

# Application Form



Ontario Centres of  
Excellence  
Where Next Happens

## Application Information

<b>Applicant:</b>	<b>Application Number:</b>
Application Title	
OCE Contact	OCE Managing Region
Total Duration(Months)	
Application Type	Automotive Supplier Competitiveness Improvement Program (ASCIP)
	Project Contributor(s)

## Project Finance Summary

Source of Funds	Cash	In-Kind	Total
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## Summary of Proposal for Public release

## Project Classifications

Application Stage Gate:  
Ontario Innovation Agenda:  
CFI Code  
CFI Disciplines  
Keywords

## Team Information

**Applicant:**

**Application Number:**

### Applicant

Name	Company / Institution	Email	Address	Phone
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### Project Contributor(s)

Name	Company / Institution	Email	Address	Phone
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### Team Expertise and Qualification

Name	Affiliation	Expertise	Category
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### Company Profile

**Company:**

**Business Number:**

Company Size

Date of incorporation

Number of employees in Ontario

Total Number of Employees

Type

Revenue

Investment to date/source

Business plan

### Program Milestones

Milestone	Team Member	Expected Outcome	Time Frame
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Applicant:

Application Number:

## Use of Funds

Source of Funds Cash In-Kind Total

Item Description	Payee	Source of Funds	Type of funds	Budget Category	Quantity	Unit	Rate	Total
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**Total**

### Other Contribution

Contributor Name	Description	Type of Contribution	Contribution Total
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## Budget Summary

Source of Funds	Type of Funds	Budget Category				Total
		Salaries and benefit	Travel & living	Operating expense	Capital	

## Budget Justification

Referring to the Budget Table, please provide additional information to justify how OCE, Project Contributors and Other Contributors (as applicable) will support the successful completion of the project. Outline how the project plan, activities and outcomes are related to the proposed budget. Please note, it is mandatory to complete the section.