



Innovative Student Project Fund Application

The purpose of the Innovative Student Projects Fund (ISPF) is to provide SAIT students the opportunity to obtain financial support for resources required for their innovative student projects. These projects enable students to apply the skills and knowledge gained within their program in a real world context.

INSTRUCTIONS - Submitting your Application:

1. For funding criteria and more detailed application process visit <https://www.sait.ca/ispf>
2. Complete this form electronically. Hand written and/or incomplete application will NOT be accepted.
3. DO NOT include confidential information in this application.
4. Submit an electronic copy of your application form to SAIT.StudentProjects@sait.ca. Make sure it is digitally signed by your group, Project Sponsor/Mentor, Faculty Advisor, and Academic Chair.
5. Be prepared to present your project over a virtual meeting platform about 1-2 weeks after your application submission. You will have up to 5 minutes to present your project and will be able to share your screen and any resources you have prepared for the panel members. This will be followed by another 5 minutes for questions and comments from the panel members.
6. Please contact SAIT.StudentProjects@sait.ca with questions regarding Fund criteria and/or the application process.

PROJECT TITLE:	
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APPLICANT INFORMATION				
	Name	SAIT ID	Email	Phone
Applicant 1:				
Applicant 2:				
Applicant 3:				
Applicant 4:				
Applicant 5:				
Applicant 6:				
SAIT Program:				
SAIT Course Name:				
SAIT Course Number:				
SAIT School:				
Faculty Advisor:				
Academic Chair				
Project Sponsor/Mentor	Organization:			
	Primary Contact Name:			
	Title:			
	Email:			
	Phone:			
Project Start Date:				
Project End Date:				

Amount of Funding Requested:	
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Please answer the following questions:

- 1. Please provide a background of the project and what challenge is being addressed in your project?**

- 2. Who is your Project Sponsor/Mentor and what support will they provide?**

- 3. What are the goals/objectives/deliverables of this project?**

4. Please provide a project timeline with key milestones.

Milestone	Short Description of activities	Date

5. Provide an overview of you project plan and how you aim to achieve your goals and milestones?

6. What makes your project innovative?

- 8. Intellectual Property** (*ISPF doesn't maintain any ownership to IP created by students and their project sponsor. Please work within your team and project sponsor to determine who will retain ownership of intellectual property, it is highly recommended this is done prior to the start of the project.*)

- 9. Future Usage** (Please work with your faculty advisor to answer this section. Briefly outline how any major resources purchased with this funding could be used by other/future students in your program/school)

DECLARATION OF APPLICANT

I hereby certify that the information on this form is complete and true in all aspects. I understand that, upon approval of funding, I will be required to submit an outcomes report to Applied Research and Innovation Services at the end of the project and that funding will be distributed, unless otherwise discussed and agreed upon, on a reimbursement basis.

Information is collected under the authority of the Freedom of Information and Protection of Privacy Act, section 33(c). This information is used to determine your eligibility for funding. In the event you become a fund recipient this information may be used in whole or in part and may be reproduced or published and used for donor notification. If you have any questions or concerns regarding the use or collection of this information, please contact the Applied Research and Innovation Services department at SAIT.StudentProjects@sait.ca.

Print Name – Applicant 1:	Signature – Applicant 1:	Date:
Print Name – Applicant 2:	Signature – Applicant 2:	Date:
Print Name – Applicant 3:	Signature – Applicant 3:	Date:
Print Name – Applicant 4:	Signature – Applicant 4:	Date:
Print Name – Applicant 5:	Signature – Applicant 5:	Date:
Print Name – Applicant 6:	Signature – Applicant 6:	Date:

I agree with and verify what has been stated in this form. I support this application.

Print Name – Project Sponsor/Mentor:	Signature – Sponsor/Mentor:	Date:
Print Name – Faculty Advisor:	Signature – Faculty Advisor:	Date:
Print Name – Academic Chair:	Signature – Academic Chair:	Date: