



Project Concept

Name of Applicant: _____

Address: _____

Business Identification Number: _____

Contact Name: _____

Title: _____

Telephone Number: _____

E-mail Address: _____

1. Project Name or Title:

2. Project Costs and Financing

Summarize the estimated project costs and sources of financing in the table below. Please indicate whether the financing is confirmed by inserting “yes” or “no” as appropriate.

Project Costs and Financing				
Project Costs		Project Financing		
Type of costs	Amount	Source	Amount	Confirmed ?
Building / Renovations				
Other Capital Costs				
Wages and Salaries				
Other Operating Expenses				
		Requested ACOA contribution		
Total Project Cost:		Total Project Financing:		



3. General Description of the Project – include the project objectives and the anticipated deliverables. The information should describe “what” you are proposing to do and “why” it should be done.



4. Project Participants

- a) **Research Team** – list the key team members and indicate whether their participation is confirmed or likely.
- b) **Key Collaborators** – identify the key project collaborators and indicate whether their participation is confirmed or likely.



5. Commercialization Potential – identify the proposed resulting product, process or service and describe the market potential.

For commercial applicants, please attach your latest annual financial statements.

I hereby consent to ACOA sharing the information contained in this project concept with other federal departments or agencies that may be called upon to help in the assessment . This information will be treated in accordance with the *Access to Information Act* and the *Privacy Act*.

Name of Signing Authority for Applicant: _____

Signature of Signing Authority for Applicant: _____

Date: _____