



APPLICATION FOR NCC FUNDING

CONFIDENTIALITY: The Applicant (business, organization, or institution) understands that the information provided may be accessible under the Access to Information Act. No commercially confidential information which you submit to us will be disclosed unless otherwise authorized by you; required to be released by law. Please consult the federal government's [Access to Information Act](#) for additional details.

APPLICANT AND CONTACT INFORMATION			
It is the responsibility of the applicant to complete all required sections as accurately and as completely as possible. Failure to do so may preclude the National Cybersecurity Consortium (NCC) from considering the application.			
LEGAL NAME OF APPLICANT: _____	OPERATING NAME OF APPLICANT, IF DIFFERENT: _____		
MAILING ADDRESS: _____			
PROVINCE: DROP DOWN BOX	CITY: _____	POSTAL CODE: _____	ORGANIZATION TELEPHONE: _____
E-MAIL: _____	WEBSITE: _____		
AUTHORIZED CONTACT			
LAST NAME: _____	FIRST NAME: _____		
TITLE: _____	ORGANIZATION TELEPHONE: _____	EXTENSION: _____	
EMAIL: _____	IS THIS PERSON AN AUTHORIZED SIGNING OFFICER OF THE APPLICANT?	YES <input type="checkbox"/> NO	
OFFICIAL LANGUAGE PREFERRED FOR CORRESPONDENCE:	ENGLISH	FRENCH	
AUTHORIZED CONTACT			
TYPE OF LEGAL ENTITY:			
CORPORATION <input type="checkbox"/>	REGISTERED NON-PROFIT/ CHARITY <input type="checkbox"/>	INDIGENOUS ORGANIZATION OR CORPORATION <input type="checkbox"/>	
SOLE PROPRIETORSHIP <input type="checkbox"/>	PARTNERSHIP <input type="checkbox"/>	MUNICIPALITY OR OTHER GOVERNMENT ENTITY <input type="checkbox"/>	
OTHER (SPECIFY): _____			
PROVIDE A BRIEF DESCRIPTION OF YOUR ORGANIZATION OR BUSINESS AND ITS MANDATE: _____ _____ _____ _____			
DATE OF INCORPORATION OR REGISTRATION: _____	WHAT IS YOUR 15-DIGIT CANADA REVENUE AGENCY (CRA) BUSINESS NUMBER? (FOR EXAMPLE, 123456789 RR 0001): _____		
PROVIDE THE NAME AND CONTACT INFORMATION OF THE BANK/FINANCIAL INSTITUTION NCC MAY CONTACT TO INQUIRE ABOUT THE APPLICANT: _____			
INSTITUTION: _____	CITY/ TOWN: _____	CONTACT PERSON: _____	BUSINESS TELEPHONE NUMBER: _____



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A. PROJECT INFORMATION

PROJECT NAME:

PROJECT LOCATION (STREET, UNIT NUMBER, ETC.):

PROVINCE:

DROP DOWN BOX

CITY:

POSTAL CODE:

APPLICANT FISCAL YEAR START:

ESTIMATED PROJECT START

DATE:

SELECT DATE

ESTIMATED COMPLETION DATE:

SELECT DATE

ESTIMATED PROJECT COSTS:

AMOUNT REQUESTED

FROM NCC:

HAS THE APPLICANT RECEIVED ASSISTANCE FROM NCC PREVIOUSLY?

YES

NO

HAS THE APPLICANT MADE ANY FINANCIAL OR LEGAL COMMITMENTS FOR THE PROJECT?

YES

NO

IF YES, PROVIDE DETAILS:

B. PROJECT SUMMARY

PROVIDE A NON-TECHNICAL DESCRIPTION OF THE PROPOSED PRODUCT/ PROCESS/ SERVICE, THE ISSUES IT WILL ADDRESS, AND ITS SIGNIFICANCE FOR POTENTIAL CLIENTS OR CUSTOMERS:

DESCRIBE WHY THE PROJECT IS IMPORTANT AND WHAT IMPACT YOUR RESULTS WILL HAVE (INCLUDING THE CURRENT ECO-SYSTEM GAP THE PROJECT WILL ADDRESS):

Please reference any economic, innovation, and social benefits that will derive from the proposed project.



