



FORM 101
Application for a Grant
PART I

Date

Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Language of application <input type="checkbox"/> English <input type="checkbox"/> French		Time (in hours per month) to be devoted to the proposed research / activity	
Type of grant applied for		For Strategic Projects, indicate the Target Area and Sub-Target Area, if applicable.	

Title of proposal

Write a maximum of ten (10) key words that describe this proposal. Use commas to separate them.

Research subject code(s) Primary _____ Secondary _____	Area of application code(s) Primary _____ Secondary _____
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CERTIFICATION REQUIREMENTS

If this proposal involves any of the following, check the box(es) and submit the protocol to the university certification committee.

Research involving : Humans Human pluripotent stem cells Animals Biohazards

Does any phase of the research described in this proposal a) take place outside an office or laboratory, or b) involve an undertaking as described in Part 1 of Appendix B?

NO If YES to either question a) or b) – Appendices A and B must be completed

TOTAL AMOUNT REQUESTED FROM NSERC

Year 1	Year 2	Year 3	Year 4	Year 5
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SIGNATURES (Refer to instructions "What do signatures mean?")

It is agreed that the general conditions governing grants as outlined in the NSERC *Program Guide for Professors* apply to any grant made pursuant to this application and are hereby accepted by the applicant and the applicant's employing institution.

<p>_____ Applicant</p> <p>Applicant's department, university, tel. and fax nos., and e-mail</p>	<p>_____ Head of department</p> <p>_____ Dean of faculty</p> <p>_____ President of university (or representative)</p>
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PROTECTED WHEN COMPLETED

Personal identification no. (PIN)

Family name of applicant

CO-APPLICANTS

I have read the statement "What do signatures on the application mean?" in the accompanying instructions and agree to it.

PIN, family name and initial(s)	Research/ activity time (hours/month)	Organization	Signature

CO-APPLICANTS' ORGANIZATIONS AND/OR SUPPORTING ORGANIZATIONS (if organization different from page 1)It is agreed that the general conditions governing grants as outlined in the NSERC *Program Guide for Professors*, as well as the statements "What do signatures on the application mean?" and "Summary of proposal for public release" in the accompanying instructions, apply to any grant made pursuant to this application and are hereby accepted by the organization.

Family name and given name of signing officer, title of position, and name of organization	Signature

Personal identification no. (PIN)

Family name of applicant

SUMMARY OF PROPOSAL FOR PUBLIC RELEASE (Use plain language.)

This plain language summary will be available to the public if your proposal is funded. Although it is not mandatory, you may choose to include your business telephone number and/or your e-mail address to facilitate contact with the public and the media about your research.

Business telephone no. (optional):

E-mail address (optional):

Second Language Version of Summary (optional).

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Before completing this section, **read the instructions** and consult the *Financial Administration* section in the NSERC *Program Guide for Professors* concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds.

PROPOSED EXPENDITURES FOR DIRECT COSTS OF RESEARCH (Include cash expenditures only)

	Year 1	Year 2	Year 3	Year 4	Year 5
1) Salaries and benefits					
a) Students					
b) Postdoctoral fellows					
c) Technical/professional assistants					
d)					
2) Equipment or facility					
a) Purchase or rental					
b) Operation and maintenance costs					
c) User fees					
3) Materials and supplies					
4) Travel					
a) Conferences					
b) Field work					
c) Collaboration/consultation					
5) Dissemination costs					
a) Publication costs					
b)					
6) Other (specify)					
a)					
b)					
TOTAL PROPOSED EXPENDITURES FOR DIRECT COSTS OF RESEARCH					
Total cash contribution from industry (if applicable)					
Total cash contribution from university (if applicable)					
Total cash contribution from other sources (if applicable)					
TOTAL AMOUNT REQUESTED FROM NSERC (transfer to page 1)					

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

PROPOSED PROJECT COSTS

	Year 1		Year 2		Year 3	
	Cash	In-kind	Cash	In-kind	Cash	In-kind
1) Salaries and benefits						
a) Students						
b) Postdoctoral fellows						
c) Technical/professional assistants						
d)						
2) Equipment or facility						
a) Purchase or rental						
b) Operation and maintenance costs						
c) User fees						
d)						
3) Materials and supplies						
a)						
b)						
c)						
4) Travel						
a) Conferences						
b) Field work						
c) Project-related travel						
d)						
5) Dissemination costs						
a) Publication costs						
b) Other activities						
6) Technology transfer activities						
a) Field trials						
b) Prototypes						
c)						
TOTAL PROJECT COSTS						
Total support from industry						
Total support from university						
Total support from other sources						
AMOUNT REQUESTED FROM NSERC						

