**Notice to Applicants:** Please read the [CSA Class Grant and Contribution Program Overview](http://www.asc-csa.gc.ca/eng/resources/gc/default.asp) in full before completing this application form. You must answer all fields as indicated. Your application may not be considered if it is incomplete. It is the applicant’s responsibility to ensure that the application complies with all relevant federal, provincial/territorial legislation and municipal bylaws.

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| **SECTION 1 - APPLICANT INFORMATION** | | | | | | | |
| Legal name of the organization (must be confirmed by the Office of Research) | | | | | | | |
|  | | | | | | | |
| Full name of Lead Researcher | | | | | Full name of Representative from the Office of Research | | |
|  | | | | |  | | |
| Title / Position | | | | | Title / Position | | |
|  | | | | |  | | |
| Address | | | | | Address | | |
| Telephone | | | Fax | | Telephone | | Fax |
| Email | | | | | Email | | |
| Type of organisation | |  | | | | Preferred language for correspondence | |
| **SECTION 2 – PROJECT SUMMARY** | | | | | | | |
| Proposal title: | | | | | | | |
|  | | | | | | | |
| Amount requested from the CSA per government fiscal year (April 1st to March 31st) | | | | | | | Total Project Budget  (CSA + Other) |
| Year 1 | Year 2 | | | Year 3 | Total | |
|  |  | | |  |  | |  |
| Application cycle (deadline). Please select one: | | | | | | | |
| **SECTION 3 – SIGNATURES** | | | | | | | |
| Signature of Lead Researcher Date | | | | | Full name of duly authorized representative | | |
| Title / Position | | |
| I hereby certify that that all information provided in support of this application is, to my knowledge, true and correct.  Application must be submitted electronically following the instructions described in the AO. The application should be submitted in one pdf file and it should include all required signatures; both scanned wet ink signature and digital signature are accepted. Applications received with several separate documents may be refused. | | | | | Telephone | | Fax |
| Email | | |
| I declare that I am the duly authorized representative for the organization. | | |
| Signature Date | | |

