



Request for Collaboration

If you are interested in pursuing a collaborative opportunity with a CONII-member college, please complete and return this form via email to conii@oce-ontario.org. The completed form will be shared with CONII's 24 member colleges to see if they may have the capacity and expertise to potentially assist you. Colleges will be given ~2 weeks to advise CONII of their interest to further explore this opportunity with your company. CONII will contact you within 2-3 weeks to advise of college responses and to discuss next steps.

Please note: This form is NOT an application for funding. If a collaborative project is developed with the college, a subsequent application will need to be completed to secure funding.

Business Information

Company name and contact information (address, phone, website etc)	
Primary Contact (include name, title, phone and email)	
Is the primary office of the business based in Ontario?	<input type="checkbox"/> YES <input type="checkbox"/> NO If NO, where is the primary office and what is the role of the Ontario based operation, if any?
Is the business incorporated? If so, in what year?	<input type="checkbox"/> YES <input type="checkbox"/> NO Date of incorporation:
Total number of employees	<input type="checkbox"/> 1 – 3 <input type="checkbox"/> 25-49 <input type="checkbox"/> 4 – 9 <input type="checkbox"/> 50-499 <input type="checkbox"/> 10-24 <input type="checkbox"/> 500 or more
Brief Company Description <i>(ie. market segment served, products on market, how financed, key members of the management team)</i>	
Has your business ever collaborated on an R&D project with an academic institution?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide name of academic institution(s):

Project Information *Please be concise yet provide enough detail for colleges to understand your company's needs.*

<p>Briefly describe the “technology” (may be a product, process or service etc) that you want to develop and/or commercialize. Indicate current stage of development (<i>ie. concept stage, prototype built, already tested, second generation/ improvement to be developed etc.</i>)</p>	
<p>To whom will the technology be sold and/or implemented? (<i>ie. who is the target market</i>)</p>	
<p>What alternatives/ competition exist in the market for this technology? How does it differ from your competitors/what are the advantages of this technology over its alternatives?</p>	
<p>Do you have a business/ commercialization plan developed?</p>	<p><input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PARTIALLY</p>
<p>Briefly describe the project that you are requesting assistance from a CONII-member college on. What resources or assistance do you require from a CONII-member college? What are the anticipated outcomes/ deliverables?</p>	

What is the business prepared to contribute to the project? <i>(ie. staff time and expertise, equipment, materials, cash etc.)</i>	
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General

Desired Start Date	
Desired Completion Date	
How did you learn about CONII?	
Attachments <i>Please list any supporting documents which have been included with this request</i>	
Additional Comments	

Once complete, please return this form via email to conii@oce-ontario.org

Form should be submitted in WORD or PDF format in order to facilitate processing. Receipt will be confirmed by email within 2 business days.