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

PROPOSED PROJECT COSTS

	Year 4		Year 5		
	Cash	In-kind	Cash	In-kind	
1) Salaries and benefits					
a) Students					
b) Postdoctoral fellows					
c) Technical/professional assistants					
d)					
2) Equipment or facility					
a) Purchase or rental					
b) Operation and maintenance costs					
c) User fees					
d)					
3) Materials and supplies					
a)					
b)					
c)					
4) Travel					
a) Conferences					
b) Field work					
c) Project-related travel					
d)					
5) Dissemination costs					
a) Publication costs					
b) Other activities					
6) Technology transfer activities					
a) Field trials					
b) Prototypes					
c)					
TOTAL PROJECT COSTS					
Total support from industry					
Total support from university					
Total support from other sources					
AMOUNT REQUESTED FROM NSERC					

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Family name of applicant

Before completing this section, read the instructions and consult the *Financial Administration* section in the *NSERC Program Guide for Professors* concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds.

FACILITY COSTS

		Previous Year	Current Year	Year 1	Year 2	Year 3
1) Salaries						
a) Technical/professional	Total					
	NSERC					
b)	Total					
	NSERC					
2) Facility						
a) Maintenance	Total					
	NSERC					
b) Operating costs	Total					
	NSERC					
c) Minor equipment/upgrades	Total					
	NSERC					
d)	Total					
	NSERC					
3) Travel						
a) Conferences	Total					
	NSERC					
b) Field work	Total					
	NSERC					
c)	Total					
	NSERC					
4) Other proposed expenditures						
a)	Total					
	NSERC					
Total cost of running facility						
Total revenues (from page 7)						
Current and requested NSERC MFA grants (transfer to page 1)						

5 (SHIP TIME)

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SHIP TIME REQUIREMENTS

PLATFORM 1	YEAR 1	YEAR 2
1 a) Number of ship days requested b) Daily rate c) Total cost		
2 Mission type		
3 Geographical location of operation: a) Name of location b) Latitude and longitude c) Estimated distance from port to work site d) Estimate of total distance steamed		
4 Platform requested, including two alternate platforms (by order of preference): a) b) c)		
5 Preferred dates (by order of preference): a) b) c)		
6 Number of personnel: a) Male b) Female c) Total		

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Before completing this section, read the instructions for contributions from supporting organizations and consult the *Financial Administration* section in the NSERC *Program Guide for Professors* concerning the eligibility of expenditures for the direct costs of research and the regulations governing the use of grant funds, and the *Guidelines for Supporting Organizations* concerning the eligibility of in-kind contributions. Complete the section if you are reporting in-kind contributions or cash contributions for direct and/or indirect costs of research. Submit a separate copy for each supporting organization.

Name of supporting organization

CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS

	Year 1	Year 2	Year 3	Year 4	Year 5
Cash contributions to direct costs of research (Transfer amounts to page 5)					
In-kind contributions to direct costs of research					
1) Salaries for scientific and technical staff					
2) Donation of equipment, software					
3) Donation of material					
4) Field work logistics					
5) Provision of services					
6)					
In-kind contributions to indirect costs of research					
1) Use of organization's facilities					
2) Salaries of managerial and administrative staff					
3)					
Total of all in-kind contributions					
Contribution to university overhead (optional)					

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Complete this section if you are applying to the Research Tools and Instruments (Categories 2 and 3) Program, or a Major Facilities Access grant, **OR** if your project grant application includes the purchase of an equipment item or the installation of a facility costing \$150,000 or more. Report total revenues in the appropriate section on page 5.

EXPECTED REVENUES FROM EQUIPMENT OR INSTALLATION

	Previous year	Current year	Year 1	Year 2	Year 3
1) User fees (internal source)					
2) User fees (external source)					
3) Cash contributions from university					
4) Other contributions to direct costs (specify). Do not include NSERC support.					
TOTAL REVENUES (transfer this amount to the "Total revenues" on page 5 for MFA only)					
In-kind contributions (specify)					

Give a detailed explanation of the user fee structure and other expected revenues. For "Cash contributions from university" category and for "In-kind contributions" category, identify each organization that is contributing to the facility and indicate the amount being contributed. Use one additional page if necessary.

