

COMPETITION PRIVAC APPLICATION FORM FOR A COLLABORATIVE AND APPLIED GENOMICS RESEARCH PROGRAM FOR PRIVATE AND ACADEMIC PARTNERS

Project Title: Date of Submission: Estimated Total Budget and Duration Requested: Project Leader(s)

Name
Affiliation
Address
Telephone
relephone
Fax
E-mail
Signature

Name	
Affiliation	
Address	
Telephone	
Fax	
E-mail	
Signature	

Certification Requirements

If this research will involve any of the following, check the box(e). If the project is accepted, the necessary certification requirements must be met in accordance with policies on ethical conduct of research.								
Human	Human	Environmental						
Subjects	stem cells		Animals		Biohazards	assessment		
Lead Institution	onal Organiza	atio	n (CEO, I	Presi	dent or authori	zed representat	ive)	
Organization								
Name of repres	sentative							
Title								
Date								
Signature								
Lead Private 0	Company (CE	ΞΟ,	Presiden	t or a	uthorized repr	esentative)		
Organization								
Name of repres	sentative							
Title								
Date								
Signature]					



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II PARTICIPATING ORGANIZATIONS' SIGNATURES

Name & Title of Authorized Representative	Signature	Date dd/mm/yy



III CO-APPLICANTS

Organization	Affiliation & E-mail address	Signature	Date dd/mm/yy



IV LAY SUMMARY (Maximum one (1) page)



V SCIENTIFIC SUMMARY (Maximum one (1) page)



VI RESEARCH PROPOSAL (Maximum 10 pages)



VII GE3LS (Maximum of one (1) page)



VIII MANAGEMENT Maximum two (2) pages



IX SOCIAL AND/OR ECONOMIC BENEFITS TO QUEBEC AND TO CANADA Maximum two (2) pages



X RESEARCH TEAM

Name	Role	Time Commitment	Description of Contribution/Reason for Inclusion



XI BUDGET

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XII CO-FUNDING STRATEGY

#	Organization Name	Amount	Туре	Expected Receipt Date	Status		
Desc	Description of how the funds will directly support the objectives of the project:						

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