

Indigenous Intellectual Property Program Grant

Application Form – Small-Scale Initiative Stream or Project 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 (*).

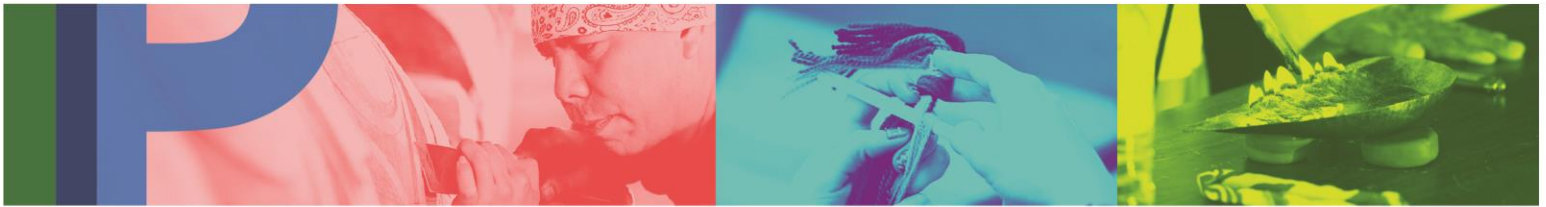
If needed, applicants may send supplemental information or documents with the application form in the email submission.

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.

ORGANIZATION INFORMATION	
Organization Legal Name*	
Is the operating name same as legal name? *	
Yes 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? *	
Yes No	
Mailing Address (* if different than above): Street, unit number etc.	





City	Province or Territory
Country	Postal Code
Organization Website (if applicable)	

CONTACT INFORMATION

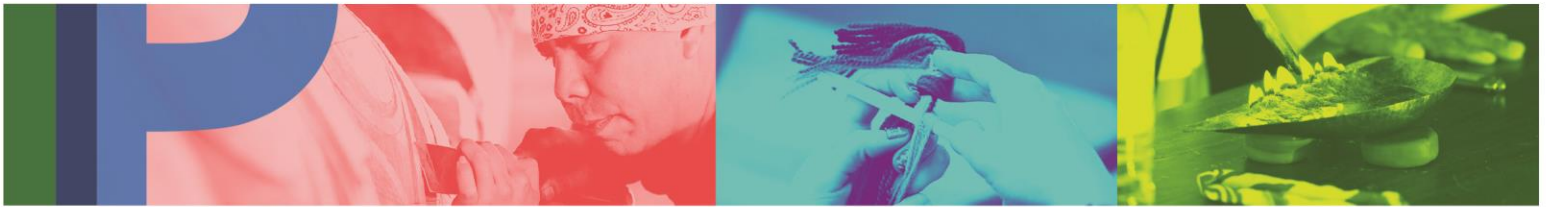
Primary Contact
Please provide a working-level contact who can receive all official correspondence for this proposal.

First Name(s)*	Last Name*
Title *	
Business Telephone Number* and Extension (if applicable)	
Mobile Phone Number	
Email Address*	

Financial Contact (Chief Financial Officer or equivalent)
Please provide a financial contact who can provide information for the organization

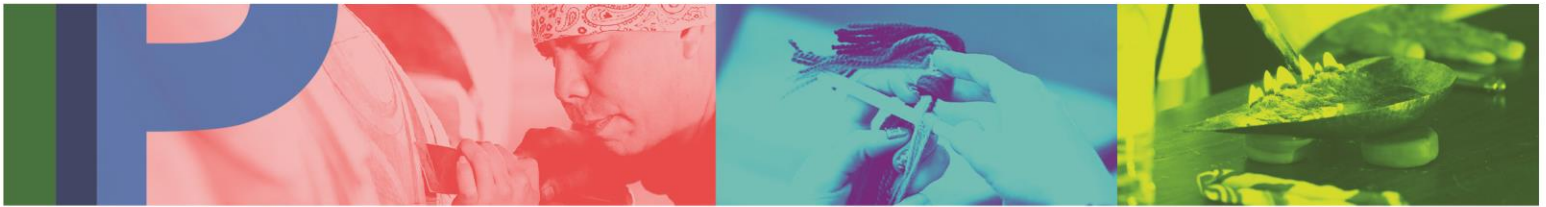
First Name(s)*	Last Name*
Title*	
Business Telephone Number* and Extension (if applicable)	
Mobile Phone Number	
Email Address*	





Delegated Signing Authority (Chief Executive Officer or equivalent) 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*	

APPLICANT PROFILE	
Organization Type (Mandatory Criteria)* <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:	
Organization Legal Status* Choose your organization's legal status: If other, please 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*

Please 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:

Inclusive Elements

If applicable, the applicant may identify any other groups NOT represented by the organization but will be included and/or considered as part of the proposed work, for example, targeted engagement of women-owned businesses, research on LGBTQ2+ Indigenous knowledge (IK) and Indigenous cultural expressions (ICEs), inclusion of youth in development of guidelines etc.:

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

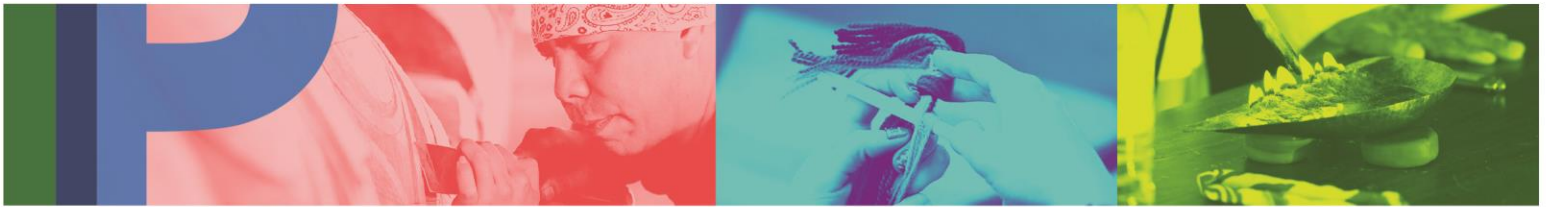
SUMMARY OF PROPOSED PROJECT

What Stream are you applying for?*

Select one:

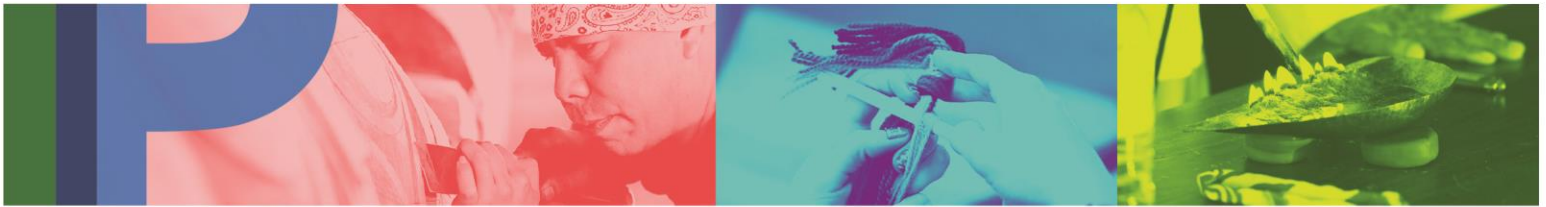
- Small-Scale Initiative (up to \$15,000)
- Project (up to \$50,000)





Total Requested Funding* \$
Budget Breakdown Please provide a cost breakdown for the proposed travel and preparation work in Annex A (end of the form) <u>or</u> attach a separate budget as an appendix to the application form. See Annex A for requirements.
Proposal Title*
Location(s) of Proposed Work*
Description of Proposed Work* Please provide a brief description of the proposed work. This section will be assessed to determine the eligibility of the proposal, notably the relevance to intellectual property (IP) and the protection of IK and ICEs.
Estimated Timeline* <i>Note: for the 2022-2023 funding period, all activities must be completed within one year from issuance of the grant.</i> Estimated duration of the proposal: General timeline of milestones: Key dates, if applicable: <i>Please note any key dates that may be time sensitive, and be aware that approval of these activities may depend on the timing of the application process</i>
Participation Requirements (if applicable) <i>Note: All applicants will need to undertake to fulfil, prior to proposed travel, any registration, accreditation, or other requirements to be met in order to be eligible to participate in any event included in the proposal.</i>





MERIT-BASED CRITERIA

Impact* (60 points)

Explain how the proposal contributes to the applicant's greater understanding of IP and/or issues related to the protection of IK and ICEs (20 points)

Explain how the proposal has social, cultural and/or economic benefits for the applicant organization (15 points)

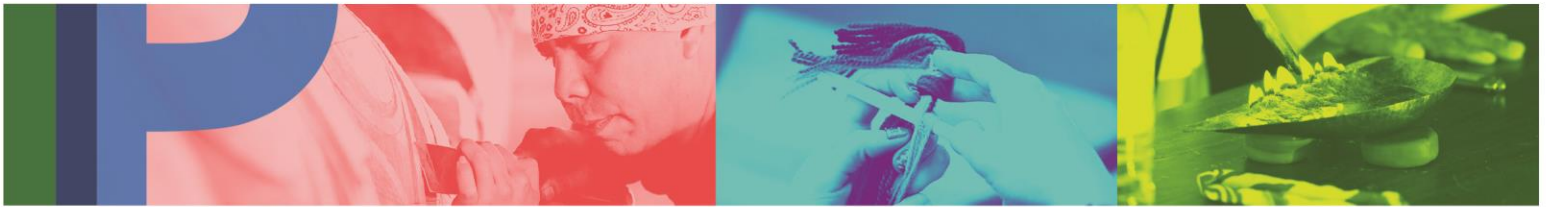
Explain how the proposal has potential benefits for others beyond the applicant organization including represented communities or interest groups or how the applicant will ensure benefits could be shared through the sharing of experiences and knowledge with others (10 points)

Explain how the proposal results in some concrete outcome, such as a report, policy, tool, resource, product or service that is useful for the applicant and/or others seeking to better understand and/or protect IP, IK, and ICEs (15 points)

Need* (20 points)

Describe your organization's need for external funding for this proposed work (10 points)

Describe your organization's or represented membership's need for the outcomes of the proposed work (10 points)



Ability to Deliver / Feasibility* (20 points)

Describe the qualifications, skills, capacity, experience, technological and financial capabilities of the applicant and/or others engaged that are required to undertake the proposed work (10 points)

The proposed approach to the Small-Scale Initiative or Project includes achievable outcomes and timelines (10 points)

Note: this criteria will be evaluated based on your budget (included in [Annex A](#) or attached separately) and your [timeline](#).

