

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 3rd party
- Written licence from non-Canadian 3rd 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"> 1. The Saskatchewan Commercial Innovation Incentive (Patent Box) Act and accompanying regulations; 2. The Income Tax Act, 2000 Section (64.6)
<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