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| **OWC – Mitacs Project Intake Form** |

*Please complete the below information to the best of your ability.*

**1.0 Contact Information**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Affiliation: |  |
| E-Mail: |  |

**2.0 To Be Completed Only If You Represent The Project Host/Sponsor (Company or Municipality)**

Have you already identified an academic partner for this project?

**NO** – do you wish to seek OWC’s assistance?  **YES**   **NO**

**YES** - Please provide the name of the institution, academic supervisor, and the student/post-doc researcher that you have identified as partners to your project:

|  |  |  |
| --- | --- | --- |
| **Academic Institution** | **Academic Supervisor** | **Student/Post-Doc Researcher** |
|  |  |  |
|  |  |  |

**3.0 To Be Completed Only If You Represent The Academic Partner**

Have you already identified a partner host/sponsor for this project?

**NO** – do you wish to seek OWC’s assistance?  **YES**   **NO**

**YES** - Please provide the following contact information for the project partner host/sponsor:

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Affiliation: |  |
| E-Mail: |  |

**4.0 Project Information**

What is the working title of the proposed project?

Briefly describe the goals and/or objectives of the proposed project:

What is the anticipated duration of the proposed project?

How many interns are required for the proposed project?

How many 4-month Mitacs internship units are being requested for the proposed project?

***Please submit the completed form to*** [***programs@ontariowater.ca***](mailto:programs@ontariowater.ca)***.***