

Cybersecurity Initiatives Program Participation Form

Eligible Organizations (EOs) who wish to participate in the Cybersecurity Initiatives Program are required to execute the Organization Cybersecurity Collaboration Agreement (OCCA) with CANARIE and then can proceed with implementing initiatives through their NREN Partner.

The information included in this form is required for the agreement. Please review the highlighted areas of the [sample OCCA](#) to facilitate completion of this form.

All asterisk fields (*) are required.

*** Eligible Organization**

Please select your organization from the drop-down menu below. If your organization is not listed, please contact your NREN Partner.

*** Legal name of your organization:**

For example:

- CANARIE's legal name is CANARIE Inc.
- The Governors of the University of Lansdowne.

*** Incorporated under the laws of:**

For example:

- The University of Lansdowne is "...incorporated under the laws of Canada."
- The University of Lansdowne is "...an educational institution established by the Royal Charter of 1872, as amended."

*** Organization type:**

For example:

- The University of Lansdowne is a not-for-profit, educational institution.
- The University of Lansdowne is a corporation.

*** Organization’s contact person for the purposes of this Agreement**

Please provide information for your organization’s contact person for the purposes of this Agreement. See page 2 of the Organization Cybersecurity Collaboration Agreement. The contact person should be your organization’s CIO, CISO, or equivalent.

- First Name
- Last Name
- Title
- Address
- City
- Province/Territory
- Phone Number
- Email Address:

*** Organization’s signing authority for the purposes of this Agreement**

Please provide information for your organization’s authorized signing authority for the purposes of this Agreement. See page 2 of the Organization Cybersecurity Collaboration Agreement.

Note: This person must have the authority to legally bind the organization.

- First Name
- Last Name
- Title
- Address
- City
- Province/Territory
- Telephone
- Question Title
- Email Address: