# INSTRUCTIONS

|  |
| --- |
| * Please make sure you are using the latest version of this form posted on  [**www.mitacs.ca/en/programs/accelerate/apply-now**](http://www.mitacs.ca/en/programs/accelerate/apply-now) * Please do not modify or reformat this form in any way. A modified form will result in a delay in the internship evaluation process. * Detailed information onhow to write your proposal can be found [here](https://www.mitacs.ca/sites/default/files/uploads/faq/accelerate-writing_your_proposal_19may2015.pdf). * Send your draft proposal to your Mitacs Business Development Representative **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.** * The start date of the internship has to be **after** scientific approval and the **receipt** of the partner funds at Mitacs. * Partner funds can be sent directly to Mitacs prior to approval to expedite the process or upon approval. * If applicable, proposals with a not-for-profit partner must seek partner and project eligibility approval before proceeding. Please submit a [pre-assessment](https://www.mitacs.ca/sites/default/files/uploads/page/mitacs_accelerate_nfp_pre-assessment_form_sept2015.docx) form **BEFORE** submitting your application (see section 2.7). * If applicable, [conflict of interest declarations](https://www.mitacs.ca/sites/default/files/uploads/page/mitacs_conflict_of_interest_declaration_mar2015.docx) must be received by Mitacs **before** submitting your application (see section 4.1/4.3). * If you cannot see the items listed in the drop downs, please refer to the Appendix A: Options and type the corresponding answer on the space provided. |

**Please note:**

If required, your **Mitacs Business Development Representative** can assist you with:

* Identifying your Office of Research Services (ORS) representative.
* Facilitating non-disclosure agreements or intellectual property arrangements.
* Assessing the eligibility and completeness of the proposed research.

# APPLICATION CHECKLIST

|  |
| --- |
| **A complete internship application package must include the following :**   * The proposal application **completed and signed** by all parties. The memorandum (see Section 7) with signatures must be submitted as a scanned PDF file. * List of six external experts, arms-length reviewers and their contact information * Intern(s) CV (a [CV template](https://www.mitacs.ca/sites/default/files/uploads/faq/mitacs_accelerate_intern_cv_template.doc) is available on the Mitacs website) * Excel budget if this is an Accelerate cluster proposal * Any supplementary documents (as applicable)   \* **An incomplete application or a modified form will result in a delay in the internship evaluation process.** |

For more information, contact a **Business Development representative** ([www.mitacs.ca/en/contact-us/business-development](http://www.mitacs.ca/en/contact-us/business-development)).

**Mitacs Accelerate Proposal Application**

### Research Proposal Summary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * 1. **Title of project:** |  | | | |
| * 1. **Type of project:** Please indicate (x) | (\_) Standard | | | |
| (\_) Cluster (minimum of 6 internships and 3 interns) | | | |
| * 1. **Number of Internship units:** |  | | | |
| * 1. **Keywords to identify reviewers:** (3-10 specific keywords; 50% technically related, 50% discipline-related) |  | | | |
| * 1. **Academic discipline:** | Select Discipline | |  | |
| * 1. **Project priority sectors:** | 1st Priority Sector | 2nd Priority Sector | | 3rd Priority Sector |
| Please **rank up to three** top priority sector(s) of your project: | 1 | 2 | | 3 |
| * 1. **Project purpose:** Please indicate (x) the advancement you want to achieve with this internship | (\_) Creation of **new** materials, devices, or products | | | |
| (\_) Creation of **new** processes or services | | | |
| (\_) Improvement of **existing** materials, devices, or products | | | |
| (\_) Improvement of **existing** processes or services | | | |

* 1. **List of participants:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Supervisor(s)** | | **Department** | | **University** | |
|  | |  | |  | |
|  | |  | |  | |
|  | |  | |  | |
| **Partner organization(s)** | **Contact name at partner organization** | | **Province of organization** | | **Partner Legal Status** |
|  |  | |  | | Select Legal Status |
|  |
|  |  | |  | | Select Legal Status |
|  |
|  |  | |  | | Select Legal Status |
|  |

* 1. **Proposed work plan for internship unit(s) (IU):**

Please summarize the work plan by showing which intern will work on which objective and when. Do not provide any detail here; present them in Section 2 instead.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Intern Name** | **Degree** | **IU** | **Month** | | | | | | | | | | | | | | | | | |
| **2** | **4** | **6** | **8** | **10** | **12** | **14** | **16** | **18** | **20** | **22** | **24** | **26** | **28** | **30** | **32** | **34** | **36** | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
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|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Total Internship Units** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |
| **Total Project Funding** | **$** | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | |

### Description of Proposed Research

* 1. **Project title:**
  2. **Research Abstract** (Approx. 150 words):

The abstract must clearly summarize the research proposed. Please include: Background and problem, objectives, expected results and relevance for the intern(s) and partner organization(s). This section will be used to recruit reviewers; it differs from section 7.2.Public Project Overview, which must be written using simplified language understandable to a layperson.

