



FORM 185

Information Required From Organizations Participating in the Special Research Opportunity (SRO) Program

Read the instructions before completing the form. Please read the *Access to Information Act* and the *Privacy Act*, under Policies and Guidelines, in the Program Guide section of NSERC's Web site. For eligibility questions, consult the *Program Guide for Professors*.

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	Facsimile number	
E-mail address		E-mail address		
Is your organization <input type="checkbox"/> Non-profit? <input type="checkbox"/> Private sector? <input type="checkbox"/> Municipal/Regional Government? <input type="checkbox"/> Provincial/Territorial Government? <input type="checkbox"/> Federal Government?				
Web site				
Types of activities of the organization:				
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
a) Cash contribution				
b) In-kind contribution				
Explain type of "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 the organization? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name, title and telephone number of authorized representative of the organization		Signature	Date	