Queen's University

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

Please refer to the <u>application guidelines</u> and <u>Revenue Canada Agency Income Tax Folio S1-</u>F2-C3.

F2-C3.			
All applications must be approved b	y Department Head, Faculty I	Dean and University	
Research Services. This application is for:	Non-Sabbatical University Research Grant		
	Sabbatical University Research Grant		
I. PERSONAL INFORMA	ATION		
Name	Employee No.	Rank	
Department	Faculty	E-mail & Tel No.	
Signature		——— Date	

Title of Project: Location(s) of Research: Period of Grant: ______ Date Starting: ______ Date Ending: ______

III. PROPOSED BUDGET

Signature of Dean		Faculty	Date
Signature of Depar	tment Head	Department	Date
I recommend that	this grant application	be approved	
I have reviewed that a) the University the activity c) the amount	nis proposal, and I am sersity will benefit from to be y is timely and appropents requested in the bud oes not exceed 40% of services	satisfied that:	archer; and
research program period of employm materials, and any	must be given on one a nent, and payment rate other research expendi	elements of this budget in relation to the appended page. Include, if known, name as Add details of travel, equipment, supplitures. ARTMENT AND DEAN OF FACU	es of personnel blies and
Others (please speci	(y)	TOTAL REQUESTED:	
Supplies & Materials Others (places appear			
Equipment			
	Travel		
Travel	Accommodation		
	Others (Please Specif	fy)	
	Clerical Assistants		
Human Resources	Research Assistants		

SERVICES:	
This application has been reviewed and approved by the D Services.	irector of University Research
	 Date

CERTIFICATION OF DIRECTOR OF UNIVERSITY RESEARCH

V.