* 1. **Background** and review of relevant prior work (minimum 500 words):
  2. **General objective** of the research project broken down into sub-objectives, activities, themes, or subprojects, as applicable:
  3. **Details of internships or subprojects:**

**For each intern or subproject, provide the following mandatory information:**

* + 1. **Name of intern.**
    2. **Specific objectives of the internship or subproject**. Clearly state your [sub-] objectives so reviewers can assess if they are achievable.
    3. **Methodologies**. Provide enough detail so reviewers can determine if the proposed methodology is appropriate and sufficient to achieve the [sub-] objectives.
    4. **Timeline**. We suggest using a Gantt chart to provide a timeline showing which task will be done when to achieve each objective.
    5. **Expected deliverables.** Please describe the expected deliverables of the project (including the submission of a completed Mitacs Final Report and Mitacs survey at the end of the project).
    6. **Benefit to the intern.**
    7. **Interaction**. Indicate the percentage (%) of time during the project that the intern will spend on-site at the partner’s location. The expected minimum interaction is 50%, if different, please include a **justification**.

% of partner interaction: \_\_\_\_ % **+** % of academic interaction: \_\_\_\_ % = 100%

* + 1. **Justification** of interaction (if applicable).
    2. **Partner Interaction.** Indicate what activities will be performed on-site at the partner organization.
  1. **Relevance** to the partner organization and to Canada:  
     Describe the partner’s proposed role in the project and how the partner will benefit from participating.
  2. **Project economic orientation (if applicable):**Describe the economic or productivity orientation of the project, including the information submitted through the pre-assessment form. NOTE: if any partner listed in this proposal is an eligible not-for profit (NFP) organization, you must submit a pre-assessment form before proceeding with your proposal submission.
  3. **Relationship (if any) to past/other Mitacs Accelerate internships,** Mitacs Elevate fellowships, or current applications in submission to any Mitacs program:
  4. **References:**

### 3. Declarations

* 1. **Will the proposed research be taking place outside of the lab or normal business environment?**

Yes\_\_\_ No\_\_\_

**If yes*,*** please complete the following section to indicate what (if any) impact there may be on the environment.

1. Main characteristics of the location (i.e. physical description & coordinates).
2. Principal activity(ies): for each activity, list the environmental elements affected.
3. Are authorizations, permits, or licenses required to undertake any activity during the internship?

Yes\_\_\_ No\_\_\_

**If yes**, please list and include copies with your application.

* 1. **Does the proposed research involve living human subjects (including conducting interviews) or human remains, cadavers, tissues, biological fluids, embryos, or fetuses?**

Yes\_\_\_ No\_\_\_

**If yes,** the proposal must be approved by the participating University Research Ethics Board, and a valid Ethics approval is required for the duration of the research project. Access to funding may be denied for projects that do not have ethical approval.

Please note: Mitacs may request a copy of the report to ensure compliance.

* 1. **Does the proposed research involve animal subjects?**

Yes\_\_\_ No\_\_\_

**If yes**, the proposal must be approved by the participating University Animal Care Committee, and a valid approval from the committee is required for the duration of the research project.

Please note: Mitacs may request a copy of the report to ensure compliance.

* 1. **Is a biohazards review required?**

Yes\_\_\_ No\_\_\_

**If yes**, the necessary review/report must be conducted in accordance with your university’s policies, and a valid biohazards approval is required for the duration of the research project.

Please note: Mitacs may request a copy of the report to ensure compliance.

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

Yes\_\_\_ No\_\_\_

**If yes,** please attach the signed conflict resolution letter.

* 1. **How did the participants first hear about Mitacs?**

Please mark with (x)

|  |  |  |  |
| --- | --- | --- | --- |
| Notification from your university department or at the university (bulletin board posting, email communication, newsletter, university website) | (\_) | From the university’s graduate studies offices | (\_) |
| From a representative at the sponsor company | (\_) | From a professor at the university | (\_) |
| Notification from Mitacs (e-mail newsletter, social media) | (\_) | From a Mitacs representative | (\_) |
| Other (please describe): | | |  |

### Participants Duplicate relevant section(s) as needed for multiple interns or supervisors.

**4.1. Academic supervisor:**

|  |  |
| --- | --- |
| Name: |  |
| University: |  |
| Department: |  |
| Address (at university): |  |
| City, Province: |  |
| Postal code: |  |
| Phone: |  |
| Email: |  |

**4.1.1. Is the academic supervisor\*\*:**

An owner or a co-owner of the partner organization:

Yes\_\_\_ No\_\_\_

A relative of an owner or co-owner of the partner organization:

Yes\_\_\_ No\_\_\_

An employee of and/or a participant in the day-to-day management of the partner organization:

Yes\_\_\_ No\_\_\_

**If yes** to any of the above, please [click here](http://www.mitacs.ca/sites/default/files/uploads/page/mitacs_conflict_of_interest_declaration_mar2015.docx) to complete the **Conflict of Interest Declaration** and send it to accelerate@mitacs.ca **BEFORE** submitting your application.

**For any additional academic supervisors copy and paste Section 4.1. below:**

**4.2. Partner organization:**

|  |  |  |
| --- | --- | --- |
| Legal name: |  | |
| Operating name (if different): |  | |
| Contact name: |  | |
| Position: |  | |
| Department: |  | |
| Address: |  | |
| City, Province: |  | |
| Postal code: |  | |
| Phone: |  | |
| Email: |  | |
| Website: |  | |
| Partner size (number of employees): | Select No. employees |  |
| Legal status: | Select Legal Status |  |

**4.2.1.** **NAICS Code** (First three digits): \_\_\_

[Click here for a list of North American Industry Classification System codes.](http://www23.statcan.gc.ca/imdb/p3VD.pl?Function=getVDPage1&db=imdb&dis=2&adm=8&TVD=118464)

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

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

**4.3.1. Intern #1 information**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Degree program during internship (masters/PhD/PDF): |  | |
| Expected year of graduation: |  | |
| If PDF, indicate mm/yy PhD received: |  | |
| University: |  | |
| Department: |  | |
| Address at university: |  | |
| City, Province: |  | |
| Postal code: |  | |
| Phone: |  | |
| University email: |  | |
| Alternate email: |  | |
| Citizenship: | Select citizenship. |  |
| Gender: | Select gender. |  |

**4.3.2. Conflict of interest. Is the intern:**

An owner or a co-owner of the partner organization:   
Yes\_\_\_ No\_\_\_

A relative of an owner or co-owner of the partner organization:  
Yes\_\_\_ No\_\_\_

An employee of and/or a participant in the day-to-day management of the partner organization:   
Yes\_\_\_ No\_\_\_

**If yes** to any of the above, please [click here](http://www.mitacs.ca/sites/default/files/uploads/page/mitacs_conflict_of_interest_declaration_mar2015.docx) to complete the **Conflict of Interest Declaration** and send it to [accelerate@mitacs.ca](mailto:accelerate@mitacs.ca) **BEFORE** submitting your application.

**4.3.3. Demographic information. *\*OPTIONAL\****

**Please indicate (x) if you are:**

|  |  |  |  |
| --- | --- | --- | --- |
| Francophone: | (\_) | A person with a disability: | (\_) |
| Aboriginal: | (\_) | First in your family to attend university: | (\_) |

**Social Media: Please provide usernames if you wish to connect with Mitacs by social media:**

|  |  |
| --- | --- |
| LinkedIn: |  |
| Twitter: |  |
| Facebook: |  |

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

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

**TBD#1**

|  |  |
| --- | --- |
| Degree program during internship  (Master’s, PhD, PDF): |  |
| University: |  |
| Department: |  |

**For any additional TBD interns, copy and paste Section 4.4. below:**

### 5. Funding, Budget and Invoicing

* For **Accelerate** **standard** projects, please complete sections 5.1 to 5.4.
* For **Accelerate cluster** projects involving a minimum of three (3) interns, at least six (6) four-month internship units, and a minimum of one (1) eligible partner, please complete section **5.3** and **5.4**.only AND the Accelerate Cluster Budget Excel spreadsheet.
  1. **Funding summary**

