



Intellectual Property (IP) Clinics Program Grant Application Form

Thank you for your interest in the Intellectual Property (IP) Clinics Program. This form must be completed and submitted before the deadline to be considered.

Instructions:

Applicants must complete each mandatory section marked by an asterisk (*).

If needed, applicants may send supplemental information or documents with the application form in the email submission.

Please do not include any sensitive information, such as confidential financial or commercial information, in this application. If such information is required to provide a grant, the Granting Authority will contact the applicant on a case-by-case basis.

If you have any questions about this form, the IP Clinics Program, or if assistance is required, you can contact the Program Granting Authority at ic.ipstrategy-strategieenmatiere@canada.ca

ORGANIZATION INFORMATION	
Organization Legal Name* Click or tap here to enter text.	
Is the operating name same as legal name? * <input type="checkbox"/> Yes <input type="checkbox"/> No Operating name (* if different): Click or tap here to enter text.	
Organization Headquarters Address: (street, unit number etc.) * Click or tap here to enter text.	
City* Click or tap here to enter text.	Province or Territory* Click or tap here to enter text.
Country* Click or tap here to enter text.	Postal Code* Click or tap here to enter text.
Is the Mailing Address the same as the Headquarters Address? * <input type="checkbox"/> Yes <input type="checkbox"/> No Mailing Address (* if different than above): Street, Unit Number etc. Click or tap here to enter text.	
City Click or tap here to enter text.	Province or Territory Click or tap here to enter text.



Country Click or tap here to enter text.	Postal Code Click or tap here to enter text.
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Organization Website (if applicable) Click or tap here to enter text.

CONTACT INFORMATION

Primary Contact Please provide a working-level contact who can receive all official correspondence for this proposal.

First Name(s)* Click or tap here to enter text.	Last Name* Click or tap here to enter text.
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Title* Click or tap here to enter text.

Business Telephone Number* and Extension (if applicable) Click or tap here to enter text.

Mobile Phone Number Click or tap here to enter text.
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Email Address* Click or tap here to enter text.

Secondary Contact

First Name(s) Click or tap here to enter text.	Last Name Click or tap here to enter text.
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Title Click or tap here to enter text.
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Business Telephone Number and Extension (if applicable) Click or tap here to enter text.
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Mobile Phone Number Click or tap here to enter text.
--

Email Address Click or tap here to enter text.
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Financial Contact (Chief Financial Officer or equivalent) Please provide a financial contact who can provide information for the Organization

First Name(s)* Click or tap here to enter text.	Last Name* Click or tap here to enter text.
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Title* Click or tap here to enter text.

Business Telephone Number* and Extension (if applicable) Click or tap here to enter text.

Mobile Phone Number Click or tap here to enter text.
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Email Address* Click or tap here to enter text.

Delegated Signing Authority (Chief Executive Officer or equivalent)
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Please provide the contact information for the person authorized to sign legally binding documents for your organization.

First Name(s)* Click or tap here to enter text.	Last Name* Click or tap here to enter text.
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Title*
 Click or tap here to enter text.

Business Telephone Number* and Extension (if applicable)
 Click or tap here to enter text.

Email Address*
 Click or tap here to enter text.

APPLICANT PROFILE

Eligibility of the Organization*
 Applicants must be eligible to apply for an IP Clinics Program Grant. Indicate how your organization meets the eligibility requirements for the program.

Eligible Recipients are all law school or business school clinics (established or developing) which are part of a Canadian law school or Canadian business school accredited by the relevant provincial body and include:

- those associated with registered trademark agents and/or patent agents
- those associated with lawyers practicing in Intellectual Property

If associated with a registered trademark agent(s) or patent agent(s), please provide an attestation by the agent of their relationship with the clinic and if associated with a lawyer practicing in intellectual property, please provide an attestation by the lawyer of their relationship with the clinic and the types of intellectual property services/assistance they provide to the clinic. Proof that lawyers involved with the clinic are in good standing with their law society must be submitted along with this application.

Eligible recipients will be encouraged to collaborate as appropriate with other eligible recipients on projects.

Click or tap here to enter text.

Organization Description*
 Provide a brief description of your organization’s mandate, history, operations, legal status and financial situation. Please indicate that your organization is financially viable and has the capacity to meet the project requirements.

Click or tap here to enter text.

Revenue Canada – Business Identification Number or GST/HST Number* Click or tap here to enter text.	Year Established* Click or tap here to enter text.
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Organization Capabilities*
 Provide a brief description of your organization’s technological and managerial capabilities

Click or tap here to enter text.

COMPLIANCE

Additional Funding *



Please indicate whether you have received any additional funding for the activities under the proposed project from other government sources (federal, provincial, municipal) or non-governmental sources.

Yes No

If Yes, please provide details including source(s) and funding amount(s).

[Click or tap here to enter text.](#)

Other Innovation, Science and Economic Development Canada (ISED) Funding *

Please indicate if you have previously received or are currently receiving a grant or contribution from ISED, and if so, have fulfilled all requirements. Choose one:

No, we have not previously received or currently receive a grant or contribution from ISED.

