



# THE UMIDEA PROGRAM

INNOVATIVE DESIGN FOR ENGINEERING APPLICATIONS



## BIOSYSTEMS PROJECT APPLICATION FORM

### COMPANY INFORMATION

Legal Company Name: \_\_\_\_\_

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

City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_

### Company Description

### CONTACT INFORMATION

	Primary Contact	Secondary Contact	Accounting Department Contact
Name:			
Position:			
Office Phone:			
Cell Phone:			
Email:			
Expected Payment Timeline: (Upon Receipt, Net 30/60)	N/A	N/A	

Please mark the preferred phone number for each contact with \*

## PROJECT INFORMATION

This project is for the Biosystems (September-April) course.

**Project Category (pick as many as are applicable)**

<input type="checkbox"/> Agricultural	<input type="checkbox"/> Biomedical	<input type="checkbox"/> Bioresource	<input type="checkbox"/> Environmental
<input type="checkbox"/> Design and Development	<input type="checkbox"/> Process Improvement & Management	<input type="checkbox"/> Facility Planning/Workplace Health& Safety	

**Project Title:** \_\_\_\_\_

**Project Background (Product, Process, Current problems experienced, etc.)**

**Design Goal/Problem Statement (“Design/Develop a...”)**

**Design Requirements and Restrictions**

**Expected Project Deliverables (CAD Model, BOM, FMEA, Preliminary Engineering Drawings, etc.)**

**Please list any requirements students have to fulfill to participate in this project (Background Checks, Certifications, etc):**

## APPLICATION SUBMISSION

Fill out form and send via email to the IDEA Program at [uofmidea@umanitoba.ca](mailto:uofmidea@umanitoba.ca).