**For each four-month internship unit**, the partner must contribute $7,500\* and Mitacs will match with $7,500.

|  |  |  |
| --- | --- | --- |
| **Source** | **Number of Internships** | **Amount** (Number of internships**\*** x $7,500) |
| Total Mitacs contribution ($7,500 per internship ) |  | $ |
| Total Partner contribution**\*** ($7,500 per internship) | $ |
| ***Total project award ($15,000 per internship)*** |  | ***$*** |

**\*** Thepartner’s contribution is subject to tax.

* 1. **Budget**

**For each four-month internship unit**, the intern stipend must be a minimum of $10,000 and the research costs must be a maximum of $5,000.

**5.2.1. Stipend expenses** – details per internship unit (add extra table lines as needed)

|  |  |  |  |
| --- | --- | --- | --- |
| **Academic Supervisor Name** | **Intern Name** | **Estimated Start date**  (Month, Year) | **Stipend Amount**  (min. $10,000  per internship unit) |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  |  |
| **Total Stipend (A):** | | | $ |

**5.2.2. Research costs,** e.g. equipment, travel, conference (add extra table lines as needed).

|  |  |
| --- | --- |
| **Research Costs** | **Value** |
| 1. | $ |
| 2. | $ |
| 3. | $ |
| **Total research costs (B) -** which cannot exceed $5,000 per internship unit**:** | $ |

|  |  |
| --- | --- |
| ***Total expenses [(A + B) = total project award]*** | **$** |

* 1. **Additional resources**

Please indicate if the partner will provide the intern with any of the following additional resources and indicate their estimated value:

|  |  |
| --- | --- |
| **Additional resources** | **Amount** |
| Office supplies / stationery | $ |
| Use of equipment or specialized equipment | $ |
| Access to relevant company material, personnel | $ |
| Industrial partner supervision | $ |
| Other, please specify: | $ |

* 1. **Invoicing Partner funds**

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

|  |  |
| --- | --- |
| Invoicing contact name: |  |
| Email: |  |

|  |  |
| --- | --- |
|  | Address same as filled in Section 4.2. |
|  | If invoicing address different than Section 4.2, please fill out the following: |

|  |  |
| --- | --- |
| Legal name: |  |
| Address: |  |
| City, Province: |  |
| Postal code: |  |
| Phone: |  |
| Email: |  |

**Please note:** Partner contributions must be received by Mitacs BEFORE any funds are awarded to the university. **Costs can only be incurred after scientific approval of the proposal.**

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

Yes\_\_\_ No\_\_\_

**If yes,** please provide details:

* + 1. Were partner funds sent, as an exception, to the university:

Yes\_\_\_ No\_\_\_   **If yes** please confirm that:

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

Yes\_\_\_ No\_\_\_

**If yes** please speak with your BD representative, fill out the *confirmation of transfer of partner funds document*, and submit that document with your completed application

* 1. ORS/UILO agrees to send these funds to Mitacs

Yes\_\_\_ No\_\_\_

|  |  |
| --- | --- |
| University account number: |  |

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

Yes\_\_\_ No\_\_\_

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

* 1. University contact to receive Mitacs invoice

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

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

Yes\_\_\_ No\_\_\_

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

**5.4.2. Payment options**

Please select (x) the preferred payment option:

|  |  |
| --- | --- |
| **Full project payment**: One invoice for full project contribution to be paid in full on receipt | (\_) |
| **Installments**: If you choose to be invoiced in installments, please note that an installment schedule will be created by Mitacs staff and up to three invoices per year will be sent to your attention 60 days before the start date of the first internship of the installment | (\_) |

* Invoices will be issued for a minimum of one internship unit ($7,500 for an Accelerate Standard project OR $6,000 for an Accelerate Cluster project) and must be paid in full, partial payments of invoices will not be accepted.
* Thepartner’s contribution is subject to tax.

### Suggested Reviewers

Please provide the names and contact information of at least **SIX (6)** **arms-length** reviewers.

An arms-length reviewer must:

* Be a recognized expert in the research topics and technical aspects covered by the proposal;
* NOT be from the same university as the intern(s) or the academic supervisor(s); and
* 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.

Please note that neglecting to suggest reviewers who qualify as arms-length will delay the review of your application.

