



**APPLICATION FORM
SPECIFIC RESEARCH GRANT
(the “Application”)**

DEADLINES:

May 1
November 1

When the deadline date falls on a Saturday, Sunday, or statutory holiday, applications will be accepted on the next working day.

CHECKLIST:

Each application should include:

- A brief description of project
- An up-to-date CV
- A completed budget
- A completed chair/director/Dean endorsement
- A completed application form
- Certification of Applicant
- Financial and Narrative Report on Previous Specific Research Grant (if applicable)
- Human Participants (if applicable)
- Animal Care (if applicable)
- Biological Safety (if applicable)
- Six copies of the application and all supporting documentation, plus the originals

APPLICATION FORM FOR A SPECIFIC RESEARCH GRANT

NAME: _____

EMPLOYEE #: _____

DEPARTMENT: _____

TELEPHONE: _____

E-MAIL ADDRESS: _____

CAMPUS ADDRESS: _____

CURRENT STATUS AT YORK UNIVERSITY: _____

INDICATE THE PERIOD DURING WHICH THIS RESEARCH WILL BE CARRIED OUT
(single calendar year only):

STARTING: _____ **ENDING:** _____
DD/MM/YYYY DD/MM/YYYY

TITLE OF RESEARCH PROJECT:

TOTAL CLAIMED FOR THE CALENDAR YEAR:

\$

CERTIFICATION OF APPLICANT

1. I certify the information in this Application to be correct (please check where appropriate).

	Yes	No
<p>a) Human participants (interviews, questionnaires, psychological or physiological testing) will be involved in this project.</p> <p>If Yes, an Approval Certificate from the Human Participants' Review Committee <u>must be attached</u>. The form is available from the Office of Research Ethics http://www.yorku.ca/research/support/ethics/index.html.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>If project is to be undertaken in association with an outside institution, acknowledgement of awareness of project must be included. Institute's acknowledgement is attached.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>b) Vertebrate animals will be used in this project.</p> <p>If Yes, approval of the project by the York Animal Care Committee <u>must be attached</u>. This approval is available through the Office of Research Ethics http://www.yorku.ca/research/support/ethics/index.html.</p>	<input type="checkbox"/>	<input type="checkbox"/>
<p>c) This project will require dealing with recombinant DNA molecules and/or animal viruses and cells.</p> <p>If Yes, approval from the President's Advisory Committee on Biological Safety is required.</p>	<input type="checkbox"/>	<input type="checkbox"/>

2. Applicable Fringe Benefits on any salaries will be charged against any awarded funds.
3. This application is made in compliance with the application guidelines and conditions of award and the University's research-related policies and, in the event that an award is made, I will use any funds awarded in compliance with these conditions.
4. In addition, the reduction of my T4 salary is commensurate with the reduction (please check appropriate box) in my normal teaching and/or normal research activities. Furthermore, I understand that filing of my personal income tax return is my responsibility and I take sole ownership for my relationship with the Canada Revenue Agency.
5. I do not anticipate being reimbursed from any other source for the expenses outlined in the budget and I understand that if I am reimbursed from another source, then the expenses cannot also be claimed against this Research Grant.
6. I UNDERSTAND THAT THE UNIVERSITY DOES NOT PERMIT GRANT AND CONTRACT HOLDERS TO EMPLOY A RELATED PERSON ON GRANTS OR CONTRACTS ADMINISTERED BY THE UNIVERSITY, EXCEPT WITH THE WRITTEN PERMISSION OF THE UNIVERSITY. (I HAVE READ THE UNIVERSITY POLICY REGARDING THE HIRING OF RELATIVES WHICH IS OUTLINED IN THE SPECIFIC RESEARCH GRANT PROGRAM GUIDELINES).

7. I understand that receiving a specific research grant may negatively affect my pension, as explained in the Guidelines.
8. I have received and reviewed the University guidelines titled "[Specific Research Grant Program](#)". I have also read the Income Tax Folio [S1-F2-C3: Scholarships, Research Grants and Other Education Assistance](#), and will abide by it.

