McMASTER UNIVERSITY RESEARCH GRANT APPLICATION – Non-Research Leave Applicants

RESEARCH GRANTS REVIEW BOARD APPROVAL:
CHECK ONE

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PLEASE CIRCULATE THE ORIGINAL FOR APPROVAL AND RETAIN A COPY FOR YOUR FILES. RETURN SIGNED ORIGINAL TO: Faculty Designate – HR Advisor
Human Resources Services, McMaster University
Campus Services Room 202, 1280 Main Street West
Hamilton, Ontario, Canada, L8S 4L8 FOR PROCESSING.

☐ Processed by HR on ________________ , copy sent to Dean of Faculty

PLEASE NOTE: AN APPLICATION MUST BE COMPLETE WITH REQUIRED SIGNATURES, BUDGET AND CURRICULUM VITAE BEFORE IT WILL BE CONSIDERED BY THE REVIEW BOARD.

PLEASE SUBMIT THE ORIGINAL FORM FOR APPROVAL AND RETAIN A COPY FOR YOUR FILES.

APPLICANT’S NAME: ______________________________ EMPLOYEE ID# __________________

DEPARTMENT: ____________________________________________

EMAIL: ___________________________________ EXTENSION: ________________

A. BASIC INFORMATION

1. Please attach your curriculum vitae.

2. Indicate the period during which this research will be carried out. Please note expenditures must be made in only one calendar year.

   Starting: __________________________ Ending: __________________________

3. Indicate in what calendar year you want this grant to begin: __________________________

   Payroll to pay over the term of the Leave.

   Tax Year 20____ $________________
   Tax Year 20____ $________________
4. **Title of Research Project:**

   __________________________________________________________

   __________________________________________________________

5. **Location of Research:** __________________________________________________________

6. **Total Grant Amount Required (Based on McMaster Salary only):** __________________________

7. **Advance(s) Required (Note: Generally for travel costs):**

   □ Yes  □ No

   **Amount of Advance(s):** $___________________

   **Date(s) Required:** __________________________

8. **Payroll to Recover Advance(s) (To be deducted over the term of the Leave)**

   $___________________ x _____________________ Months

   $___________________ x _____________________ Months

B. **DESCRIPTION OF PROPOSED RESEARCH – Non-Research Leave Applicants**

   Please provide a description of the research objectives and procedures, a justification of the budget items listed under Section C and the choice of location(s), if any. Please note that the purpose and objects of the expenditures proposed must be warranted in the context of the research outlined. Applications which do not provide sufficient information with be returned.

   In the case where a research grant is received in lieu of salary, the CRA requires the two following criteria be met:

   - The faculty’s employment duties must be reduced in proportion to the amount reallocated (e.g., if the research grant represents 20% of the employee’s normal salary, his or her normal work duties should be reduced by 20%); and

   - Only specific research projects that are separate and apart from the employee’s normal work duties can be funded as a research grant.
C. **BUDGET**

Please explain budget items in detail and enter justifications in Section B. The purpose and objects of the expenditures proposed must be warranted in the context of the research proposed. **INCOMPLETE APPLICATIONS WILL BE RETURNED TO THE APPLICANT.** Allowable expenses include:

- Travel costs to/from Canada to the principal destination for the researcher
- Travel, meals and lodging while on field trips
- Out-of-pocket expenses for equipment, supplies, secretarial services, etc.
- Personal costs incurred in connection with the research

Please refer to the Revenue Canada Interpretation Bulletin IT-75R4, pages 4-6, for information regarding allowable research expenses. See the Application Guidelines and Conditions of Award document at [http://www.mcmaster.ca/policy/research/resaward.htm](http://www.mcmaster.ca/policy/research/resaward.htm) or contact the Director of Financial Services at extension 24621 for further information.
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TOTAL FOR TRAVEL: $_______________

EQUIPMENT (list specific items)

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TOTAL FOR EQUIPMENT: $_______________

OTHER EXPENSES (be specific)

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TOTAL FOR OTHER EXPENSES: $_______________

TOTAL FUNDS REQUESTED: $_______________
(Enter on line 6 of Part A)
D. CERTIFICATION OF APPLICANT

1. This application is made in compliance with the conditions of award and the University’s research related policies. In the event that an award is made, I will use any funds awarded in compliance with these conditions.

2. 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, the expenses cannot also be claimed against this Research Grant.


4. It is my responsibility to resolve any questions with respect to the eligibility of deductions with Revenue Canada (Taxation).

____________________   _______________________
Date                     Signature of Applicant

E. CERTIFICATION OF CHAIR OF DEPARTMENT THAT IS RESPONSIBLE FOR THE PAYMENT OF SALARY TO THE RESEARCHER

I have reviewed this proposal and I am satisfied that:

a) The University will benefit from this research activity,

b) The activity is timely and appropriate for the field of interest of the researcher,

c) The amounts requested in the budget appear reasonable and justifiable,

d) The employment duties must be reduced in proportion to the amount reallocated (e.g., if the research grant represents 20% of the employee’s normal salary, his or her normal work duties should be reduced by 20%),

e) This project is separate and apart from the employee’s normal work duties can be funded as a research grant.

I understand that the Research Grants Review Board will advise me of the approved amount of any grant made.

____________________   _______________________   _______________________
Date                     Department                     Signature of Chair/Director

Oct.1992/Revised September 2011