



## Expression of Interest

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				
<u>Project Costs</u>		<u>Project Financing</u>		
Type of costs	Amount	Source	Amount	Confirmed ?
		Requested ACOA contribution		
Total Project Cost:	\$0	Total Project Financing:	\$0	



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**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.



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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:

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Date: