



Received On:

**OFFICE OF RESEARCH
Grant Submission Form**
(Rev Jan. 2014)

DOOR # :

1. APPLICANT INFORMATION

A. Principal Investigator at Concordia

Principal Investigator: Full-Time Tenured/Tenure Track
 Adjunct Other

Department/Faculty:

Phone Extension: Email:

B. Co-Applicants *(if applicable)*

Co-applicant(s):

2. INTER-INSTITUTIONAL INFORMATION

Complete this section only if you are the co-applicant on an application that is being submitted through another university.

Principal Investigator *(Name and affiliation)*:

Co-applicants at Concordia *(Name(s) and Department(s))*:

Research Funding to be Transferred? : Yes No: Approx. Amount: \$ /# year (s)

3. AGENCY AND PROJECT INFORMATION

Funding Agency:

Program:

Title of Proposal:

Pre-Application *(LOI, NOI, EOI, etc)* Full Application

Start Date : End Date:

Is there an international component (example: research focus, collaboration, field trips, etc)? Yes

Institution(s) and Country:

4. GRANT TYPE AND REQUESTED BUDGET

| A. Type of Funding Requested | B. Amount Requested per Year (\$) |
|--|--|
| <input type="checkbox"/> Research Grant (Partnership Support not included) | Year 1: \$ |
| <input type="checkbox"/> Research Grant with Industry/Partnership Support | Year 2: \$ |
| <input type="checkbox"/> Infrastructure/Equipment Grant | Year 3: \$ |
| <input type="checkbox"/> Conference/Travel Grant | Year 4: \$ |
| <input type="checkbox"/> Chair/Fellowship/Salary Grant | Year 5: \$ |
| <input type="checkbox"/> Prize/Recognition Award | Year 6: \$ |
| <input type="checkbox"/> Other/Research Donation | Year 7: \$ |

| 5. MATCHING FUNDS | | | |
|--|-----------|-----------|--------------------------|
| <i>Complete this section only if the application requires funding \$ to match the requested amounts.</i> | | | |
| Source/Name | Amount \$ | Account # | Confirmed |
| 1. | | | <input type="checkbox"/> |
| 2. | | | <input type="checkbox"/> |
| 3. | | | <input type="checkbox"/> |
| 4. | | | <input type="checkbox"/> |
| 5. | | | <input type="checkbox"/> |
| Note(s) : | | | |

| 6. INSTITUTIONAL COMMITMENTS | | |
|--|------------------------|--|
| A. Financial Contribution(s) by the Faculty | Amount (\$) and Source | Faculty's Approval (Designate's Signature & Date) |
| <input type="checkbox"/> Cash Contribution | | |
| <input type="checkbox"/> Support for Students | | |
| <input type="checkbox"/> Installation of Equip/Renovation of Space | | |
| <input type="checkbox"/> Overhead Waiver | | |
| <input type="checkbox"/> Other: | | |
| B. Specific Requirements | | Faculty's Approval (Designate's Signature & Date) |
| <input type="checkbox"/> Course Remission | # of credits: | |
| <input type="checkbox"/> Additional Space | Location: | |
| <input type="checkbox"/> Access to Special Facilities/Equipment | Location: | |
| <input type="checkbox"/> Other: | | |
| Note(s): | | |
| C. Contribution by the Central Office (OVRGS) | Amount (\$) | VP-RGS Approval (Signature & Date) |
| <input type="checkbox"/> Cash Contribution | | |
| Note(s) : | | |

| 7. OPEN ACCESS | | |
|--|------------------------------|-----------------------------|
| On April 16, 2010 Senate passed an open access resolution encouraging researchers to publish in an open access journal and requiring that peer-reviewed publications be deposited in <i>Spectrum</i> , the university's repository. This requirement is not binding in cases where publishers, co-authors or other rights holders disallow such a deposit. | | |
| Have you deposited publications in <i>Spectrum</i> ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Would you consider depositing your publications in <i>Spectrum</i> ? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

| 8. COMPLIANCE | Does the proposed research include: | YES | NO | Existing Certificate - if any (# and year) |
|---|-------------------------------------|--------------------------|--------------------------|--|
| Human Participants <i>Examples: interviews, questionnaires, observations of behaviours, use of non-public records that may contain identifying information, administration of drugs, blood samples, tissue samples, etc</i> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Animals <i>All research involving animals (in labs and in the field)</i> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Controlled Goods/Technology <i>Examples: global navigation satellite systems, nuclear weapons, design testing equipment, tanks, munitions, ammunitions, and some firearms. The complete list as defined by the CG Regulations and the Defence Production Act must be consulted.</i> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Hazardous Materials and/or Explosives <i>Examples: Chemicals - flammables combustibles, corrosives, toxic, carcinogens; Explosives and Compressed gases; Cryogenic gases</i> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Biological/Biohazardous Materials <i>Examples: Bacteria, fungi, virus, parasites, blood, body fluids, tissues, DNA</i> | | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Hazards (check all that apply) <input type="checkbox"/> Radioisotopes, <input type="checkbox"/> Lasers, <input type="checkbox"/> X-ray equipment, <input type="checkbox"/> High magnetic fields (greater than 0.5mT (5G)) | | <input type="checkbox"/> | <input type="checkbox"/> | |

| 9. APPROVALS (Tri-Council Responsible Conduct Statement) | |
|---|------|
| <p>The Principal Investigator accepts full responsibility for the proper conduct of the project as described in the proposal and agrees to abide by all the rules, regulations and policies of the granting agency, in addition to the University, to the extent that they may apply to this project.</p> <p>In cases of a serious breach of agency policy, the agency may publicly disclose my name, the nature of the breach, the institution where I was employed at the time of the breach, the institution where I am currently employed. I accept this as a condition of applying for, or receiving agency funding and I consent to such disclosure.</p> <p><i>I affirm that I have read and agree to respect all the policies of agencies that are relevant to my research, including the Tri-Agency Framework: Responsible Conduct of Research.</i></p> <p><i>I certify to the best of my knowledge that the proposed research will be carried out in accordance with the appropriate compliance and ethics guidelines/regulations</i></p> | |
| Principal Investigator | Date |
| Faculty Dean (or Designate) | Date |
| VP, Research & Graduate Studies (or Designate) | Date |

| 10. OFFICE OF RESEARCH INFORMATION | | | |
|---|-------------------------------------|-------------------|-------------------------------------|
| Indirects Cost : | | | Submission : |
| <input type="checkbox"/> SIRU (Provincial) | <input type="checkbox"/> Waived | Overhead % : | <input type="checkbox"/> Paper |
| <input type="checkbox"/> FIDC (Federal) | <input type="checkbox"/> Included | Total Amount \$: | <input type="checkbox"/> Electronic |
| <input type="checkbox"/> Other / (Industry Part.) | <input type="checkbox"/> Ineligible | OOR Portion \$: | <input type="checkbox"/> Both |
| <i>Note: Appropriate overhead may be deducted directly from the grant's awarded amount if applicable.</i> | | | |