

**Accelerate Proposal Application**

**Instructions**

|  |
| --- |
| Please refer to: <http://www.mitacs.ca/accelerate/apply-now/interns-getting-started> |

* Send a draft of your proposal to your Mitacs Business Development Director **prior** to obtaining all signatures and submitting.
* The proposal should be written and submitted by the intern **at least 6 weeks prior to the planned start date of the internship.**
* Partner funds must be sent directly to Mitacs upon approval of the internship proposal.

**Please note:**

* If you need assistance identifying your Office of Research Services (ORS) representative, please contact your Mitacs Business Development Representative.
* While Mitacs has no specific requirements regarding non-disclosure agreements or intellectual property, we are happy to facilitate such arrangements. For further details, please contact your Mitacs Business Development Representative.

**CHECKLIST:** A complete internship application package includes the following:

* Internship proposal application
* Memorandum (signed by all parties)
* Intern CV (a CV Template is available on the Mitacs website)
* Any Supplementary Documents (as applicable)
* An incomplete application may result in a delay in the internship evaluation process.

**For more information, please visit:** [www.mitacs.ca/accelerate/contact-us](http://www.mitacs.ca/accelerate/contact-us)

### Internship Details

|  |  |
| --- | --- |
| 1. **Research Areas:**

 (3 - 10 specific keywords): |  |
| 1. **Title of project:**
 | [Title] |
| 1. **Number of Interns:**
 |  |
| 1. **Number of Internship Units:**
 |  |
| 1. **Proposed period of project:**
 | **Start Date:**Date or “upon Approval” | Click here to enter a date. |
|  | **End Date:**Date or duration  | Click here to enter a date. |

1. **Internship purpose:** *Please indicate the advancement you are trying to achieve with this internship.*

|  |  |  |
| --- | --- | --- |
|  | Materials, devices, or products | Processes or Services |
| The creation of new |       |       |
| The improvement of existing |       |       |

|  |  |
| --- | --- |
| 1. **Is this internship related to a Mitacs Research Partner Organization (with whom we can also share details of this internship proposal)?**
 | \_\_Yes \_\_No |
| **If yes**, name of the Research Partner Organization |       |

*The list of Mitacs Research Partners can be found:* <http://www.mitacs.ca/about/research-partners>

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

|  |  |
| --- | --- |
|       | Notification from your university department or at the university (bulletin board posting, email communication, newsletter, university website) |
|       | From the University's graduate studies department |
|       | From a colleague (professor at the university) |
|       | From a colleague (at the sponsor company) |
|       | Contacted by a Mitacs representative |
|       | Other (please describe):       |

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

1. **Academic Supervisor:**

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

Please indicate if you are associated with the following:

|  |  |
| --- | --- |
| CECR | \_\_Yes \_\_No |
| BL-NCE | \_\_Yes \_\_No |
| FQRNT NIP (Québec Only): |       |

**For any additional academic supervisors (copy and paste Section A) here:**

1. **Partner Organization:**

|  |  |
| --- | --- |
| Organization Name: |       |
| Contact Name: |       |
| Position: |       |
| Department: |       |
| Address: |       |
| City, Province: |       |
| Postal Code |       |
| Phone: |       |
| Email: |       |

**Invoicing Information:**

Name and email address of Sponsor contact to whom invoices will be sent if different from above.

|  |  |
| --- | --- |
| Contact Name: |       |
| Email: |       |

**For any additional partner organizations (copy and paste Section B) here:**

1. **Intern(s):**

**Intern #1**

|  |  |
| --- | --- |
| Name: |       |
| Degree Program (Masters, PhD, PDF): |       |
| If PDF, indicate the year PhD received : |       |
|  |  |
| University: |       |
| Department: |       |
| Address (at university) |       |
| City, Province: |       |
| Postal Code |       |
| Phone: |       |
| University Email: |       |
| Alternate Email: |       |

