code of Conduct and Ethics form may be forwarded to Mitacs after submission of your application; however, funds cannot be released, and the internship may not begin until Mitacs receives these forms * Indemnity Agreement (as applicable) \*Please contact your Mitacs Advisor to find out whether this document is required * Visit the [Accelerate International website](https://www.mitacs.ca/en/programs/accelerate/mitacs-accelerate-international) to determine if there is any additional required documentation for the country you intend to work with   \* **An incomplete application or a modified form will result in a delay in the proposal evaluation process.** |

### Project summary

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| * 1. **Title of project:** | Title | | | | |
| * 1. **Type of project:** Select all that apply | Accelerate | | | | |
| Accelerate Fellowship | | | | |
| Accelerate Entrepreneur | | | | |
| Accelerate International (Please also complete Appendix B) | | | | |
| * 1. **Keywords:**   **5-10** specific keywords to identify reviewers (min. 1)   * 50% technically and/or conceptually related, * 50% discipline-related | 1: \*Keyword | | 6: Keyword | |
| 2: \*Keyword | | 7: Keyword | |
| 3: \*Keyword | | 8: Keyword | |
| 4: \*Keyword | | 9: Keyword | |
| 5: \*Keyword | | 10: Keyword | |
| * 1. **Academic discipline:** | Select Discipline | | | | |
| * 1. **Project priority sectors:** | 1st Priority Sector | 2nd Priority Sector | | 3rd Priority Sector | |

* 1. **List of participants:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic supervisor(s)** | **Department or Faculty** | **Academic institution** | **City and country location of academic institution** |
| Academic Supervisor Name | Department/Faculty | Academic Institution | Location |

|  |  |  |  |
| --- | --- | --- | --- |
| **Partner organization(s)** | **Contact name at partner organization** | **City and country location of organization** | **Partner legal status** |
| Organization | Contact name | City and Country | Select Legal Status |

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

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

If yes, please attach the appropriate documentation outlined in [section 3.2.2](#_3.2.2.__Academic)

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

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

If yes, please attach the appropriate documentation outlined in [section 3.3.2](#_3._Participants)

**2. Declarations**

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

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, please describe:  a. the location   * Click or tap here to enter text.   b. the nature of the activities   * Click or tap here to enter text.   c. potential impact(s) or consequences on the environment, if any   * Click or tap here to enter text.   d. potential risk(s) to the intern’s safety, if any   * Click or tap here to enter text.   e. authorizations, permits, or licenses required to undertake the activities, if any   * Click or tap here to enter text.   *Please note: Mitacs may request a copy of any authorizations, permits or licenses to ensure compliance.* |

**2.2.** **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?

|  |  |
| --- | --- |
| Select Yes or No | Optional Comments |

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

|  |  |
| --- | --- |
| Select Yes or No | Optional Comments |

**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

|  |  |
| --- | --- |
| Select Yes or No | Optional Comments |

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

|  |  |
| --- | --- |
| Select Yes or No | Optional Comments |

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.*

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

|  |  |
| --- | --- |
| Select Yes or No | If **YES**, applicants must contact the animal care committees at all participating academic institutions to determine whether any certifications/authorizations are required.   * Optional Comments   *Please note: Mitacs may request a copy of any authorizations, permits or licenses to ensure compliance.* |

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

|  |  |
| --- | --- |
| Select Yes or 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: Type here to add other biohazards  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.* |

**2.5.** **Will the proposed research involve access to facilities or infrastructure that house or transfers sensitive data (i.e., sensitive personal data or large amounts of data that could be sensitive in the aggregate)?**

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

**2.6. Will the proposed research involve critical minerals, critical infrastructure, or sensitive research areas as discussed in** [Annex A of the National Security Guidelines for Research Partnership](https://science.gc.ca/site/science/en/safeguarding-your-research/guidelines-and-tools-implement-research-security/national-security-guidelines-research-partnerships/national-security-guidelines-research-partnerships-risk-assessment-form)**?**

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

**2.7.** **Will the proposed research involve areas covered by the** [Export Control List](https://www.canada.ca/en/environment-climate-change/services/canadian-environmental-protection-act-registry/substances-list/export-control-list-all-versions.html)**, the** [Import Control List](https://www.international.gc.ca/controls-controles/about-a_propos/impor/permits-licences.aspx?lang=eng)**, the** [Area Control List](https://www.international.gc.ca/trade-commerce/controls-controles/reports-rapports/ebc_handbook-cce_manuel.aspx?lang=eng#toc_d_1)**, and/or goods/technology identified in the** [Controlled Goods List](https://www.tpsgc-pwgsc.gc.ca/pmc-cgp/quellessont-whatare-eng.html)**?**

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

**If YES to declarations 2.5 - 2.7,** 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).

**2.8.** **Does the proposed research involve the following? Please answer all questions below**

(i) A partner organization located outside Canada?

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

**If YES**, please attach [Appendix B: International Collaboration Form.](#_Appendix_B_–)

(ii) A partner organization that is a Canadian subsidiary or branch office of an organization headquartered outside Canada?

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

**If YES**, please attach [Appendix B: International Collaboration Form.](#_Appendix_B_–)

(iii) A collaborator from an organization (academic, industrial, government, or non-profit) located outside Canada?

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

**If YES**, please attach [Appendix B: International Collaboration Form.](#_Appendix_B_–)

### 3. Participants

### *If your project involves international collaboration, please complete* [*Appendix B*](#_Appendix_B_–)*.*

**3.1.** **Partner organization(s) in Canada:**

**3.1.1.** **Partner Organization Profile**

**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 |
| **Is your organization:** | A parent company?   |  | | --- | | Select Yes or No |   A subsidiary?   |  | | --- | | Select Yes or No |   If **YES** to either of the above, please describe:  Click or tap here to enter text |
| Does the organization have an **R&D department**? | 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 |
| At any point have, or will the funds being matched by Mitacs be/been **leveraged against other federal or provincial programs**?  *Please see the application guide for a more detailed description and examples.* | |  | | --- | | Select Yes or No |   If you have responded **YES** to the question above, please provide details:   |  | | --- | | Enter a detailed description | |

**3.1.2. Partner Organization Contacts**

|  |  |
| --- | --- |
| Contact name: | Contact Name |
| Position: | Position |
| Department: | Department |
| Phone: | Phone Number |
| Email: | Partner Email |

**3.1.3. Partner Organization Invoicing Information**

* 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 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).
* Mitacs will not send invoices for to be determined (TBD) internship units.

**3.1.3.a. Partner Organization invoicing Contact**

|  |  |  |  |
| --- | --- | --- | --- |
| **Billing** Legal Business name  Only needed if Parent company will be issuing the payment and the name differs from section 3.2 | | Partner Legal Name | |
| **Billing** contact name: | | Billing contact name | |
| **Billing** Address (invoicing partner): | | Street number and street name | |
| **Billing** City, province, country, postal code: | | City, country, province, postal code | |
| **Billing** phone number: | | Billing contact phone number | |
| **Billing** email address: | | Billing contact email address | |
| **Accounts payable** email address: | | Accounts payable email address | |
|  | | | |
| **Invoice schedule preference:**  The partner can request to be invoiced by term, annually, or in one payment | | Select invoicing schedule | |
| Is there a **P.O. required?** | | |  | | --- | | Select Yes or No |   If **YES**, please provide the PO number: *PO#* | |
| Does the partner organization hold **tax exemption status?** | | |  | | --- | | Select Yes or No |   If **YES**, please attach proof of tax exemption with your application | |
| **Other invoicing instructions:**  For example, additional billing contact names, email addresses, etc. | | Click or tap here to enter text. | |
| Have these **funds been sent to the academic institution** that you will be partnering with in this proposal? | | |  | | --- | | Select Yes or No |   If **YES**, please provide details:  Enter a detailed description | |
| Is there a **research agreement** **in place with the academic institution** that governs the use of these partner funds and will require consent to divert the funds to Mitacs?  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,** please note that signing of the memorandum (section 5) hereby acts as consent from the partner organization for the university to send the funds from the academic institution to Mitacs and that the ORS/UILO or equivalent agrees to send these funds to Mitacs. | | | Select Yes or No |
| Is the **GST or HST, and QST** (if applicable) to be included with the invoice to the academic institution?  If **NO**, tax(es) will be invoiced directly to the partner organization. | | | Select Yes or No |
| **3.1.3.b. Invoicing academic institution contact** to receive Mitacs invoice | | | |
| Name: | Name | | |
| Department: | Department | | |
| Email: | Email | | |

