



# Indigenous Intellectual Property Program Grant

## Application Form – World Intellectual Property Organization (WIPO) Travel Stream

Thank you for your interest in the Indigenous Intellectual Property Program (IIPP) Grant. 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 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 IIPP Grant, or if assistance is required, you can contact the IIPP Granting Authority at [IndigenousIP-Plautochtones@ised-isde.gc.ca](mailto:IndigenousIP-Plautochtones@ised-isde.gc.ca).

ORGANIZATION INFORMATION	
Organization Legal Name*	
Is the operating name same as legal name? *	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Operating name (* if different):	
Organization Headquarters Address: (street, unit number etc.) *	
City*	Province or Territory*
Country*	Postal Code*
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.	
City	Province or Territory
Country	Postal Code

Organization Website (if applicable)
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**CONTACT INFORMATION**

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

First Name(s)*	Last Name*
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Title*
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Business Telephone Number* and Extension (if applicable)
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Mobile Phone Number
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Email Address*
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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)*	Last Name*
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Title*
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Business Telephone Number and Extension (if applicable)*
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Mobile Phone Number
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Email Address*
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<b>Delegated Signing Authority (Chief Executive Officer or equivalent)</b> Please provide the contact information for the person authorized to sign legally binding documents for your organization.	
First Name(s)*	Last Name*
Title*	
Business Telephone Number and Extension (if applicable)*	
Email Address*	

<b>APPLICANT PROFILE</b>	
<b>Organization Type (Mandatory Criteria)*</b> <i>Applicants <u>must</u> fall into at least one of the eligible categories to apply for an IIPP Grant. If you are an individual or do not fall into any of the eligible categories, your organization is not eligible for funding under the IIPP Grant. Choose the category that best describes your organization.</i> Eligible organizations are Indigenous organizations in Canada that are a part of the following Indigenous (i.e., First Nations, Métis, or Inuit) categories of recipients:  If needed, please include any other further details on your organization type, including any other eligible categories it falls under:	
<b>Organization Legal Status (Federal)*</b> Choose your organization's legal status:  If other, specify:	
Revenue Canada – Business Identification Number or Charitable Registration Number*	Year Established*





**Organization Description\***

Provide a brief description of your organization's mandate, purpose, and/or services offered

**Governance Structure\***

Provide a brief description of the applicant's governance structure, e.g., if governed by a board of directors, the number of members, etc.

**ASSET CRITERIA**

In the event multiple applications qualify for funding, there may be additional considerations of diversity and inclusion amongst successful applicants.

**Indigenous groups**

Applicant may self-identify as an organization mandated to represent one or more Indigenous groups. Please select all that apply:

First Nations      Inuit      Métis

Applicant may also list any other applicable Indigenous identity groups that your organization belongs to / identifies as (e.g. language groups, Nations, communities, regional groups, etc.)

**Other identity groups**

Applicant may self-identify as an organization mandated to represent one or more groups based on gender, disability, sexual orientation, age or other identifier factors. Please select all that apply:

Women      LGBTQ2+      Mental, intellectual or physical disability      Elders      Youth  
 Other, please specify:

**TRAVEL PROPOSAL SUMMARY**

**Total Requested Funding\***

\$



**Budget Breakdown**

Please provide a cost breakdown for the proposed travel and preparation work in Annex A (end of the form) or attach a separate budget as an appendix to the application form. See [Annex A](#) for requirements.

