



Northern Ontario
School of Medicine
École de médecine
du Nord de l'Ontario
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Northern Ontario School of Medicine

Application for the Use of a Portion of Salary as a Research Grant

Submit to your Division Head for approval on or before _____.

Note: Append additional pages where necessary

A. General Information (Please Print)

Applicant's Name: _____

Phone: (_____) _____ Cell: (_____) _____

Division: _____

Title of Research Project: _____

Location(s) of Research (Please be as specific as possible): _____

Total Amount of Grant Requested: \$ _____

Length of Leave: _____

Start Date: _____ End Date: _____

If Sabbatical Leave, indicate the term of the leave approved by the Division Head:

Start Date: _____ End Date: _____

The period during which the research grant in lieu of salary will be paid to the Faculty Member and deducted from the Faculty Member's salary:

Start Date: _____ End Date: _____

B. Outline of Proposed Research:

Provide information on the following areas in sufficient detail to allow adjudication of the request by qualified assessors: **brief description in scientific layperson's terms**, objective(s), research plans/methods, work already completed, in progress, to be undertaken and projected outcomes.

C. Budget

The purpose and objectives of the proposed expenditure must be warranted in the context of the research project. Please enter budget items below, **providing as much detail as possible**. **APPLICATIONS WHICH DO NOT PROVIDE SUFFICIENT DETAIL WILL BE RETURNED.** Please review the

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program guidelines and Revenue Canada Interpretation Bulletin IT-75R4, which can be found at: <http://www.cra-arc.gc.ca/E/pub/tp/it75r4/it75r4-e.html> for information regarding allowable expenses and restrictions on the total amount of funds which can be requested.

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Equipment (Please list specific items)

Description	Quantity	Unit Cost
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Total for Equipment \$		

Travel & Subsistence (Expenses for sojourning and for dependents that are ineligible)

Location (s)	Duration	Mode of Travel	Fare
Total for Travel \$			

Personnel

Name, Position, Estimated & Qualifications	Hourly Rate	Number of Hours	Total Fringe Benefits	Expense
Total for Personnel \$				

Supplies (Please list specific items)

Description	Quantity	Unit Cost
Total for Supplies \$		

Other Expenses (Please list specific items)

Description	Quantity	Unit Cost
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Total for Other Expenses \$		

Total Funds Requested \$

Enter this amount in space provided in Section A

D. Budget Justification

Please justify choice of research location(s) [if applicable] and each budget item in terms of how it will help to achieve the project goal. **APPLICATIONS WHICH PROVIDE INSUFFICIENT INFORMATION WILL BE RETURNED.**

E. Certification of Applicant

1. This Research project:

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Involves the use of vertebrate animals; I will submit a completed Animal Care Committee Form.

Does not involve vertebrate animals.

Involves the use of human subjects; I will submit a completed Ethics Clearance Form.

Does not involve human subjects.

Involves the use of biohazardous materials; I will accept responsibility for their proper handling.

Does not involve biohazardous materials.

2. This application is made in compliance with the conditions of award (pages 1 – 3) and with Northern Ontario School of Medicine policies and, in the event that an award is made, I will use any funds awarded in compliance with these conditions.
3. I do not anticipate being reimbursed from any other source for the expenses outlined in this application and I understand that if I am reimbursed from another source, the expenses cannot also be claimed against this research grant.
4. I will allocate time from my normal responsibilities as agreed with my Division Head in order to complete this research project as described.

Date

Signature

F. Certification of Division Head responsible for the payment of salary to the investigator.

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I have reviewed this research proposal and I am satisfied that:

1. The School will benefit from this research activity;
2. The activity is timely and appropriate for the field of interest of the researcher;
3. The amounts requested in the budget are reasonable and justifiable
4. The amount of the grant requested is equal to or less than the amount of salary less benefits left to be paid to the applicant in the calendar year/leave period;
5. In the case of faculty members not on sabbatical research leave, the amount of the research grant will be reasonably commensurate with the value of the reduction in the non-specific research component of the faculty member's normal responsibilities

I understand that a Research Grant to a Faculty Member who is not on sabbatical research leave should **not amount to more than 50% of his/her regular salary**. In the case of a Research Grant to a faculty member who is on sabbatical research leave, at least 20% of the applicant's normal salary must be retained as salary in order to cover employee's benefit costs.

I understand that the Dean will notify me in the event that a grant is made, and that, following notification, Payroll will initiate payment of the grant.

This proposal has my support and approval.

_____	_____	_____
Date	Division/Unit	Signature
_____	_____	_____
Date	Division/Unit	Signature