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| **GLENDON COLLEGE FACULTY COUNCIL****GLENDON RESEARCH GRANTS****APPLICATION FOR FUNDS** |

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Applicant Name:  |
| Department or Programme:  |
| Campus Address:  |
| Telephone:  | Email:  |

**1. PREVIOUS GRANTS**

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| --- | --- | --- | --- | --- | --- |
| Have you received a Glendon Research Grant in the last three calendar years?  | Yes |  | No |  |  |

|  |  |
| --- | --- |
| If so, for what purpose?(Title of project, brief description, and use of funds.) |  |

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| --- | --- | --- | --- | --- |
| When?  |  | What amount?  | $ |  |

|  |  |  |  |  |  |
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| Did you submit the required report(s) on the progress of your research and disbursal of funds? | Yes |  | No |  |  |

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| **I understand that: (1) I am required to submit to the Glendon Research Grants (GRG) Committee a progress report on any research accomplished using GRG funds, including an explanation of how granted funds were spent. (2) If I do not submit this report I will not be eligible for a subsequent GRG. (3) In the event that all of the allocated money is not spent, upon completion of the project I will reimburse the unspent amount to the Committee’s account and provide evidence to the Committee that I have done so. (4) If I receive funding from other sources for the same purpose as my GRG, I will pay that funding into the Committee’s account and provide evidence to the committee that I have done so.**  |

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| Date: |  | Signature of Applicant: |  |

**2. CURRENT PROJECT**

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| --- | --- |
| **Title of the new project:**  |  |

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| --- | --- | --- | --- |
| Starting date:  |  | Projected completion date: |  |

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| --- | --- | --- |
| **Amount requested for this project :**  | **$**  |  |

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| --- | --- |
| Brief description of work to be done/ purpose of funds(i.e. hire assistants, travel, etc.): |  |

 **BUDGET DETAILS**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSONNEL** |  |  |  |  |
| **Research Assistants** |  |  |  |  |
| **Monthly or Hourly Rate** | **Hours per** **Month** | **Number of employees** | **Number of Months** | **Total** |
|  |  |  |  |  |
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| --- | --- |
| What work will these employees do? |  |

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| --- | --- | --- | --- | --- | --- |
| **TRAVEL**  |  |  |  |  |  |
| **Dates (MM/DD/YY)** | **Destination** | **Air** | **Taxi** | **Train/Bus/Car** | **Total** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

*Note: Use lowest possible fares, even if these include travel restrictions. Append justifications for your budget estimates, i.e. printouts of fare quotes, etc. Be sure to explain and justify all travel in your project description.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **HOTEL /Accomm.** |  |  |  |  |
| **Dates (MM/DD/YY)** | **Destination** | **Rate**  | **# of days/months** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- |
| **SUBSISTENCE** |  |  |  |  |
| **Dates (MM/DD/YY)** | **Destination** | **# Days** | **Estimation** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
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| --- | --- | --- | --- | --- |
| **OTHER** |  |  |  |  |
| *Itemize* |  |  |  | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
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*All budgeted items must be accompanied by valid quotes or cost estimates. Append additional information as necessary.*

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| --- | --- |
| GRAND TOTAL | **$**  |

**PROJECT DESCRIPTION**

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| --- |
| **Describe your project, including: its academic significance, its place within your broader research agenda (i.e. what you have published or what other work you have done recently in fields related to this project), a justification of all budget requests, and a bibliography. Append additional sheets as necessary.** |
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| --- | --- | --- | --- | --- | --- |
| Does this project involve human and/or animal participants or Biohazardous materials ? | Yes |  | No |  |  |

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| --- | --- | --- | --- | --- | --- |
| If yes, has this project been approved the York HPRC?\*  | Yes |  | No |  |  |

|  |  |
| --- | --- |
| If no, why not?  |  |

\*Following Tri-Council Policy and Senate Policy, any research in which human subjects are involved (interviews, questionnaires, psychological or physiological testing) must be approved by the York Human Participants Review Committee (HPRC), and any research involving animal subjects must be approved by the York Animal Care Committee (ACC). You must include the relevant ethics approval documentation with this application.

The protocol forms and policies adopted by York are accessible at the following websites:

<http://secretariat-policies.info.yorku.ca/policies/ethics-review-process-for-research-involving-human-participants-policy>

<http://www.yorku.ca/research/support/ethics/animals.html>

<http://www.glendon.yorku.ca/research/obtain-ethics-approval/>

**3. ADDITIONAL SOURCES OF FUNDING**

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| --- |
| **What other sources of funding are available to you for this project? Include amounts available or applied for.** |
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|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you applied to these sources?  | Yes  |  | No  |  |  |

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| --- | --- |
| If yes, when do you expect to hear from these sources? |  |

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| --- | --- |
| If no, why not?  |  |

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| --- | --- | --- | --- | --- | --- |
| Do you expect to receive royalties or other income from this project? | Yes  |  | No  |  |  |

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| --- | --- |
| If so, explain |  |

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| Aside from research grants received from the Glendon Research Grants Committee, what other research grants have you received from York University in the last three years? State: |
| From whom |  |
|  |  |  |  |  |
| When |  | Amount | $ |  |
|  |  |  |  |  |
| Project |  |

|  |
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| What external (non-York University) grants have you received in the last three years? State: |
| From whom |  |
|  |  |  |  |  |
| When |  | Amount | $ |  |
|  |  |  |  |  |
| Project |  |

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| **Additional comments:**  |
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**4. CURRICULUM VITAE**

*Append an up-to-date CV, including items from the last seven years. (Maximum 10 pages)*

**5. RECOMMENDATION OF THE DEPARTMENT CHAIR**

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| **Recommendation(s) of the Department Chair or Programme Director or Associate Principal (Academic Affairs):** |
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| --- | --- | --- | --- |
| Date: |  | Signature of Department Chair orProgramme Director or Associate Principal: |  |

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| --- | --- | --- | --- |
| Date: |  | Signature of Applicant: |  |

**Please ensure that this application form is complete, signed and dated by both yourself and the Department Chair. Forward your complete application to the Glendon Research Grants Committee, Faculty Council Office, Room C115 York Hall. Incomplete applications will not be funded.**