**CMIEDF Basic Eligibility Criteria Attestation Form**

**Introduction**

Thank you for submitting your application to the CMIE Development Fund Summer 2025 call for project funding. As a network being funded by the Strategic Innovation Fund (“SIF”) and administered by Innovation, Science and Economic Development Canada (“ISED”), all Projects must meet the Basic Eligibility Criteria set out by ISED. To maintain the highest standard of public trust and confidence in the integrity of the CMIE Network, it is required that all awarded project applicants carry out their duties honestly, responsibly and in accordance with the highest ethical standards and professional integrity.

We therefore require that all CMIEDF project applicants complete the following Basic Eligibility Criteria Attestation Form to ensure the applicants eligibility for obtain CMIEDF Contributions and partake in the CMIE Network.

**Definitions**

**CMIEDF Contributions:** The portion of the Total Eligible Supported Costs that will be reimbursed to Ultimate Recipients by the CMIEDF.

**Small and Medium Enterprise (SME):** A corporation employing fewer than 500 paid employees.

**Project Lead:** The lead Canadian organization that is applying for this funding request. The Project Lead will be the primary contact for CMIE staff during the application and review process. Should the project be selected for funding, the Project Lead will have the responsibility of coordinating the project, ensuring that project spending is in line with the project budget, and reporting on behalf of all Ultimate Recipients.

**Collaborator or Ultimate Recipient:** The Project Lead and the other Canadian organization(s) collaborating on project activities who will receive a part of the CMIEDF Contribution (they are known as Collaborators during the application process and Ultimate Recipients after project selection). These include:

* **Academic Collaborators:** Universities, colleges and publicly assisted postsecondary institutions located in Canada which grant degrees or diplomas and Academic Affiliated Institutions, or research institutions wholly owned or controlled by a Canadian university.
* **Industry Collaborators:** Corporations, including not-for-profit organizations, incorporated, and operating in Canada or any province or territory of Canada that are not Academic Collaborators.

1. **Submission Information**

Project Lead Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Affiliated Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Basic Eligibility Criteria**

Applications submitted to the CMIEDF must declare that their application submitted to the CMIEDF meets the Basic Eligibility Criteria:

1. The project is within the medical isotope sector.
2. Involves a minimum of one (1) SME as an Ultimate Recipient on each eligible project.
3. Includes collaborators that have the financial capacity to carry out their eligible projects or will have the financial capacity within 6 months of award.
4. At least $50,000, but no more than $500,000 has been requested from the CMIEDF.
5. A minimum of 90% of project activities will be carried out in Canada.
6. No more than 75% of the Project funding, including the CMIEDF funding, is from any level of Canadian government funding.

[ ] Yes

[ ] No

If you replied no above, please provide additional information:

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**DECLARATION:**

I acknowledge that I am aware that failure to make proper disclosure or otherwise comply with terms set out in the CMIEDF Basic Eligibility Criteria Attestation Form may be grounds for removal from any CMIEDF contributions and/or participation in the Network.

I confirm that I have reviewed the CMIEDF Basic Eligibility Criteria Attestation Policy and attest that I have made all disclosures required pursuant to the Policy.

I declare that, to the best of my knowledge and belief, the information contained in this CMIEDF Basic Eligibility Criteria Attestation Form is true and complete.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_