



FORM 183A

Information Required from Organizations Participating in Automotive Partnership Canada

Read the instructions before completing the Form.

GENERAL INFORMATION ON THE ORGANIZATION					
Name of organization			Name and title of contact person at the organization		
Mailing address			Mailing address for the contact person (only if different)		
Telephone number		Facsimile number		Telephone number	
E-mail address		E-mail address			
Is your organization <input type="checkbox"/> Private sector? <input type="checkbox"/> Government owned? <input type="checkbox"/> Government agency/department?				Industry/Products and Services Code	
Is your organization <input type="checkbox"/> Profit-motivated? <input type="checkbox"/> Not-for-profit?			Web site		
Canadian ownership (in percentage) (If Applicable) %		Date of incorporation in Canada (If Applicable)		Total number of employees in Canada	
Types of products sold and/or services offered			Total annual sales for previous year (If Applicable)		
			Net profit (loss) for previous year (If Applicable)		
Is your organization <input type="checkbox"/> a parent company? <input type="checkbox"/> a subsidiary of? (specify)					
RESEARCH AND DEVELOPMENT ACTIVITIES					
Does your organization have an R&D department?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Annual R&D expenditures (previous/ current / next year) / /
If not, does it undertake R&D within the organization's premises?			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Number of R&D staff in Canada Scientists and technicians:		R&D staff with a PhD:			
APPLICANT INFORMATION					
Family name		Given names		Initial(s) of all given names	
Title of proposal			Personal identification no. (PIN)		
			Appl ID (for NSERC use only)		
ORGANIZATION'S CONTRIBUTIONS					
Contributions to the direct costs of research	Year 1	Year 2	Year 3	Year 4	Year 5
a) Cash contribution					
b) In-kind contribution					
Has your organization received publicly-funded support for R&D directly related to the proposed project?			Yes <input type="checkbox"/> No <input type="checkbox"/>		Are the applicant and co-applicant(s) at arm's length from your organization?
			Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>
Name, title and telephone number of authorized representative of the organization			Signature		Date