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| **SECTION 4 – PROJECT DETAILS** | | | | |
| Please select one (1) science discipline: | | Please select one (1) type of activity indicating that the associated letter(s) of support and/or lists of instruments are included with the application: | | |
| Please provide a short summary (maximum of 100 words) of the proposal using non-technical language for public release in case your proposal is accepted. | | | | |
| 1Please describe the project using keywords (maximum of 10) separated by semi-colons. | | | | |
|  | | | | |
| Please specify the area of expertise using keywords (maximum of 10) separated by semi-colons. | | | | |
|  |  | | |  |
| Estimated date of start: | | Estimated date of completion: | | |
| Detailed Project Description  As described in Appendix D of the AO, please attach a detailed description of the proposed research project, including objectives, methodology and an explanation of the role and responsibilities of each person involved in the proposed research project.  The cover page of the detailed project description must contain the title of the proposal, the name of the Lead Researcher and the legal name of the organization requesting the grant. Please limit the document to a maximum of 10 pages in searchable PDF-format (PDF/A-1a or PDF/A-2a formats preferred), with all security features disabled, 12pt type face, letter sized paper and 1” margins. | | | | |
| **SECTION 5 – TEAM MEMBERS (LEAD RESEARCHER AND RESEARCH TEAM)** | | | | |
| Please provide the names and contact information of the team members. Please attach the curriculum vitae (CV) in the format of your choice for **each member of the team.** Attach an additional sheet if needed. | | | | |
| **Team Member 1** | | | | |
| Full Name | | | Telephone | |
| Title / Position | | | Email | |
| Organization | | | Role in project | |
| **Team Member 2** | | | | |
| Full Name | | | Telephone | |
| Title / Position | | | Email | |
| Organization | | | Role in the project | |
| **Team Member 3** | | | | |
| Full Name | | | Telephone | |
| Title / Position | | | Email | |
| Organization | | | Role in the project | |
| **Team Member 4** | | | | |
| Full Name | | | Telephone | |
| Title / Position | | | Email | |
| Organization | | | Role in the project | |
| **Team Member 5** | | | | |
| Full Name | | | Telephone | |
| Title / Position | | | Email | |
| Organization | | | Role in the project | |
| **SECTION 6 - IMPLEMENTATION SCHEDULE** | | | | |
| Please attach an implementation schedule for the project consisting of, where applicable, a Work Breakdown Structure (WBS), detailed Work Package Descriptions (WPD), milestones, resource availability and allocation (personnel, facilities, laboratories, field sites, specialized equipment, etc.) as well as risk identification and mitigation. The CSA recommends presenting the implementation schedule in both a Gantt Chart and a tabular format. | | | | |
| **SECTION 7 - DETAILED BUDGET AND SOURCES OF FUNDING (CATEGORY A)** | | | | |
| Please provide a detailed itemized budget, according to the following eligible CSA budget categories  **Budget Breakdown ($)**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Budget**  **Category** | **Description**  **and Details** | **Amount Requested from the CSA** | | | | **Total Amount Requested from Other Sources** | **Total Project Budget**  **(CSA + Other)** | | **Year 1**  (April 1 to March 31) | **Year 2**  (April 1 to March 31) | **Year 3**  (April 1 to March 31) | **TOTAL**  (3 years) | | Access fees |  |  |  |  |  |  |  | | Accommodation and meals allowances |  |  |  |  |  |  |  | | Acquisition, development and printing of materials |  |  |  |  |  |  |  | | Acquisition or rental of equipment |  |  |  |  |  |  |  | | Aircraft and watercraft charter services |  |  |  |  |  |  |  | | Consultant services |  |  |  |  |  |  |  | | Costs for carrying out environmental screening and /or impact studies |  |  |  |  |  |  |  | | Costs related to obtaining security clearance |  |  |  |  |  |  |  | | Data acquisition |  |  |  |  |  |  |  | | Data management |  |  |  |  |  |  |  | | Laboratory analyses services |  |  |  |  |  |  |  | | Launcher services |  |  |  |  |  |  |  | | Licenses and permits fees |  |  |  |  |  |  |  | | Marketing and printing services |  |  |  |  |  |  |  | | Material and supplies |  |  |  |  |  |  |  | | Participation fees at conferences, committees and events |  |  |  |  |  |  |  | | PST, HST and GST net of any rebate or reimbursement to which the recipient is entitled |  |  |  |  |  |  |  | | Publication and communication services |  |  |  |  |  |  |  | | Registration fees |  |  |  |  |  |  |  | | Salaries and benefits |  |  |  |  |  |  |  | | Training |  |  |  |  |  |  |  | | Translation services |  |  |  |  |  |  |  | | Travel |  |  |  |  |  |  |  | | Tuition fees |  |  |  |  |  |  |  | | **Total before overhead** |  |  |  |  |  |  |  | | Overhead (administrative costs) (Universities: max of 20% of eligible costs.) |  |  |  |  |  |  |  | | **TOTAL** |  |  |  |  |  |  |  | | | | | |

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| **SECTION 7 - DETAILED BUDGET AND SOURCES OF FUNDING (CATEGORY B)** |
| Please provide a detailed itemized budget, according to the following eligible CSA budget categories  **Budget Breakdown ($)**   |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | **Budget**  **Category** | **Description**  **and Details** | **Amount Requested from the CSA** | | | | **Total Amount Requested from Other Sources** | **Total Project Budget**  **(CSA + Other)** | | **Year 1**  (April 1 to March 31) | **Year 2**  (April 1 to March 31) | **Year 3**  (April 1 to March 31) | **TOTAL**  (3 years) | | Accommodation and meals allowances |  |  |  |  |  |  |  | | Laboratory analyses services |  |  |  |  |  |  |  | | Travel |  |  |  |  |  |  |  | | **Total before overhead** |  |  |  |  |  |  |  | | Overhead (administrative costs) (Universities: max of 20% of eligible costs.) |  |  |  |  |  |  |  | | **TOTAL** |  |  |  |  |  |  |  | |