COMPLIANCE

Additional Funding*

Note that if an applicant is seeking funds as part of a larger project, the IIPP Grant can only fund IP/IK/ICE-related elements and the inclusion of ineligible activities, topics, or expenditures may result in the rejection of the funding request.

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), or include details in the budget breakdown ([Annex A](#) or separate document):

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

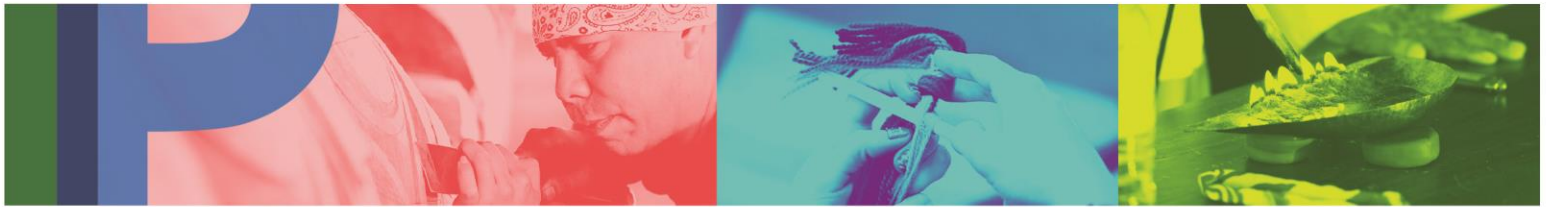
Please indicate if the applicant has previously received or currently receives a grant or contribution from Innovation, Science and Economic Development Canada (ISED), and if so, has fulfilled all requirements. Choose one:

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, 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-Plautochtones@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; *cont'd* the information in this application and any accompanying documents is complete, accurate and true;

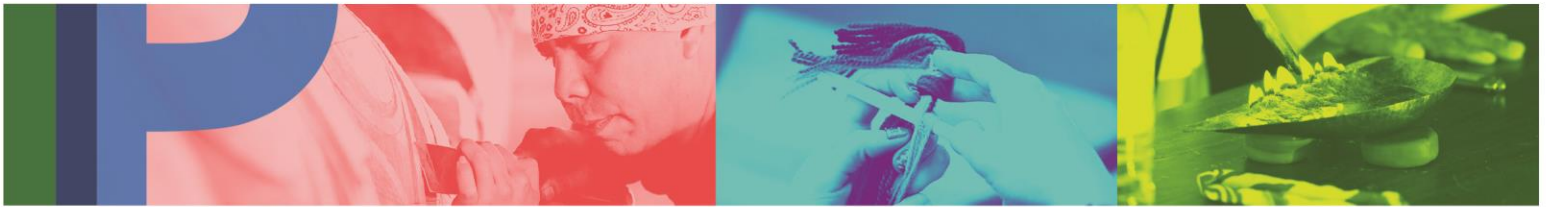
any costs related to this application that are incurred by the applicant organization in the absence of a signed funding agreement with ISED are incurred at the sole risk of the applicant organization;

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

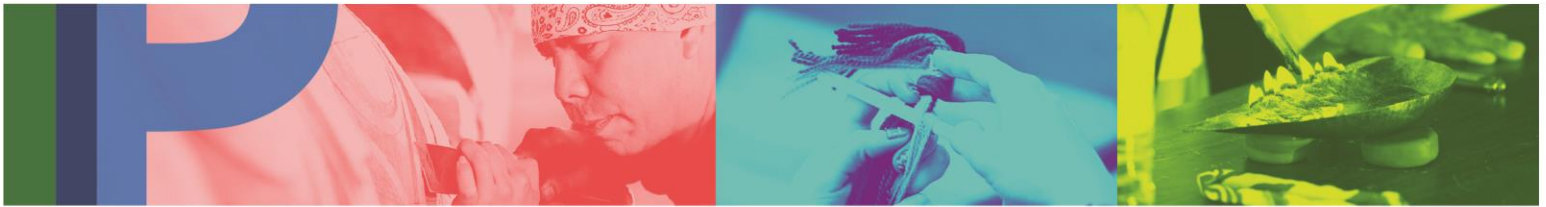
I will inform ISED, in writing, if this organization no longer meets the eligibility requirements during the grant process.

I Agree *

Delegated 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., engagement with x community, research on y, development of IP strategy, etc.);
- 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, accommodations, hospitality, honoraria/consultant fees/wages (X hours @ \$/hr), etc.);
- 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\$)