**Reviewer 1:**

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

**Reviewer 2:**

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

**Reviewer 3:**

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

**Reviewer 4:**

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

**Reviewer 5:**

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

**Reviewer 6:**

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

**Potential competing interest. *\*OPTIONAL\****

Include potential reviewers whom Mitacs should **not** contact due to a potential competing interest in the proposed research.

|  |  |
| --- | --- |
| Name: |  |
| University / Research Group: |  |

|  |  |
| --- | --- |
| Name: |  |
| University / Research Group: |  |

### 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. It is understood that the partner organization contribution shall be provided to Mitacs Inc. prior to commencement of the internship; in the event that the sponsor organization funds are at the university, the university shall forward these funds to Mitacs. Upon scientific approval, Mitacs shall forward the funds to the university as a research grant to the supervising professor, and the internship stipend will be paid to the student by the university from the grant. Costs associated with this proposal as outlined in the budget can only be incurred after scientific approval of the proposal.

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 university 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.

All parties involved with Mitacs Accelerate are bound by the standard intellectual property (IP) terms of the university where the intern is enrolled; except where intellectual property is covered by separate agreements to which the university and the sponsor organization are parties and that are active during the dates of the internship. By signing this memorandum, you are acknowledging that you agree to the terms of the university where the intern is enrolled. University-specific IP policies regarding Accelerate internships can be found at [Accelerate Policies and Procedures](http://www.mitacs.ca/en/programs/accelerate/program-details).

The participants listed below agree that Mitacs can disclose the provided personal information included in this proposal (e-mail, LinkedIn, Twitter, Facebook, etc.) to the program’s funding partners and that Mitacs can use them for the purpose of communication and to evaluate the program and its outcomes during and after participants’ program tenure. 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 supervisor(s) and the involved university 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](http://www.mitacs.ca/en/privacy-policy).

Internship participants (intern, supervising professor, 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.

**7.1. Title of the Project:**

**7.2. 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)**

### 7.3. Participant Signatures:

### Please sign, scan and save in PDF format

**Intern:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Department: |  | |
| University: |  | |
| Signature: |  | Date: |

**Academic Supervisor:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Department: |  | |
| University: |  | |
| Signature: |  | Date: |

**Partner Organization:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Department: |  | |
| Title/Position: |  | |
| Organization: |  | |
| Signature: |  | Date: |

**University Office of Research Services Representative:**

|  |  |  |
| --- | --- | --- |
| Name: |  | |
| Title/Position: |  | |
| University: |  | |
| Signature: |  | Date: |

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

### Appendix A

### Please delete if not applicable

**Drop Down - Options**

Please refer to the drop down of the section, and type the corresponding answer on the space provided.

**1.5. Academic discipline:**

* Business
* Computer Science
* Earth Sciences
* Engineering
* Life Sciences
* Mathematical
* Sciences Social Sciences, Arts & Humanities
* Physical Sciences

**1.6. Project priority sectors:**

|  |  |  |
| --- | --- | --- |
| * Aboriginal Affairs | * Entertainment & Media | * Natural Resources |
| * Advanced Manufacturing | * Environmental Science & Technology | * New & Digital Media |
| * Aerospace | * Finance & Insurance | * Ocean Tech |
| * Agriculture & Food | * Forestry | * Oil & Gas |
| * Aquaculture & Fishing | * Green/Alternative Energy | * Pharmaceuticals |
| * Automotive | * Health and Related Sciences & Technology | * Public Service, Policy, & Governance |
| * Biotechnology | * Information & Communications Technology | * Sustainability & the Environment |
| * Clean Technology | * Life Sciences (not health) | * Technology |
| * Commercial Services | * Manufacturing & Construction | * Tourism |
| * Construction | * Mining | * Transportation |
| * Education | * Nanotechnology | * Water |
| * Energy & Utilities | * Natural Gas | * Other (please describe) |

**1.8. List of Participants:**

**Partner Legal Status:**

* For Profit Canadian Private Corporation
* Crown Corporation
* Not for Profit Canadian Corporation

**4.2. Partner organization:**

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

* 1 to 49
* 50 to 99
* 100 to 499
* 500 and higher

**Legal status:**

* For Profit Canadian Private Corporation
* Crown Corporation
* Not for Profit Canadian Corporation

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

**4.3.1. Citizenship**:

* Canadian:
* Permanent Resident:
* Foreign:

**Gender**

* Female
* Male