Queen's University

University Research Grant Program for Faculty Members and Professional Librarians Application Form

Please refer to the application guidelines and Revenue Canada Agency Income Tax Folio S1-**F2-C3**. All applications must be approved by Department Head, Faculty Dean and University Research Services. This application is for: Non-Sabbatical University Research Grant Sabbatical University Research Grant I. PERSONAL INFORMATION Name Employee No. Rank E-mail & Tel No. Department Faculty

Date

Signature

II. PROPOSED RESEARCH

Title of Project:						
Location(s) of Research:						
Period of Grant:	Date Starting:			Date Ending:		
Monthly Deductions to be	effected fo	r the Perio	od			
	Date	Starting:		_ Da	ate Ending:	
You may apply for a grathe grant is requested in calendar year. The grant one installment per taxa	one lump will be iss	sum payı	ment, this am	ount will a _l	opear on a T4A for t	hat
Total Amount Requested	d by Calen	dar Year:				
\$ in	(year)		\$	i1	n (year)	_
Please indicate if the foll	owing are	required	. Attach appro	oval forms	where applicable.	
Human Ethics Review:	No	Yes	If yes,	status		
			Attach sl	neet for rese	arch involving human	subjects
Biohazards Review:	No	Yes	If yes,	status	Level of Contain	nment:
Animal Care Review:	No	Yes	If yes,	status	Protocol #:	

For non-sabbatical applicant: Describe the research project, indicating the nature of the inquiry and the methods of investigation you propose to use. (add maximum 2 pages)

For sabbatical applicant: Attach your approved program of research and budget justification.

III. PROPOSED BUDGET

Human Resources	Research Assistants		
	Clerical Assistants		
	Others (Please Speci	fy)	
Travel	Accommodation		
	Travel		
Equipment			
Supplies & Materi	als		
Others (please spe	ecify)		
		TOTAL REQUESTED:	
research prograr period of employ	n must be given on one a	elements of this budget in relation to appended page. Include, if known, na e. Add details of travel, equipment, su litures.	mes of personnel
IV. CER	ΓΙΓΙCATION OF DEP	PARTMENT AND DEAN OF FAC	CULTY:
I have reviewed	this proposal, and I am	satisfied that:	
a) the Uni	versity will benefit from	this research activity;	
b) the activ	vity is timely and approp	priate for the field of interest of the re-	searcher;
	•	dget appear reasonable and justifiable	
d) amount for sabb		salary for non-sabbaticant or not exce	eed 80% of salary
I recommend th	at this grant application	be approved	
Signature of Dep	partment Head	Department	Date
 Signature of Dea	 n	 Faculty	 Date

V. CERTIFICATION OF DIRECTOR OF UNIVERSITY RESEARCH SERVICES:

This application has been reviewed and approved by the Di Services.	rector of University Research
_ Director of University Research Services Signature	Date
REPORTING : All awardees must submit a brief progress rethe award period to University Research Services and their l	-
The personal information collected on this form is collected Royal Charter of 1841, as amended. The information collected	

The personal information collected on this form is collected under the authority of the Queen's Royal Charter of 1841, as amended. The information collected will form part of the records held at University Research Services and the appropriate Faculty Office. It will be used for the administration of this research funding program. Information used for external reports will be limited to information that is already in the public domain or as requested from Canada Customs and Revenue Agency, Income Tax Rulings Directorate. If you have any questions or concerns about the information collected please contact University Research Services, Queen's University at 613-533-6081.