**Citizenship:** Please indicate if you are:

 Canadian: \_\_Yes \_\_No

 Permanent Resident: \_\_Yes \_\_No

**Gender:** Please indicate if you are:

Male:

Female:

**Has the intern had any previous Mitacs and/or Connect Canada funded internships?\***

             Mitacs \_\_Yes \_\_No If yes, when:

 Connect Canada \_\_Yes \_\_No If yes, when:

*\*If yes to any of the above, you will be required to complete and sign an Intern Declaration that will be provided to you upon our review of your proposal submission.*

\***OPTIONAL\* Additional information requested.** Please note that providing answers to the following questions is voluntary and opting to not answer these questions will not impact your application. Our funding partners have requested the following information strictly for reporting purposes.

**Please indicate if you are:**

|  |  |
| --- | --- |
| Francophone: | \_\_Yes \_\_No |
| Aboriginal: | \_\_Yes \_\_No |
| Person with a disability: | \_\_Yes \_\_No |
| First in your family to attend university: | \_\_Yes \_\_No |
|  |  |

**For any additional Interns (copy and paste Section C) here:**

### Proposal

\*Sections 1-2 should be approximately 2-3 pages long for a single internship, excluding references. Proposals for multiple internships should be ½ to 1 page longer per additional internship. Include all relevant references at the end of each section.

1. **Background Information:**

Describe the nature of the problem to be addressed and why it is important; this may also include current gap(s) in research and how these may be addressed in your internship.

1. **Research Project Proposal**

Include objectives, methodology, and experimental design. Provide enough detail to enable a subject area expert to objectively review the proposed methods and techniques. If multiple interns are on the project, clearly indicate which parts of the project will be done by each intern.

1. **Relevance to partner organization**

Please indicate how the partner will benefit from participation in the internship.

1. **Expected interaction with partner**

Indicate the number of weeks (or % of time) during the internship that the intern will spend on site with the partner as well as the nature of the interaction. Expected interaction is 50% at the partner organization and 50% at the university. Please justify if the proposed interaction breakdown is less than 50%. If the on-site location is different from the partner’s address specified on page 3, please note this additional address.

1. **Research milestones and timeline**

Indicate on a per month / per week basis when key activities will be undertaken & milestones met. how the research project is planned and when key milestones will be addressed.

1. **Relationship to past/other Mitacs Accelerate internships where relevant**

1. **Proposed budget**

For each 4-month internship segment, the intern stipend must be a minimum of $10,000.

1. **Partner Funds** \*\* **Please note: all partner contributions must be received at Mitacs \*\***

|  |  |
| --- | --- |
| * Have these funds been leveraged against other federal or provincial programs? If yes, please provide details:
 | \_\_Yes \_\_No |
| * Were partner funds sent, as an exception, to the university
 | \_\_Yes \_\_No |
| **If yes**, does the ORS agree to send these funds to Mitacs to match?Please name the key ORS contact:      | \_\_Yes \_\_No |

1. **Budget**

 **Total Number of Internships in the proposal:**

|  |  |
| --- | --- |
|  | **Amount** |
| Mitacs Contribution (total) - $7500 per internship segment | $      |
|  |  |
| Partner Contribution (total) - $7500 per internship segment  | $      |
|  |  |
| ***Total Internship Award*** | **$** |
| **Expenses** |  |
| * 1. **Total Stipend**
 | **$** |
|  |  |
| * 1. **Total Research Associated Costs (equipment, travel, conference attendance etc)**
 | **$** |
| *Item 1:*       |       |
| *Item 2:*       |       |
| *Item 3:*       |       |
| *Item 4:*       |       |
|  |  |
| **Total Expenses** | **$** |

**Breakdown of any travel costs and any further expenses (as needed) here:**

*\*For internships with high travel costs due to the university and partner being in different cities, or fieldwork in which the intern and partner both participate, an additional travel subsidy may be available to partially offset these costs. For more details visit:* [*http://www.mitacs.ca/accelerate/program-guide*](http://www.mitacs.ca/accelerate/program-guide)

1. **Additional Resources Provided to the Intern**

|  |  |
| --- | --- |
| Office / Supplies / Stationary  |       |
| Use of equipment or specialized equipment |       |
| Access to relevant company material, personnel  |       |
| Industrial Partner Supervision  |       |
| Other, please specify:        |

1. **Is the academic supervisor or intern:**

|  |  |  |
| --- | --- | --- |
| 1. An owner or a co-owner of the partner organization:
 | **\_\_Yes \_\_No** | **OR** |
| 1. A relative of an owner or co-owner of the partner organization:
 | **\_\_Yes \_\_No** | **OR** |
| 1. An employee of and / or a participant in the day-to-day management of the organization:
 | **\_\_Yes \_\_No** |  |

*If yes to any of the above, please complete the Conflict of Interest Declaration found online at* [*http://www.mitacs.ca/accelerate/apply-now*](http://www.mitacs.ca/accelerate/apply-now)

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)

1. Principal activity(ies): for each activity, list the environmental elements affected

1. Are authorizations, permits, or licenses required to undertake any activity during the internship? **\_\_Yes \_\_No**

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

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

**If yes,** the proposal must be reviewed by the participating University Research Ethics Board, and a report by the board must be forwarded to Mitacs as soon as available.

*Please note: funds cannot be released until Mitacs has received the report*.

1. **Does the proposed research involve animal subjects? \_\_Yes \_\_No**

**If yes**, the proposal must be reviewed by the participating University Animal Care Committee and a report from the committee must be forwarded to Mitacs as soon as available.

*Please note: no funds can be released until Mitacs has received the repor*t.

1. **Is a biohazards review required? \_\_Yes \_\_No**

**If yes**, the necessary review/report from your University must be forwarded to Mitacs when available.

 *Please note: no funds can be released until Mitacs has received the report*.

1. **Suggested Referees**

Please provide the names and contact information of **THREE (3)** expert arms-length reviewers for proposals with 1-3 internships, and **FIVE (5)** reviewers for proposals with 4-5 internships.

 Arms-length implies from a different university and with no collaboration with the applicants during the past 6 years or planned for the near future.

**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: |       |

**OPTIONAL: Potential Competing Interest. I**nclude potential reviewers whom Mitacs should not contact because they might have a potential competing interest in the proposed research.

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

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

**Other:**

### Mitacs-Accelerate Memorandum

The participants listed below have agreed to set in place an Internship based upon the attached proposal. It is understood that the sponsor 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 shall be paid to the student by the university from the grant. Mitacs is unable to assume liability for accidents, illness, or losses that may occur during the internship period. All parties are responsible for ensuring that they have appropriate insurance. All parties also agree that the intern is expected to provide Mitacs with a completion report and all participants will complete an exit survey within 1 month of project completion.

All parties involved with Mitacs-Accelerate are bound by the standard intellectual property 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 which 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.

Please go to the following link:

<http://www.mitacs.ca/accelerate/program-guide> and click on “Intellectual Property”, for any university specific IP policies regarding Accelerate internships.

The participants listed below also agree that Mitacs can disclose personal information included in this proposal to the program’s funding partners for the purpose of evaluating the Program and its outcomes.

The Internship Participants (Intern, Supervising Professor, and Industrial 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.

The Internship Participants (Intern, Supervising Professor, and Industrial 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.

***\*\*Please note that the following information including the title of the project, description of research project, name of the sponsor organization, name of intern, name of supervisor and involved university will be posted under Internship Examples on*** [***www.mitacs.ca/research***](http://www.mitacs.ca/research) ***and may be used by Mitacs to publicize Mitacs-Accelerate\*\****

**Title of Project:** [Title]

**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. **(Approx 150 words)**

#

### Participant Signatures

**Intern:**

Name:

 Department:

 University:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**Academic Supervisor:**

Name:

 Department:

 University:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**Partner Organization:**

Name:

 Position:

 Organization:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

**University Office of Research Service Representative:**

Name:

 Position:

 Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_

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