



Innovative Student Project Fund Outcome Report

INSTRUCTIONS:

1. Complete this form electronically. Hand written forms/or incomplete forms will not be accepted.
2. Individuals that require reimbursement from ISPF must submit their own Expense Claim Form.
3. **DO NOT** include confidential information in this report. The information may be used in whole or in part in the public domain to communicate projects supported by the Innovative Student Projects Fund (ISPF).
4. Submit the following to SAIT.StudentProjects@sait.ca:
 - a. Electronic copy of your application form that is digitally signed by your group, Industry Sponsor, Faculty Advisor, and Academic Chair. (Note: Handwritten signatures will also be accepted but you must attach both this original document and a separate copy with manual signatures if you choose this method. You cannot mix digital and handwritten signatures for your submission, so choose only one method)
 - b. Industry Sponsor Outcome Letter
5. Contact Ehsan Aminfar, Applied Research & Innovation Services at 403.284.7190 or SAIT.StudentProjects@sait.ca with any questions.

Project Title:	
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Applicant Information				
	Name	SAIT ID	Email	Phone
Applicant 1:				
Applicant 2:				
Applicant 3:				
Applicant 4:				
Applicant 5:				
Applicant 6:				
SAIT Program:				
SAIT Course Name:				
SAIT Course Number:				
SAIT School:				
Faculty Advisor:				
Academic Chair				
Project Sponsor	Organization:			
	Primary Contact Name:			
	Title:			
	Email:			
	Phone:			

Amount of Funding Approved:	
Amount being Claimed:	

REPORT ON PROJECT ACTIVITY:

- 1. Provide a summary “story” of your Project (i.e., Project Goal, Objectives, Deliverables, Outcomes Implemented, Benefits for students, Faculty Advisor and Project Sponsor).**

- 2. Describe the work undertaken by students on the Project Team. Please also briefly comment on the roles of your various stakeholders (e.g., Project Sponsor, Faculty Advisor and others).**

- 3. Describe how your project demonstrated innovative thinking.**

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4. Describe how your applied research project addressed an existing industry problem. Describe the benefits of the project for your Project Sponsor. How has your Project assisted your Project Sponsor's applied research and development efforts?

5. Describe your project experience. How has this Project enabled you to:
- a. Apply and enhance the *knowledge and skills* you have developed within your course/program of study at SAIT in a real-world context?

- b. Gain experience?

c. Build collaborative relationships with various stakeholders (e.g., SAIT employees and students, industry and other external organizations)?

6. Please provide the actual budget breakdown of the project.

Budget Item	ISPF Request	Project Sponsor Contribution	Other Contribution
Total - Final ISPF Contribution Spent			
Total - Final Project Sponsor Contribution			
Total - Other Contribution			
TOTAL PROJECT BUDGET			



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7. Provided summary of reimbursements and expense claims forms:

Individual		Amount Claimed	Expense Claim Form Submitted
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
ARIS			<input type="checkbox"/> Yes <input type="checkbox"/> No
Faculty			<input type="checkbox"/> Yes <input type="checkbox"/> No
Total			

Note: Total here should match Final ISPF Contribution Spent

8. Any items purchased with ISPF funds must be retained in a secure location at facilities situated on one of SAIT's campuses.

In accordance with SAIT Policy AC.3.10 (Ownership of Student Produced Work), SAIT reserves the right to retain physical possession of items acquired with ISPF funding and work resulting from this Project. In the event that SAIT approves the retention by you of any items resulting from the Project (the "Retained Items"), then you waive and release SAIT, its governors, officers, employees, consultants and agents from all claims, liabilities, losses and costs resulting from or related to the Retained Items. This waiver and release shall survive the Expiry Date of the project.

In the table below, please indicate the location(s) where the materials associated with this project are being held.

Item	Program to use in the future?	Location (room/office)



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DECLARATION OF APPLICANT

I hereby certify that the information in this Outcomes Report and accompanying Expense Claim Form is complete and true in all aspects.

Information is collected under the authority of the Freedom of Information and Protection of Privacy Act, section 33(c). Information may be used in whole or in part and may be reproduced or published and used for donor notification. If you have any questions or concerns regarding the use or collection of this information, please contact the Applied Research and Innovation Services department at SAIT.StudentProjects@sait.ca or 403.284.7190.

Print Name – Applicant 1:	Signature – Applicant 1:	Date:
Print Name – Applicant 2:	Signature – Applicant 2:	Date:
Print Name – Applicant 3:	Signature – Applicant 3:	Date:
Print Name – Applicant 4:	Signature – Applicant 4:	Date:
Print Name – Applicant 5:	Signature – Applicant 5:	Date:
Print Name – Applicant 6:	Signature – Applicant 6:	Date:

I agree with and verify what has been stated in this form. I support this submission.

Print Name – Project Sponsor:	Signature – Project Sponsor:	Date:
Print Name – Faculty Advisor:	Signature – Faculty Advisor:	Date:
Print Name – Academic Chair:	Signature – Academic Chair:	Date: