

UNIVERSITY OF NEW BRUNSWICK

APPLICATION FOR SPECIFIC RESEARCH GRANT (NON-LEAVE)

NOTE: This application should be submitted to the Vice-President (Research) **TWO MONTHS PRIOR** to the date the grant is required.

NAME:	DEPARTMENT/FACULTY:
RESEARCH GRANT START DATE: (mm/dd/yyyy)	RESEARCH GRANT END DATE: (mm/dd/yyyy)
(Dates must be within one calendar year)	

SHORT TITLE OF PROPOSED RESEARCH:
DESCRIPTION OF PROPOSED RESEARCH:
LOCATION(S) OF PROPOSED RESEARCH: (be specific as to institution or other research site)

BUDGET (please list items and costs within each section below):

1. **Personnel Costs (include classification of each person to be hired, salaries, period of employment, etc.)**
(e.g., Research assistant - 200 hours at \$10/hour = \$2000)

Total (1) \$

2. **Travel by Researcher (include specific information concerning places to be visited, mode of travel, fares, subsistence costs at approved rates etc.)**
(e.g., Return travel to "City" from "City" - 1000 km at 35 cents/km = \$350.00)

Total (2) \$

3. **Materials and Supplies (itemize)**
(e.g., Laptop computer - \$500.00)

Total (3) \$

4. **Other Costs (specify)**
(e.g., Faxes - \$50.00)

Total (4) \$

GRAND TOTAL \$

I understand that the administration of any grant received and the justification, for income tax purposes, of any expenditure is my sole responsibility.

I also understand that should this application be accepted arrangements MUST be made with Financial Services (Comptroller's office) regarding payment of the grant.

SIGNATURE OF APPLICANT: _____ DATE: _____
(Original signature required)

CERTIFICATION OF SUPPORT

NAME OF APPLICANT:

I have reviewed this proposal and I am satisfied that:

- * **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.**
- * **the amount of the research grant is commensurate with the value of the reduction in the non-specific research component of the faculty member's normal responsibilities.**

This proposal has my support and approval.

_____ _____ _____
Date **Department** **Signature of Chair**

_____ _____ _____
Date **Faculty** **Signature of Dean**

Amount Approved \$ _____ **Date:** _____

Signature of Approval, Vice-President (Research)

Applicant Notified: _____ **Comptroller Notified:** _____