INSTRUCTIONS

|  |
| --- |
| The following document should be used in conjunction with a full Mitacs Accelerate application in order to add a designated independent administrator who will hold the funds on behalf of an academic supervisor with a declared conflict of interest. |

# APPLICATION CHECKLIST for the Independent Administrator

|  |
| --- |
| **Mitacs requires the following information:**   * This Independent Administrator Profile form, completed. * Updated Memorandum (signature required) (section 2 of this form) |

For more information, contact a [**Mitacs Advisor**](https://www.mitacs.ca/about/mitacs-advisors/).

# Title of Project: Project title

# Internship (IT) number: IT#####

# Partner Organization: Organization

# Academic Supervisor name: Name

# Designator:

|  |  |
| --- | --- |
| Name: | Name |
| Academic institution: | Academic institution |
| Position: | Position |
| Department: | Department |
| Permanent email: | Email |
| Alternative email: | Email |

# Independent Administrator:

|  |  |
| --- | --- |
| Name: | Name |

|  |
| --- |
| *Please complete below only if Independent Administrator differs from Designator above:* |

|  |  |
| --- | --- |
| Academic institution: | Academic institution |
| Position: | Position |
| Department: | Department |
| Permanent email: | Email |
| Alternative email: | Email |

# Mitacs Accelerate Memorandum

The participants listed below confirm that the information presented accurately reflects their intention to apply to the Mitacs Accelerate program. The participants have also agreed to set in place an internship based upon the attached proposal. The participants acknowledge that they have read, understood, and agreed to abide by and uphold the project responsibilities applicable to each of them, available for reference at: <http://www.mitacs.ca/en/programs/accelerate/project-responsibilities> which include and are not limited to the following: It is understood that the partner organization contribution shall be provided to Mitacs Inc. prior to commencement of the internship; in the event that the partner organization funds are at the academic institution, the academic institution shall forward these funds to Mitacs. Upon research approval and the reception of the partner funds at Mitacs, Mitacs shall forward the funds to the academic institution as a research grant to the academic supervisor, and the internship stipend/salary will be paid to the student by the academic institution from the grant. Costs associated with this proposal as outlined in the budget can only be incurred after research approval of the proposal and the receipt of the partner funds at Mitacs.

Mitacs is unable to assume liability for any losses including — but not limited to — accidents, illness, travel, or other losses that may occur during the internship period. All undersigned parties agree that they are responsible for ensuring that they have appropriate insurance and meet any academic institution policies regarding health, safety, and travel preparation requirements. All parties also agree that the intern will provide Mitacs with a final report and that all participants will complete an exit survey within one month of project completion.

All parties involved with Mitacs Accelerate are bound by the standard intellectual property (IP) terms of the academic institution where the intern is enrolled; except where IP is covered by separate agreements to which the academic institution and the partner organization are parties and that are active during the dates of the internship. By signing this memorandum, you are acknowledging that you agree to the terms of the academic institution where the intern is enrolled. Institution-specific IP policies regarding Accelerate internships can be found at [Frequently Asked Questions (FAQ)](https://www.mitacs.ca/en/programs/accelerate/faq).

The participants listed below agree that Mitacs can disclose the provided personal information included in this proposal (email, LinkedIn, Twitter, Facebook, etc.) to the program’s funding partners. Mitacs can use this information for the purpose of communication and to evaluate the program and its outcomes during and after participants’ program tenure. The participants also agree that Mitacs will post the title of the project, the public project overview, the name of the partner organization(s), the name of the intern(s), the name of the supervisor(s) and the involved academic institution on [www.mitacs.ca/en/projects](http://www.mitacs.ca/en/projects) and may be used by Mitacs to publicize Mitacs Accelerate. Mitacs Privacy Policy can be found at [www.mitacs.ca/en/privacy-policy.](https://www.mitacs.ca/node/20705)

Internship participants (intern, academic supervisor, and partner organization) further agree to the following addendum(s):

Mitacs does not require, inspect, or enforce any additional terms as outlined by participants in the above addendum.

# Participant Signatures:

### Please sign, scan and save in PDF format.

I have reviewed and agree to the Mitacs Accelerate Memorandum.

I agree that the independent administrator indicated in section 1.6 has been appointed by the designator indicated in section 1.5 to hold and administer the grant for the internship awards on behalf of the academic supervisor indicated in section 1.4 for this project.

# Academic Supervisor:

|  |  |
| --- | --- |
| Name: | Name |
| Department: | Department |
| Academic institution: | Academic institution |

|  |  |  |
| --- | --- | --- |
| Signature: | Add Signature | Date: yyyy-mm-dd |

# Designator:

|  |  |
| --- | --- |
| Name: | Name |
| Position: | Position |
| Department: | Department |
| Academic institution: | Academic institution |

|  |  |  |
| --- | --- | --- |
| Signature: | Add Signature | Date: yyyy-mm-dd |

# Independent Administrator:

|  |  |
| --- | --- |
| Name: | Name |
| Position: | Position |
| Department: | Department |
| Academic institution: | Academic institution |

I declare that I will hold and administer the internship grant on behalf of the academic supervisor listed above, and I will act in the best interests of the interns supervised by the academic supervisor listed above.

|  |  |  |
| --- | --- | --- |
| Signature: | Add Signature | Date: yyyy-mm-dd |

# Academic Institution Office of Research Services Representative:

|  |  |
| --- | --- |
| Name: | Name |
| Position: | Position |
| Academic institution: | Academic institution |

|  |  |  |
| --- | --- | --- |
| Signature: | Add Signature | Date: yyyy-mm-dd |