**3.2. Academic supervisor(s) in Canada:**

**Academic Supervisor #**  #

**3.2.1. Academic Supervisor Profile**

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

## **3.2.2. 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 the [Mitacs Conflict of Interest Policy](https://www.mitacs.ca/en/conflict-interest-policy).

|  |
| --- |
| Select Yes or 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?

|  |
| --- |
| Select Yes or 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/sites/default/files/resources/academic_institution_acknowledgement_form.docx), 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 for [Accelerate](https://www.mitacs.ca/sites/default/files/resources/accelerate_independent_admin_profile_en.docx).

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.

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

**3.3.1. Intern #**[insert intern # or subproject identifier] **information**

***Please note:*** *Mitacs will invite interns 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.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Family Name(s):** | Enter name here | | **First Name(s):** | | | Enter name here |
| **Middle Name(s):** | Enter name here | | **Preferred Name:** | | | Enter name here |
|  | | | | |  | |
| **Diploma or degree program during internship:** | | | | | | Select diploma or degree program |
| **Expected month/year of graduation:**  If intern is a postdoctoral fellow or recently graduated, indicate the month/year diploma or degree was obtained | | | | | | mm-yy |
| Will the intern be **transferring to a new degree** **part-way through internship?**  For example, MSc to PhD or Undergraduate to a recent graduate from an undergraduate program | | Select Yes or No | | | | |
| If you responded **YES** to this question, complete the following questions:   1. What is the **diploma or degree post-transition?**  |  | | --- | | Select diploma or degree program |  1. **What is the expected month/year of graduation** if enrolled in new graduate degree or effective date if becoming a recent graduate?  |  | | --- | | mm-yy | | | | | |
| **Academic institution** during internship: | | Academic institution | | | | |
| **Department:** | | Department or Faculty | | | | |
| **Phone:** | | Phone number | | | | |
| **Permanent phone number:** | | Phone number | | | | |
| **Permanent email:** | | Permanent email | | | | |
| **Alternative email:** | | Alternative email | | | | |
| **Citizenship:** | | |  | | --- | | Select citizenship |   *If Foreign, please indicate citizenship*: Citizenship | | | | |
| Will this intern **conduct any internship units at a partner organization outside of Canada?**  *If yes, please complete section B.2.1 in Appendix B* | | | | Select Yes or No | | |
| **3.3.2. 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/en/conflict-interest-policy) | | | | |  | | --- | | Select Yes or No |   If **YES** to the above, please complete the [Mitacs Intern Eligibility and Conflict of Interest Declaration Form](https://www.mitacs.ca/sites/default/files/resources/intern_eligibility_and_coi_form_en.docx) 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](https://www.mitacs.ca/sites/default/files/resources/mitacs_eacc_coi_declaration.docx) | | |
| **3.3.3.** **International intern affiliations *IF APPLICABLE***  To be completed only if intern’s home academic institution is based outside of Canada | | | | | | |
| Does the intern have **any current or past affiliations with military or government organizations**? | | | | |  | | --- | | Select Yes or No |   If **YES**, please describe:  *Click or tap here to enter text.* | | |

**3.4. Intern(s) to be determined (TBD):**

**TBD#**#

|  |  |
| --- | --- |
| Full-time diploma or degree program during the internship: | Select diploma or degree program |
| Academic institution: | Academic institution |
| Department or Faculty: | Department or Faculty |
| *For internships with international travel only (please complete Appendix B in addition to the full application):* | |
| Will this intern conduct any internship units at a partner organization outside of Canada? | Select Yes or No |
| OPTIONAL: If known, please indicate anticipated **travel** dates | Travel start date: yyyy-mm-dd  Travel end date: yyyy-mm-dd |

### 4. Suggested reviewers

* 1. **Reviewer’s comments.** Please select ONE of the following:

1. We consent to receive reviewer’s comments in either official language (French or English).

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

1. We request to only receive reviewer’s comments in the language in which this proposal is submitted.

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

* 1. Please provide the names and contact information of at least **SIX (6)** **arm’s length** reviewers.

An arm’s length reviewer must:

1. Be a recognized expert in the research topics and/or technical aspects covered by the proposal
2. NOT be from the same academic institution as the intern(s) or the academic supervisor(s); and
3. NOT have had any collaboration with the intern(s) or the academic supervisor(s) or the partner(s) during the past five (5) years or planned for the near future
4. Do not include more than two (2) professors or instructors from one academic institution

**\*Reviewer 1:**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**\*Reviewer 2:**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**\*Reviewer 3:**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**\*Reviewer 4:**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**\*Reviewer 5:**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**\*Reviewer 6:**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**Reviewer**# **(Optional):**

|  |  |
| --- | --- |
| Name: | Reviewer name |
| Academic institution: | Academic institution |
| Department: | Dept |
| Email: | Email |

**Potential conflict of interest. *\*OPTIONAL\****

Please list reviewers you would prefer Mitacs not to contact.

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

### 5. 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 sponsor 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 supervising professor, 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 internship 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 they are 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 intellectual property 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 intellectual property 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 public project overview, the name of the partner(s) organization(s), the name of the intern(s), the name of the supervisor(s) and the involved academic institution on [www.mitacs.ca/en/projects](http://www.mitacs.ca/en/projects) and 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)

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

*If applicable, enter relevant addendums here*

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

**5.1. Title of the project:**

Title

**5.2. Public project overview:**

Using simplified language understandable to a layperson, provide a general, one-paragraph description of the proposed research project to be undertaken by the intern(s) as well as the expected benefit to the partner organization. **(100-150 words)**

Public project overview

### 5.3. Participant signatures:

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

*To duplicate any of the tables, click on any cell in the table below and then click on the "+" symbol in the bottom right corner.*

**5.3.1.**

**Intern#** [insert intern # or subproject identifier]**:**

|  |  |  |
| --- | --- | --- |
| Name: | Name | |
| Department: | Department | |
| Academic institution: | Academic Institution | |
|  | *For interns participating in international travel:* The intern acknowledges that additional project responsibilities found at [www.mitacs.ca/en/programs/accelerate/mitacs-accelerate-international](http://www.mitacs.ca/en/programs/accelerate/mitacs-accelerate-international) apply to Accelerate International travel (as outlined in the Memorandum above) and agrees to abide by these additional program rules. The intern also acknowledges that they are aware of and agree to any IP agreements related to this project. | |
| *For interns participating in the Indigenous Pathways program:*  [] The intern self-identifies as an Indigenous person. | |
| Signature: | A picture containing white, design  Description automatically generated | Signature date: yyyy-mm-dd |

**5.3.2.**

**Academic supervisor in Canada:**

|  |  |  |
| --- | --- | --- |
| Name: | Name | |
| Department: | Department | |
| Academic institution: | Academic Institution | |
| Signature: | A picture containing white, design  Description automatically generated | Signature date: yyyy-mm-dd |

**5.3.3.**

**Academic supervisor abroad (if applicable):**

|  |  |  |
| --- | --- | --- |
| Name: | Name | |
| Department: | Department | |
| Academic institution: | Academic Institution | |
| Signature: | A picture containing white, design  Description automatically generated | Signature date: yyyy-mm-dd |

**5.3.4.**

**Partner organization in Canada (if applicable):**

|  |  |  |
| --- | --- | --- |
| Name: | Name | |
| Department: | Department | |
| Title/position: | Title/position | |
| Legal business name: | Legal Business Name | |
| Total financial commitment: | |  | | --- | | $##,### |   *\*Please refer to the budget spreadsheet*  Please enter the complete amount the partner will commit to before tax. For example, a total project award may be $30,000, with the partner contributing $15,000. Please enter only the partner contribution amount, which in this example is $15,000. | |
|  | 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: | A picture containing white, design  Description automatically generated | Signature date: yyyy-mm-dd |