DD/MM/YYYY

Signature of Applicant

CERTIFICATION OF CHAIR/DEAN/UNIVERSITY LIBRARIAN WHO IS RESPONSIBLE FOR THE PAYMENT OF SALARY TO THE INVESTIGATOR

NAME OF APPLICANT: _____

I have reviewed this proposal and confirm that:

- I have reviewed the Specific Research Grant Program guidelines and I understand fully the criteria for approving a Specific Research Grant application. Current guidelines are available on YU Link: <https://yulink-new.yorku.ca/documents/20182/1221386/Specific+Research+Grant+December+2016/8571811d-20ea-40fb-8189-f3a3574dd863>.
- I have read the application and I am satisfied that the amount of the research grant is reasonably commensurate with the value of the reduction in the non-specific research component and/or teaching activities of the faculty member's normal responsibilities.
- The University will benefit from this research activity;
- The activity is timely and appropriate for the field of interest of the researcher;
- The amounts requested in the budget appear reasonable and justifiable. (PLEASE REVIEW THE BUDGET CAREFULLY. Submissions, which lack sufficient information for justification, will be returned).
- I understand that the amount of this award should not exceed 50% of his/her normal salary.
- This proposal has my support and approval.

DD/MM/YYYY

Signature of Chair/Dean/University Librarian

Name: _____

Title: _____

COMMENTS:

Attachments: Please attach separate pages addressing A-C below.

A. DESCRIPTION OF PROPOSED RESEARCH

A1. Please provide a brief description of the research project.

A2. Income Tax Folio [S1-F2-C3: Scholarships, Research Grants and Other Education Assistance](#) became effective on March 28, 2013 and provides additional language in section 3.63 to clarify the restriction on when regular salaries can be treated as a research grant. The new language is bolded below:

3.63 Individuals (such as university faculty members) whose duties of employment include research responsibilities are not entitled to treat a portion of their regular salaries as a research grant when they engage in the type of research work ordinarily expected of them under their terms of employment. **For example, an individual employed by a university to teach a course as well as conduct research, will be considered to receive employment income in respect of both activities as each fall within his or her normal employment duties.**

Please indicate how your specific research application is consistent with this regulation (i.e., how the proposed research falls outside of your “normal” research).

Applications that do not provide sufficient information will be returned.

B. JUSTIFICATION OF BUDGET

Please provide a justification of the budget items listed under Section D and the choice of location(s) if any. Please note that the purpose and objects of the expenditures must be warranted in the context of the research outlined.

C. FUNDS CURRENTLY HELD

Please provide a list of all externally funded research grants and contracts including: funder, title of project, start date, end date, amount of funding. Please describe the relationship of all externally funded research grants and contracts to the research proposed under this Specific Research Grant application.

D. BUDGET

The total funds requested cannot exceed 50% of the salary during the grant period. Please refer to the Canada Revenue Agency Income Tax Folio [S1-F2-C3: Scholarships, Research Grants and Other Education Assistance](#), for further information regarding allowable research expenses.

PERSONNEL Please note University Policy regarding the hiring of relatives referenced in the guidelines.

Name, position & qualifications	Rate per annum or hours per week	Fringe Benefits if applicable	Total Estimated Expense

TOTAL FOR PERSONNEL \$ _____

TRAVEL AND RELATED COSTS FOR PRINCIPAL INVESTIGATOR essential to research program (expenses for sojourning and for spouse and family are not allowable).

Locations	Duration	Mode of Travel	Fare (\$)	Related Costs(\$)
		TOTALS		

TOTAL FOR TRAVEL \$ _____

EQUIPMENT (List specific items)

Quantity	Description	Unit Cost (\$)	Total Cost (\$)

TOTAL FOR EQUIPMENT \$ _____

OTHER EXPENSES (List specific items)

Quantity	Description	Unit Cost (\$)	Total Cost (\$)

TOTAL FOR OTHER EXPENSES \$ _____

<p>TOTAL FUNDS REQUESTED \$ _____</p> <p>Should equal the value of the reduction in normal teaching and/or non specific (ordinary) research duties.</p>
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SPECIFIC RESEARCH GRANT REPORT

To be submitted by January 31 following the calendar year in which Specific Research Grant expenses were incurred and included in submission for a subsequent Specific Grant Application.

NAME: _____

POSITION: _____

SCHOOL/DEPARTMENT: _____

PROJECT TITLE: _____

AMOUNT GRANTED:\$ _____

PERIOD IN WHICH GRANT WAS RECEIVED: _____

Append 1-2 page narrative report detailing the objectives of the objectives, activities and outcomes of the specific research grant.

Any variation from previous approved project? YES NO
If yes, explain.

Append a financial report comparing budgeted to actual expenses.

Submit narrative and financial report to ORS by January 31 following the calendar year in which the expenses were included. Also include the financial and narrative report in any subsequent application for a Specific Research Grant.