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| **SECTION 7 – OTHER SOURCES OF FUNDING** | | | | | |
| Please identify any current and/or proposed funding sources using the information in the detailed budget. | | | | | |
| Source of Funding (Name of Funding Organization and its Funding Program) | Contact Person (Full Name, Title and Telephone Number) | Type of Funding (In-kind, Grants, etc.) | Funding Amount ($) | % of Total Project Budget | Confirmed Funding?  (YES / No) |
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| **SECTION 8 – SUGGESTED REVIEWERS** | | | |
| Please identify suggested reviewers for this proposal. Note that these reviewers are suggestions and may not be required. | | | |
| Full Name | Organization | Telephone | Email |
|  |  |  |  |
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| **SECTION 9 – OTHER** | | | |
| Please provide other documents to support your proposal (e.g., letters of support from each member of the research team listed and letters of intent from organizations providing other sources of funding or in-kind contributions). | | | |

**Applicant Declaration on Confidentiality, Access to Information Act and Privacy Act**

The Applicant, through its duly authorized representative signing below, certifies as follows:

The CSA manages and protects the information provided by the applicant under the [*Privacy Act*](https://laws-lois.justice.gc.ca/eng/acts/p-21/) and the [*Access to Information Act*](https://laws-lois.justice.gc.ca/eng/acts/a-1/). By submitting your personal information, you consent to its collection, use and disclosure in accordance with the following Privacy Statement, which explains how the information about the applicant will be processed.

The information is collected under the ***CSA Class Grants and Contributions Program in Support of Awareness, Research and Learning - Research Component*** (ASC PPU 045) and Awareness and Learning Component (ASC PPU 040) . This information will be used for administration and application evaluation purposes. Personal information (such as name, contact information and biographical information) will be kept for 6 years and destroyed. According to the Privacy Act, any individual may, upon request, (1) have access to his or her personal data and (2) request correction of the incorrect information.

Applicants should also note that information relating to the Funding Agreement could be disclosed publicly in accordance with the laws, policies and directives of the Government of Canada.

For additional information regarding this statement, please contact:

Office of Access to Information and Privacy

Canadian Space Agency

Tel. : 450-926-4866

Email: [aiprp-atip@asc-csa.gc.ca](mailto:aiprp-atip@asc-csa.gc.ca)

I certify that I have read and clearly understand the above information and that the representation made herein is true and accurate.

|  |  |
| --- | --- |
| Signature | Date |
| Duly authorized representative (typed name and title) | |

## Supporting Documentation Form (for Organizations in Quebec)

## Relative to Chapter M-30 of the

### [*Act respecting the ministère du Conseil exécutif*](http://www2.publicationsduquebec.gouv.qc.ca/dynamicSearch/telecharge.php?type=2&file=%2F%2FM_30%2FM30_A.htm) (L.R.Q., c. M-30).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project Title** |  | | | |
| **Legal Name of Entity / Organization** |  | | | |
| 1) Under section 3.11, is the Applicant (proposed payee) a **municipal body or schoolbody** within the meaning of section 3.6.2 of the Act? | | | **Yes** | **No** |
| 2) Under section 3.12, is the Applicant (proposed payee) a **public agency** as defined by section 3.6.2 of the Act? | | | **Yes** | **No** |
| 3) If there is a signed agreement between the Applicant and the CSA, will the agreement affect a **government agency, municipal body, school body or public agency** as defined by section 3.6.2 of the Act? | | | **Yes** | **No** |
| If you answered “**Yes**” to any of the above questions, you must:   * Obtain the authorization from the [Secrétariat du Québec aux relations canadiennes](https://www.sqrc.gouv.qc.ca/index.asp) of the Quebec government before signing the funding agreement; and * Provide a copy of this authorization before the signature of the funding agreement. | | |  |  |
| If you answered “**No**” to all three questions, please submit this form, signed by the Duly authorized representative, with your application and any appropriate supporting documents. | | | |  |
| I certify that I have read and clearly understand the above information and that the representation made herein is true and accurate. | | | | |
| Signature | | Date | | |
| Duly authorized representative (typed name and title) | | | | |

Please review the relevant provisions of the *Act*, complete this form, have it signed by the **Duly Authorized Representative**, and return it to the CSA along with all the required supporting documents in your application.