

Please contact appliedresearch@durhamcollege.ca if you require assistance to complete this form.

Purpose

Complete this form to obtain internal approval to proceed with this project. Electronic approved copy should be stored in project folder.

Project Information

1. Project title:

2. Company Information:

a) Company name:

b) Contact name and designation:

c) Address:

Street Number:

Street Name:

City:

Province:

Postal Code:

d) Email:

e) Telephone number:

f) Year of incorporation:

g) Number of full-time employees:

h) Company's core operations:

i) Company Type:

SME under 500

Large over 500

Not-for-Profit

Government-Municipal

Government-Provincial

Government-Federal

j) Company Industry Sector:

3. Has this company previously collaborated with ORSIE? Yes No

If yes:

a. Has the project sign-off documentation been completed and signed by all parties? Yes No N/A

b. Have all in-kind contribution forms been completed and signed by the company? Yes No N/A

c. Have all cash contributions been made?
 Yes No N/A

4. Project description:

5. Project type:

6. Project Manager name:

7. Operations Manager name:

8. Project Coordinator name:

9. Potential Principal Investigator(s)/Co-Investigator(s) name:

10. Potential Research Assistant/Associates name(s):

11. Project Timelines:

Start Date (yyy-mm-dd):

End Date (yyyy-mm-dd):

12. Research Centre:

If Other, provide additional details:

13. Funder:

14. Funder's contribution:

15. Company cash contribution:

16. Explain how the company expects to exploit the technology/products/services resulting from the proposed research project. (Does the company have the financial capabilities and plans to bring the project outcome to market):

17. Describe the novelty of project:

18. Project main objectives:

19. Project mode of results delivery:

20. Describe the key risk factors (please address all that apply):

Project Stage	Anticipated Risk	Mitigation Strategy
Initiation		
Implementation		
Execution		
Commercialization		
Scientific, Business or Environmental		

21. Does the theme of the project align with the DC Strategic Plan and ORSIE Strategic Research Plan?

Yes No

22. Describe any potential Intellectual Property:

23. List any conflict of interest/perceived conflict of interest:

24. Taking the project outcome forward, what products, processes or services are likely to come to market? (please address all that apply):

	Product /Process/ Service name	New or Improved	Completed in	Next steps required to bring it to market
Product (Prototype)				
Process (Prototype)				
Service (Prototype)				

25. Does this project involve Clean Technology?

Yes

No

26. Describe how the project will provide direct economic and/or other benefits to the industry partner, the sector, the Greater Toronto Area, Ontario, Canada and beyond:

27. Does the company have an in-house tech team?	Yes	No
If no, how will the project be carried forward?		

28. Company eligibility established by funder?	Yes	No	N/A
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29. Form 183 submitted to funder?	Yes	No	N/A
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Office of Research Services, Innovation and Entrepreneurship (ORSIE) Recommendation

Approved to proceed: Yes No

ORSIE members present:

Date (yyyy-mm-dd):

Comments:

Dean Signature	
First Name	Last Name
Signature:	Date (yyyy-mm-dd)

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