**5.3.5.**

**Partner organization abroad (if applicable):**

|  |  |  |
| --- | --- | --- |
| Name: | Name | |
| Department: | Department | |
| Title/position: | Title | |
| Legal business name of organization: | Legal Business Name | |
| Financial commitment: | |  | | --- | | $##### |   *\*Please refer to the budget spreadsheet*  Please enter the complete amount the partner will commit to before tax. For example, a total project award may be $30,000, with the partner contributing $15,000. Please enter only the partner contribution amount, which in this example is $15,000. | |
|  | 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 may be subject to applicable taxes.** | |
| Signature: | A picture containing white, design  Description automatically generated | Signature date: yyyy-mm-dd |

**5.3.6.**

**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: | Name | |
| Title/position: | Title/position | |
| Academic institution: | Academic institution | |
| Signature: | A picture containing white, design  Description automatically generated | Signature date: yyyy-mm-dd |

### 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 the future for:
   1. Invitations to be profiled in stories or news items, to speak at or attend events, to provide a spotlight story and/or blog post
   2. Communications about opportunities for Mitacs alumni; and
   3. 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:
   1. Enable Mitacs to report on funding contract commitments; and
   2. 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 |  | A picture containing white, design  Description automatically generated |  | yyyy-mm-dd |
| **Intern name** |  | **Signature** |  | **Signature Date** |

### Appendix B –

### Mitacs Accelerate: International Collaboration Form

***If the internship involves international collaboration, please complete the following:***

*To duplicate any of the sections below, click anywhere within the section and then click on the "+" symbol in the bottom right corner.*

**B 1. Intellectual property**

**B 1.1. Will the proposed research make use of intellectual property that was developed at the participating Canadian academic institution?**

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

If **YES**, please describe:

Description

**B 1.2. Is there an intellectual property agreement between the participating Canadian academic institution(s) and the partner organization(s) that applies to the proposed research project?**

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

If **YES** or **In development**, please attach a copy of the signed or draft intellectual property agreement.

If **NO**, please explain:

Explanation

**B 2. Additional information on partner interaction**

**B 2.1 Duration of internship in Canada and abroad**

|  |  |
| --- | --- |
| Interaction % on-site at partner location in Canada | *##*% |
| Interaction % on-site at partner location abroad | *##*% |
| Interaction % at academic institution in Canada | *##*% |
| Interaction % at academic institution abroad | *##*% |
| TOTAL (must equal 100%) | 100% |

**B 2.2. Do any interns expect to spend more than twelve (12) consecutive months outside of their home country?**

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

If **YES**, Mitacs may request additional information.

Additional info

**B 2.3. Does this project create new international collaborations?**

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

If **NO**, please briefly describe the nature of the existing international collaboration. Include a summary of the collaboration, duration of the collaboration, and any past exchange of personnel, etc.

Description

**B 3. Previous collaborations**

**B 3.1. Have any of the project participants engaged in a previous collaboration with each other?**

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

If yes, please specify which participants have engaged in a previous collaboration and describe. Include a summary of the collaboration, duration of the collaboration, and any past exchange of personnel, etc.

Summary

**B 4. Additional participant information:**

**B 4.1. Academic supervisor abroad (if applicable):**

|  |  |
| --- | --- |
| Name: | Full Name |
| Academic institution: | Academic Institution name |
| Department: | Department or Faculty Name |
| Address (at academic institution): | Street Address |
| City, country: | City, Country |
| Postal code: | Postal Code |
| Phone: | Phone Number |
| Permanent email: | Permanent Email |
| Alternative email: | Alternative Email |

**B 4.1.1. 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/en/conflict-interest-policy).

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

**4.1.2. Affiliations**

Do you have any current or past affiliations with military or government organizations?