**Traveller Information** *Note: Priority will be given to one traveller per applicant organization, with possible funding of a second traveller from a single organization, if funding is available.*

Name\*

Title\*

**Name of WIPO Committee\***

WIPO Intergovernmental Committee on Intellectual Property and Genetic Resources, Traditional Knowledge, and Folklore (IGC)

Other WIPO Committee:

**Topic of Interest \***

Please select the topic(s) of interest at WIPO IGC:

Genetic Resources      Traditional (Indigenous) Knowledge  
Traditional (Indigenous) Cultural Expressions

If Other WIPO Committee (not IGC), please list topics of interest:

**Targeted Dates of Travel \***

*Note: for the 2022-2023 funding period, all activities must be completed within one year from issuance of the grant.*

*If possible, please include alternative dates in the event the grants are not disbursed in time.*

**Participation Requirements**

*All applicants must make sure that before proposed travel, any registration, accreditation, or other requirements must be met in order to be eligible to participate in the WIPO session. To attend a WIPO IGC session, Applicants must submit a request for accreditation 60 days in advance of a WIPO IGC session prior to the requested travel, for approval by WIPO member states. See <https://www.wipo.int/tk/en/igc/participation.html> for more information.*



I certify the applicant organization:

is currently an accredited observer of the requested WIPO committee meeting; or

is not currently an accredited observer of the requested WIPO committee meeting but has submitted a request at least 60 days before the session(s) applied for.

### MERIT-BASED CRITERIA

#### **Impact\* (50 points)**

*Explain how the travel will contribute to increased awareness, capacity building, and policy development on intellectual property (IP) and Indigenous knowledge (IK) and Indigenous cultural expressions (ICEs) in Canada and/or internationally (20 points)*

*Explain how you plan to build connections, including with Indigenous counterparts and develop new opportunities to exchange knowledge and experiences (20 points)*

*Explain how your participation at WIPO will contribute to the development of policy positions, research, or other policy-related work related to the proposed travel which may support the capacity building of the applicant on issues related to IP, IK and ICEs in Canada and/or internationally (10 points)*

#### **Need\* (20 points)**

*The applicant demonstrates a need for funding to complete the proposed travel, and could not otherwise participate without external funding (20 points)*

#### **Ability to Deliver / Feasibility\* (30 points)**

*The traveller has the technical and technological capacity and the ability to meaningfully participate in the event meeting or negotiation, including support from any partners or host organizations (20 points)*







The budget is reasonable, in accordance with the [National Joint Council Travel Directive](#) (10 points)

Note: the final Feasibility criteria will be evaluated based on your budget, included in [Annex A](#) or attached separately

## 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).

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

Please indicate if the applicant has previously received or currently receives a grant or contribution from ISED, and if so, has 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*):

## PRIVACY STATEMENT

By submitting a completed application for funding under the IIPP Grant, 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 IIPP 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 IIPP Granting Authority at [IndigenousIP-PIAutochtones@ised-isde.gc.ca](mailto:IndigenousIP-PIAutochtones@ised-isde.gc.ca).

### SIGNING AUTHORITY ATTESTATION

I, \_\_\_\_\_ confirm on behalf of the applicant organization, that

I have read and understand this application and the IIPP Grant 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 for an IIPP Grant, 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*;

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 \*

Signing Authority's Signature*	Name*
	Title*
	Date*

*Please note: A digital signature is preferred, as printing and/or scanning a copy of the completed form may interfere with the functioning of some of the fillable fields. If a digital signature is not possible, please also provide the unsigned, digital copy of your form. We appreciate your cooperation!*







## Annex A: Budget

Please provide a cost breakdown for the proposal below, or attach a separate budget as an appendix to the application form.

For either format, include, at a minimum:

- 1) Name of activity (e.g., preparation/research, travel);
- 2) All eligible expenditures (by type) for each activity and, if relevant, the number of hours and rate of pay for any services, (e.g., air travel, taxi fare, accommodations, hospitality, wages);
- 3) Estimated costs (CAN\$) per expenditure.

See the [IIPP Program Guide](#) or contact the Granting Authority for more guidance on eligible activities, expenditures, and ineligible expenditures.

Travel and other related expenses must be in accordance with Government of Canada travel guidelines as set out in the [National Joint Council Travel Directive](#).

Activity	Expenditure by Type for Each Activity	Cost (CAN\$)



