

INSTRUCTIONS:

1. Complete this form electronically. Handwritten forms/or incomplete forms will not be accepted.
2. Individuals that require reimbursement from the program must submit their own Expense Claim Form.
3. **DO NOT** include confidential information in this report. The information may be used as a whole or in part in the public domain to communicate about projects supported by these student innovation funds.
4. Submit the following to SAIT.StudentProjects@sait.ca:
 - a. Electronic copy of your application is **digitally signed by your group, Project Sponsor (Industry partner or ARIS centre), Faculty Advisor (program instructor) , and your program's 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 Neila Julca, Applied Research & Innovation Services at 403.774 5302 or SAIT.StudentProjects@sait.ca with any questions.

PROJECT TITLE:	
SUSTAINABLE DEVELOPMENT GOAL (SDG) ADDRESSED	

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				



Student Innovation Fund Outcome Report

Project Sponsor	Organization:	
	Primary Contact Name:	
	Title:	
	Email:	
	Phone:	

Amount of Funding Approved:	
Amount being Claimed:	

Please provide feedback on your experience. Describe what you learned through your project. What worked? What could be improved?

Please keep answers to a maximum of 5 sentences. For any further comments please email SAIT.StudentProjects@sait.ca

REPORT ON PROJECT ACTIVITY:

- 1. Provide a summary 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.**

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.

[illegible]

Total - Final Fund Contribution Spent	\$ 0.00		
Total – Final Project Sponsor Contribution	\$ 0.00		
Total - Other Contribution	\$ 0.00		
TOTAL PROJECT BUDGET	\$ 0.00		

7. Provided summary of reimbursements and expense claims forms (Check yes or no):

Individual		Amount Claimed	Expense Claim Form Submitted
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
			☐ Yes ☐ No
ARIS			☐ Yes ☐ No
Faculty			☐ Yes ☐ No
Total		\$ 0.00	

Note: Total here should match Final Fund Contribution Spent

8. Any items purchased with the fund 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 this fund 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 respects.

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 – Faculty Advisor:	Signature – Faculty Advisor:	Date:
Print Name – Academic Chair:	Signature – Academic Chair:	Date:
Print Name – Project Sponsor/Mentor (If applicable):	Signature – Sponsor/Mentor:	Date:

The personal information collected through Student Innovation Fund Outcome Report is for reimbursement purpose and verification of project success. This collection is authorized by section 4(c) of the Protection of Privacy Act. For questions about the collection of personal information, contact Nelia Julca at nelia.julca@sait.ca).