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C. PROJECT MANAGEMENT TEAM

Identify key project management members. Provide a summary of their roles and responsibilities and their experience in managing projects such as the one proposed. For each key member identified, please provide a résumé (2 pages maximum) and a 80-to-100-word biography that includes their specific expertise and experience for the work involved.

LAST NAME:

FIRST NAME:

TITLE:

EMAIL:

BRIEF BIOGRAPHY:

LAST NAME:

FIRST NAME:

TITLE:

EMAIL:

BRIEF BIOGRAPHY:

LAST NAME:

FIRST NAME:

TITLE:

EMAIL:

BRIEF BIOGRAPHY:

LAST NAME:

FIRST NAME:

TITLE:

EMAIL:

BRIEF BIOGRAPHY:



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D. R&D AND/OR DEVELOPMENT TEAM

Identify key members of the project team and provide a summary of their roles and responsibilities. For each key member identified, please provide a résumé (2 pages maximum) and a 80-to-100-word biography that describes their specific expertise and experience for the work involved.

LAST NAME:	FIRST NAME:
_____	_____
TITLE:	EMAIL:
_____	_____
BRIEF BIOGRAPHY:	

LAST NAME:	FIRST NAME:
_____	_____
TITLE:	EMAIL:
_____	_____
BRIEF BIOGRAPHY:	

LAST NAME:	FIRST NAME:
_____	_____
TITLE:	EMAIL:
_____	_____
BRIEF BIOGRAPHY:	

LAST NAME:	FIRST NAME:
_____	_____
TITLE:	EMAIL:
_____	_____
BRIEF BIOGRAPHY:	



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G. KEY COLLABORATORS

Identify the key collaborators, alliances or other linkages that are relevant to the project. Describe their roles and responsibilities and clearly identify the importance of their contributions to the project.

HOW WILL THE PROJECT SUPPORT COLLABORATION AMONG ORGANIZATIONS ACROSS CANADA AND BRING TOGETHER STAKEHOLDERS FROM DIFFERENT REGIONS?

ORGANIZATION OR COMPANY NAME:

MAILING ADDRESS:

PROVINCE:

CITY:

POSTAL CODE:

ORGANIZATION TELEPHONE:

DROP DOWN BOX

E-MAIL:

WEBSITE:

CONTACT LAST NAME:

FIRST NAME:

TITLE:

ORGANIZATION TELEPHONE:

EMAIL:

ROLES AND RESPONSIBILITIES:

ORGANIZATION OR COMPANY NAME:

MAILING ADDRESS:

PROVINCE:

CITY:

POSTAL CODE:

ORGANIZATION TELEPHONE:

DROP DOWN BOX

E-MAIL:

WEBSITE:

CONTACT LAST NAME:

FIRST NAME:

TITLE:

ORGANIZATION TELEPHONE:

EMAIL:

ROLES AND RESPONSIBILITIES:



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G. KEY COLLABORATORS CONT.

ORGANIZATION OR COMPANY NAME:

MAILING ADDRESS:

PROVINCE:

DROP DOWN BOX

E-MAIL:

CITY:

POSTAL CODE:

ORGANIZATION TELEPHONE:

WEBSITE:

CONTACT LAST NAME:

FIRST NAME:

TITLE:

ORGANIZATION TELEPHONE:

EMAIL:

ROLES AND RESPONSIBILITIES:

H. SUMMARY OF WORK COMPLETED TO DATE

IF APPROPRIATE, PROVIDE A SUMMARY OF WORK ALREADY COMPLETED LEADING UP TO THIS PROPOSAL, INCLUDING ANY TECHNICAL EVIDENCE (E.G., PROOF- OF-CONCEPT, SUPPORTIVE DATA, REFERENCES, LITERATURE REVIEW) THAT SUPPORTS THE TECHNICAL FEASIBILITY OF THE PROPOSED PROJECT. DESCRIBE THE CURRENT STAGE OF DEVELOPMENT OF THE PROPOSED PROJECT, IF ANY.



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DISCLOSURES

LITIGATION

YES **N/A**

IS THE APPLICANT INVOLVED IN ANY LITIGATION, LEGAL ACTION, SUIT, OR CLAIM PENDING, UNDER WAY OR LOOMING, OR ARE THERE ANY PROCEEDINGS BEFORE ANY COURT, TRIBUNAL, GOVERNMENT BOARD OR AGENCY?

