

# Saskatchewan Commercial Innovation Incentive (SCII) Notice of Cascading and Forking Form

---

## CONTACT PERSON INFORMATION

Salutation:  Mr  Mrs  Ms  Dr  Prof

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Title: \_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

## ORGANIZATION INFORMATION

Full legal name of your organization (*The legal name as shown on the certificate of incorporation/registration*):

\_\_\_\_\_  
If operating under a different corporate name than listed above, identify the name:

\_\_\_\_\_  
Saskatchewan Commercial Innovation Incentive (SCII) identification number: \_\_\_\_\_

Application Title: (*As identified in the SCII Application*):

*(Maximum 250 characters including spaces)*

1. Provide a detailed explanation of the proposed cascading innovation or forking innovation (*i.e., the good, service, or process*).  
 (Maximum 4,500 characters including spaces)

2. From the lists provided below, please select all boxes that apply to the intellectual property (IP) rights and ownership status relating to the proposed cascading innovation or forking innovation.

**Patent Status in Canada**

- None filed
- Filed pending approval
- 1-3 granted
- More than 3 granted

**Patent Status International**

- None filed
- Patent Cooperation Treaty filed
- Filed pending approval
- 1-3 granted
- More than 3 granted

**IP Licenses**

- No patent/copyrights
- Owned by the applicant company
- Written licence from Canadian 3<sup>rd</sup> party
- Written licence from non-Canadian 3<sup>rd</sup> party

**Other IP Protection**

- None/Not Applicable
- Trade secrets
- Trademarks
- Copyright
- Plant Breeders' Rights
- Industrial Design Right
- Other

**A copy of all relevant patents, IP licences, or proof of plant breeders' rights approval is attached:**  Yes  No

3. Describe the IP, whether owned or licensed. Clearly indicate the dates that patents or licences will expire. For IP licences, clearly indicate if the relationship is exclusive or non-exclusive and provide associated details.

*(Maximum 4,500 characters including spaces)*

4. Provide a detailed explanation concerning how the IP in your organization's original SCII application is directly related, in whole or part, to the proposed cascading innovation or forking innovation.

*(Maximum 4,500 characters including spaces)*

5. Provide a detailed explanation concerning how it can be verified that the proposed cascading innovation or forking innovation is directly linked to the relevant IP contained in your organization's original SCII application innovation.

*(Maximum 4,500 characters including spaces)*

6. Does your organization have a written outside endorsement(s) concerning how the proposed cascading innovation or forking innovation is directly linked to the relevant IP contained in your organization's original SCII application?

Yes  No - If yes, attach to your submission of this form

**Written outside endorsement(s) attached:**  Yes  No

# Declaration

## AUTHORIZED OFFICIAL OF THE APPLICANT ORGANIZATION ACKNOWLEDGEMENTS

Please check-off each box below before signing; failing to do so will render the application invalid.

<input type="checkbox"/>	I have read and agree with the above acknowledgements and certify that all statements and information furnished in this form are true, complete, and correct to the best of my knowledge.
<input type="checkbox"/>	I confirm that the individual authorized to sign the application has reviewed the form and agrees that the information provided is accurate and as complete as possible.
<input type="checkbox"/>	I confirm that the individual authorized to sign the application understands all the SCII program requirements and obligations as defined in: <ol style="list-style-type: none"> <li>1. <a href="#">The Saskatchewan Commercial Innovation Incentive (Patent Box) Act</a> and accompanying <a href="#">regulations</a>;</li> <li>2. <a href="#">The Income Tax Act, 2000</a> Section (64.6)</li> </ol>
<input type="checkbox"/>	I confirm that the individual authorized to sign the form understands the program requirements pertaining to sharing any reasonably requested corporate information and documentation as may be required by the Government of Saskatchewan to determine program eligibility and/or qualifying tax rebate payments.

**Name:** \_\_\_\_\_

*Fill in the name of the individual with signing power/the authority to enter into an agreement. **Note:** This person may be different from the contact person listed in the application form.*

**Title:** \_\_\_\_\_

*Fill in the title of the individual with signing power/the authority to enter into an agreement.*

\_\_\_\_\_  
Signature

*The signature of the individual with signing power/the authority to enter into an agreement.*

\_\_\_\_\_  
Date