Yes, we previously received or currently receive an ISED grant(s) and/or contribution(s), and have fulfilled all requirements (*please include the grant and/or contribution name below, if applicable*).

Yes, we previously received or currently receive an ISED grant(s) and/or contribution(s), and have not fulfilled all requirements (*please briefly explain below, if applicable*):

[Click or tap here to enter text.](#)

PROJECT PROPOSAL

Total Requested Funding*

\$ [Click or tap here to enter text.](#)

Planned Project Start Date (Year/Month/Day)*

[Click or tap here to enter text.](#)

Planned Project End Date (Year/Month/Day)*

[Click or tap here to enter text.](#)

Project Proposal Description *

Please describe the need of the project including its goals, and expected results. Provide a clear and detailed description of the nature and purpose of your project and what is to be delivered. Please discuss post-project commitments (i.e. how the project results will be used in the future). Indicate if there are any partners in your project and provide details.

[Click or tap here to enter text.](#)

Project Location (City and Province)*

[Click or tap here to enter text.](#)

Project Costs *

Please provide a cost breakdown for your project. Costs must be broken down by specific category and both eligible and ineligible costs (if any) must be included in the breakdown (see Appendix A).

[Click or tap here to enter text.](#)



PRIVACY STATEMENT

By submitting a completed application for funding under the IP Clinics Program, the Applicant understands the following privacy statement:

All personal information collected in the application package is protected under the Privacy Act. This information is collected under the authority of the Department of Industry Act. It is used by Innovation, Science, and Economic Development Canada to select Recipients for grants and promote their achievements and for related statistical studies. Each IP Clinics Program Grant Recipient's name, organization description, and work contact information may be included in short descriptions published for the media and online. Participation in the application process is voluntary, however refusing to provide personal information may result in the application being removed from the selection process. Applicants have the right to file a complaint with the Privacy Commissioner of Canada regarding the institution's handling of personal information. The Personal Information Bank relating to this collection of information is currently being developed. Recipients may access, request correction of, or have a notation attached to the information about them by contacting the IP Clinics Program Granting Authority at ic.ipstrategy-strategieenmatiere@dep.iic@canada.ca

DELEGATED AUTHORITY SIGNATURE

I, [Click or tap here to enter text.](#) confirm on behalf of the applicant organization, that

I have read and understand this application and the IP Clinics Program Guide and will submit all required information in the application package;

I understand that incomplete applications cannot be assessed and may be deemed ineligible;

I have the authority to submit this application on behalf of the applicant organization;

the information in this application and any accompanying documents is complete, accurate and true;

any costs related to this application that are incurred by the applicant organization in the absence of a signed funding agreement with ISED are incurred at the sole risk of the applicant organization;

I understand that by submitting an application under the IP Clinics Program, the applicant organization accepts the Privacy Statement outlined above;

If applicable, the applicant and application is in compliance with the *Lobbying Act* and *Official Languages Act*; the M-30 Act respecting the Ministère du Conseil exécutif;

any former public office holder or public servant employed by the applicant organization is in compliance with the provisions of the *Values and Ethics Code for the Public Sector*, the *Policy on Conflict of Interest*, and *Post-Employment and the Conflict of Interest Act*.

I understand that any misrepresentations or incomplete fields may deem this application ineligible for consideration; and



I will inform ISED, in writing, if this organization no longer meets the eligibility requirements during the grant process.

I Agree *

X _____

Applicant's Signing Authority

Date*

Name*

Title*

Please provide a digital copy of this form to ensure the form can be processed in a timely manner. Please do not print, sign and scan the form. Thank you!



Appendix A

Eligible Activities

Eligible Activities are those activities related to the delivery of pro bono or low cost intellectual property services and include:

- activities supportive of the goals of the IP Strategy, such as improving prior art searches through the training of law students and incorporating IP-related considerations into business planning through training of university students;
- outreach to serve those traditionally underrepresented as holders of IP (e.g. women and indigenous peoples);
- training of students to effectively understand the practical application of IP;
- developing best practices manuals;
- developing and offering services in IP evaluation and/or IP financing; and
- symposia, discussions, roundtables between legal and/or business clinics, and/or experts which can improve networking and increase capacity between clinics.

Eligible Expenditure

Eligible expenditures are those incurred by the Recipient and which in the opinion of the Minister are reasonable and required to carry out the eligible activities to which they relate. Only costs that are incurred in Canada and deemed necessary in achieving the objectives for which the Program funding was granted will be eligible. Eligible Expenditures may include:

- subscribing to relevant databases to improve access to materials
- travel
- staffing

Grant funding will be provided on a yearly basis. Continued eligibility for funding will be conditional upon completion of reporting requirements.

Ineligible Expenditures

Any Costs not listed in the Eligible costs section are deemed Ineligible; these include:

- Land acquisition, leasing land, buildings (acquisitions and leasing), renovation or construction, and other facilities, real estate fees and related costs;
- Financing charges, legal fees and loan interest payments; any goods and services costs which are received through donations or in kind; property taxes; and lobbyist fees