ARE THERE ANY JUDGMENTS OUTSTANDING AGAINST THE APPLICANT?

MATERIAL CONTRACTS

IS THE APPLICANT IN DEFAULT UNDER ANY SIGNIFICANT CONTRACT OR ANY FINANCING ARRANGEMENT?

TAXES

IS THE APPLICANT IN ARREARS IN THE PAYMENT OF ANY INCOME, BUSINESS OR PROPERTY TAXES, SALES TAXES, PAYROLL DEDUCTIONS, ETCETERA?

CYBERSECURITY INCIDENTS

HAS THE APPLICANT HAD PREVIOUS SIGNIFICANT CYBERSECURITY BREACHES?

HAS THE APPLICANT BEEN INVOLVED WITH (OWNERSHIP/ PARTNERSHIP) ANY CANADIAN GOVERNMENT SANCTIONED ENTITIES?

OTHER GOVERNMENT FUNDING

HAS THE APPLICANT RECEIVED, OR SOUGHT, ANY OTHER GOVERNMENT FUNDING FOR THIS PROJECT?

IF YOU ANSWERED "YES" TO ANY QUESTION, PLEASE PROVIDE DETAILS:



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IMPORTANT NOTICE: The NCC may require further information about the applicant to fulfill requirements. The NCC may also need to obtain consent to collect personal information from officials associated with the applicant. Failure to provide these, if requested, may preclude the NCC from finalizing the assessment of the application.

CONSENT AND CERTIFICATION

1. There is no obligation to provide the requested information but failure to do so may prevent NCC from considering the application.
2. The names of successful applicants, the amount of funding approved, and a description of the project are included in public records and disclosed on the NCC's website in accordance with the government's proactive disclosure practices.
3. The NCC may contact any person listed in this application to inquire about the applicant.
4. I certify that the information provided is, to the best of my knowledge and ability, complete, true and correct, and that this will apply to all information provided in the future in connection with the assessment of the project. Furthermore, I will promptly notify NCC if any of the information changes.
5. I certify that financial assistance from NCC is a significant factor in the decision to proceed with this project.
6. I authorize NCC to make any inquiries required, including obtaining corporate and business information about the applicant, to assess this application.
7. I authorize NCC to make these inquiries of persons, firms, corporations, federal and provincial government departments, agencies, authorities, institutions and non-profit economic development organizations, and consent to the collection of information.
8. I consent to the sharing of the information collected with other federal and provincial departments and agencies for the administration of the grants and contributions programs.
9. I consent to the use of the information for policy analysis, research and/or evaluation of NCC programs.
10. I have the authority to submit this application on behalf of the applicants and evidence of this authority will be provided on request.

I have read and understood the above Consent and Certification. I voluntarily consent to the collection, use and disclosure of information as described, make the certification as stated and authorize the actions indicated. (Please keep a signed copy of this form for your records.)

SIGNATURE OF AUTHORIZED OFFICIAL:

SIGNED AT (LOCATION):

PRINT NAME AND TITLE OF AUTHORIZED OFFICIAL:

DATE

ON THIS _____ DAY OF _____, 20 _____



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APPLICATION ATTACHMENTS	
	<u>YES</u> <u>N/A</u>
1. Template A: Project Costs	
2. Template B: Wages and Salaries	
3. Template C: Project Financing	
4. Template D: Non-cash Costs	
5. Template E: Major Project Milestones	
6. Template F: Activities to be Conducted + Gantt Chart	
7. Template G: Key Performance Indicators	
8. Template H: Commercialization Strategy (Optional)	
9. Template I: Cybersecurity Posture Checklist	
10. Template J: National Security Guidelines for Research Partnerships Risk Assessment Form	
SCHEDULES AND GUIDELINES	
1. Project Selection Plan	
2. Project Costing Memorandum	
3. Cybersecurity Guide for Ultimate Recipients	
4. Data Management Guidance	
5. NCC/CSIN Project Selection Strategy 2022-2023	
6. Lead Recipient In-Kind Contribution Guidance	
7. NCC Equity, Diversity & Inclusion Policy	
8. NCC Official Languages Policy	
9. NCC Project Appeals Process	
10. Access to Information Act	