

# Saskatchewan Commercial Innovation Incentive (SCII)

## Proposed New Economic Benefit Benchmark Form

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### 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:

\_\_\_\_\_

Mailing address (including suite, unit, apt #):

\_\_\_\_\_

City: \_\_\_\_\_ Province / State: \_\_\_\_\_

Country: \_\_\_\_\_ Postal / ZIP Code: \_\_\_\_\_

Provide a detailed explanation of the proposed new economic benefit benchmark and how it will be of benefit to Saskatchewan.  
*(Maximum 4,500 characters including spaces)*

Provide a detailed explanation concerning how the proposed new economic benefit benchmark will be demonstrated and measured.

*(Maximum 4,500 characters including spaces)*

Provide a detailed explanation concerning how the proposed new economic benefit benchmark will be verified by the Ministry of the Economy.

*(Maximum 4,500 characters including spaces)*

# 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 fully understand the contents of the Saskatchewan Commercial Innovation Incentive: <a href="#">Program Overview and Application Instructions</a> document.
<input type="checkbox"/>	I have read and agree with the above acknowledgements and certify that all statements and information furnished in this application 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 application 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 application understands the legal requirements pertaining to identifying/establishing an SCII eligible corporation before qualifying commercialization activities in Saskatchewan occur.
<input type="checkbox"/>	I confirm that the individual authorized to sign the application 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