



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)

- Agricultural
- Biomedical
- Bioresource
- Environmental
- Design and Development
- Process Improvement & Management
- 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.