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

If **YES**, please describe:

Description

**B 4.2. Partner organization abroad (if applicable):**

**Partner Organization #**  #

|  |  |
| --- | --- |
| **Legal business name** (*required*)**:** | 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 number of 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 describe:  Click or tap here to enter text |
| Does the organization have an **R&D department**? | 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 |
| At any point have or will the funds being matched by Mitacs be/been **leveraged against other federal or provincial programs**?  *Please see the application guide for a more detailed description and examples.* | |  | | --- | | Select Yes or No |   If you have responded **YES** to the question above, please provide details:   |  | | --- | | Enter a detailed description | |

**3.1.2. Partner Organization Contacts**

|  |  |
| --- | --- |
| Contact name: | Contact Name |
| Position: | Position |
| Department: | Department |
| Phone: | Phone Number |
| Email: | Partner Email |

**3.1.3. Partner Organization Invoicing Information**

* 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 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)
* Mitacs will not send invoices for to be determined (TBD) internship units

**3.1.3.a. Partner Organization invoicing Contact**

|  |  |  |
| --- | --- | --- |
| **Billing** Legal Business name  Only needed if Parent company will be issuing the payment and the name differs from section 3.2 | Partner Legal Name | |
| **Billing** contact name: | Billing contact name | |
| **Billing** Address (invoicing partner): | Street number and street name | |
| **Billing** City, province, country, postal code: | City, country, province, postal code | |
| **Billing** phone number: | Billing contact phone number | |
| **Billing** email address: | Billing contact email address | |
| **Accounts payable** email address: | Accounts payable email address | |
|  | | |
| **Invoice schedule preference:**  The partner can request to be invoiced by term, annually, or in one payment | Select invoicing schedule | |
| Is there a **P.O. required?** | |  | | --- | | Select Yes or No |   If **YES**, please provide the PO number:*PO#* | |
| Does the partner organization hold **tax exemption status?** | |  | | --- | | Select Yes or No |   If **YES**, please attach proof of tax exemption with your application | |
| **Other invoicing instructions:**  For example, additional billing contact names, email addresses, etc. | Click or tap here to enter text. | |
| Have these **funds been sent to the academic institution** that you will be partnering with in this proposal? | |  | | --- | | Select Yes or No |   If **YES**, please provide details:  Enter a detailed description | |
| Is there a **research agreement** **in place with the academic institution** that governs the use of these partner funds and will require consent to divert the funds to Mitacs?  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,** please note that signing of the memorandum (section 5) hereby acts as consent from the partner organization for the university to send the funds from the academic institution to Mitacs and that the ORS/UILO or equivalent agrees to send these funds to Mitacs. | | Select Yes or No |
| Is the **GST or HST, and QST** (if applicable) to be included with the invoice to the academic institution?  If **NO**, tax(es) will be invoiced directly to the partner organization. | | Select Yes or No |

**3.1.3.b. Invoicing academic institution contact** to receive Mitacs invoice

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

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

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

**General**

**Select Yes or No** *(Everywhere where applicable)*

* Yes
* No

**1. Project Summary**

**1.4. Academic discipline:**

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

**1.5. 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 specify) |

**1.6. List of participants:**

**Partner legal status:**

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

**Participants**

**3.1. Partner organization in Canada:**

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Legal status:** | | **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 | |
| **NAICS code:**   * 111 - Crop production * 112 - Animal production and aquaculture * 113 - Forestry and logging * 114 - Fishing, hunting and trapping * 115 - Support activities for agriculture and forestry * 211 - Oil and gas extraction * 212 - Mining and quarrying (except oil and gas) * 213 - Support activities for mining, and oil and gas extraction * 221 – Utilities (US) * 236 - Construction of buildings * 237 - Heavy and civil engineering construction * 238 - Specialty trade contractors * 311 - Food manufacturing * 312 - Beverage and tobacco product manufacturing * 313 - Textile mills * 314 - Textile product mills * 315 - Apparel manufacturing * 316 - Leather and allied product manufacturing * 321 - Wood product manufacturing * 322 - Paper manufacturing * 323 - Printing and related support activities * 324 - Petroleum and coal product manufacturing * 325 - Chemical manufacturing * 326 - Plastics and rubber products manufacturing * 327 - Non-metallic mineral product manufacturing * 331 - Primary metal manufacturing * 332 - Fabricated metal product manufacturing * 333 - Machinery manufacturing * 334 - Computer and electronic product manufacturing * 335 - Electrical equipment, appliance and component manufacturing * 336 - Transportation equipment manufacturing * 337 - Furniture and related product manufacturing * 339 - Miscellaneous manufacturing * 411 - Farm product merchant wholesalers (CAN) * 412 - Petroleum, petroleum products, and other hydrocarbons merchant wholesalers (CAN) * 413 - Food, beverage and tobacco merchant wholesalers (CAN) * 414 - Personal and household goods merchant wholesalers (CAN) * 415 - Motor vehicle and motor vehicle parts and accessories merchant wholesalers (CAN) | * 416 - Building material and supplies merchant wholesalers (CAN) * 417 - Machinery, equipment and supplies merchant wholesalers (CAN) * 418 - Miscellaneous merchant wholesalers (CAN) * 419 - Business-to-business electronic markets, and agents and brokers (US) * 441 - Motor vehicle and parts dealers (US) * 444 - Building material and garden equipment and supplies dealers (US) * 445 - Food and beverage retailers (US) * 449 - Furniture, home furnishings, electronics and appliances retailers (US) * 455 - General merchandise retailers (US) * 456 - Health and personal care retailers (US) * 457 - Gasoline stations and fuel vendors (US) * 458 - Clothing, clothing accessories, shoes, jewelry, luggage and leather goods retailers (US) * 459 - Sporting goods, hobby, musical instrument, book, and miscellaneous retailers (US) * 481 - Air transportation * 482 - Rail transportation * 483 - Water transportation * 484 - Truck transportation * 485 - Transit and ground passenger transportation * 486 - Pipeline transportation * 487 - Scenic and sightseeing transportation * 488 - Support activities for transportation * 491 - Postal service * 492 - Couriers and messengers * 493 - Warehousing and storage * 512 - Motion picture and sound recording industries * 513 - Publishing industries * 516 - Broadcasting and content providers * 517 – Telecommunications * 518 - Computing infrastructure providers, data processing, web hosting, and related services * 519 - Web search portals, libraries, archives, and all other information services * 521 - Monetary authorities - central bank * 522 - Credit intermediation and related activities * 523 - Securities, commodity contracts, and other financial investment and related activities | | * 524 - Insurance carriers and related activities * 526 - Funds and other financial vehicles (CAN) * 531 - Real estate * 532 - Rental and leasing services * 533 - Lessors of non-financial intangible assets (except copyrighted works) * 541 - Professional, scientific and technical services * 551 - Management of companies and enterprises * 561 - Administrative and support services * 562 - Waste management and remediation services * 611 - Educational services * 621 - Ambulatory health care services * 622 - Hospitals * 623 - Nursing and residential care facilities * 624 - Social assistance * 711 - Performing arts, spectator sports and related industries * 712 - Heritage institutions * 713 - Amusement, gambling and recreation industries * 721 - Accommodation services * 722 - Food services and drinking places * 811 - Repair and maintenance * 812 - Personal and laundry services * 813 - Religious, grant-making, civic, and professional and similar organizations * 814 - Private households * 911 - Federal government public administration (CAN) * 912 - Provincial and territorial public administration (CAN) * 913 - Local, municipal and regional public administration (CAN) * 914 - Indigenous public administration (CAN) * 919 - International and other extra-territorial public administration (CAN) |

**3.1.3.a. 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 * Address same as filled in Appendix B (Section 4.2) * Invoicing address is different than Section 4.2 or Appendix B (Section 4.2) |

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

**3.3.1. 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 |

**3.4. TBD**

|  |  |
| --- | --- |
| **Full-time diploma or degree program during the internship**   * College * Undergrad * Master’s * PhD * PDF | **Will this intern conduct any internship units at a partner organization outside their home country?**   * yes * no |

**B 4.2. Partner organization abroad (if applicable):**

|  |  |
| --- | --- |
| **Does the organization have a permanent establishment in Canada?**   * yes * no | **Partner size (No. of employees):**   * 1 to 49 * 50 to 99 * 100 to 499 * 500 to 999 * 1,000 or higher |

**Legal status:**

* For-profit corporation
* Crown corporation