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University Faculty Awards

Complete this section if you are a new nominee for the UFA Program.

1) Personal eligibilityAre you a woman? an Aboriginal person? Are you a Canadian citizen? Permanent resident? Do you currently hold a doctoral degree? Yes No

If no, give the date you expect to obtain your degree _____

2) Nominating university

University Name _____

Department _____

3) University position

Title of position offered _____

Is this position Tenured? Tenure-track? Non tenure-track? Is this position Full time? Permanent resident?

Proposed start date of award _____

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INTELLECTUAL PROPERTY

Complete this section if you need to discuss the plans for protecting and disposing of intellectual property arising from the grant. Do not exceed one page.

Empty text area for intellectual property discussion.

**APPENDIX A (Form 101)
Environmental Impact**

Complete this Appendix if you have checked the "YES" box under Certification/Requirements on page 1, Form 101. Include activities that will take place in Canada **and/or abroad**. This information will assist NSERC in determining whether a screening is required under the *Canadian Environmental Assessment Act*. (See the "Requirements for Certain Types of Research" in the NSERC *Program Guide for Professors*.)

Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Name of applicant's organization			
Title of proposal			
Name of other participating organizations (if applicable)			

Name of Location (Please complete an additional copy of Appendix A for EACH location at which research will be undertaken.)

1. Main characteristics of the location (i.e., physical description & coordinates)

Continue on page 3 of this Form (if necessary).

NOTE: There is a potential to generate several Appendices A. **Please ensure that all Appendix A pages are numbered consecutively in the space provided in the upper right corner of the form. IF YOU FORESEE THE NEED FOR MORE THAN 3 (THREE) APPENDICES A, PLEASE CONTACT NSERC'S ENVIRONMENTAL ASSESSMENT UNIT BY TELEPHONE AT (613) 992-3612 OR (613) 995-8079, OR BY E-MAIL AT enviro.assess@nserc.ca.**



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APPENDIX A (Form 101) CONTINUED

2. Principal activity(ies) and activity component(s).

Continue on page 3 of this Form (if necessary).

3. For each principal activity and activity component, list the environmental elements affected and provide a description of those effects.

Continue on page 3 of this Form (if necessary).

4. Mitigation measures.

Continue on page 3 of this Form (if necessary).



**SEND ONE
ORIGINAL ONLY
DO NOT PHOTOCOPY**

Personal identification no. (PIN)	Family name of applicant
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Page 3 of 3
(Total Appendix A *only*)

APPENDIX A (Form 101) CONTINUED **ADDITIONAL INFORMATION**

Use this page to enter additional text from sections 1, 2, 3, and/or 4 (if necessary).



**APPENDIX B (Form 101)
 Canadian Environmental Assessment Act
 Pre-Screening Checklist**

Complete this Appendix if you have checked the "YES" box under Certification/Requirements on page 1, Form 101. Include activities that will take place in Canada **and/or abroad**. This information will assist NSERC in determining whether a screening is required under the *Canadian Environmental Assessment Act*. (See the "Requirements for Certain Types of Research" in the NSERC *Program Guide for Professors*.)

Family name of applicant		Given name	Initial(s) of all given names	Personal identification no. (PIN)
Name of applicant's organization				
Applicants are responsible for verifying whether permits are required for any of the activities listed below. Please indicate yes (Y), no (N) or unknown (U) by checking the appropriate box for EACH of the listed activities.				
Y	N	U	DESCRIPTION OF ACTIVITY	
Part 1. - Determination of Physical Work under the CEAA				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does any phase of the proposal involve the construction, operation, modification, decommissioning, abandonment or other activity in relation to a built structure that has a fixed location and is not intended to be moved frequently?	
Part 2. - Determination of Assessable Activities under the CEAA				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in a National Park or National Nature Reserve in Canada	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place on First Nation lands	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in the North (Yukon, Nunavut, or the Northwest Territories)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in or within 30 metres of the right-of-way of a power line, a natural gas line, or a railway line	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Activity takes place in or adjacent to a water body, resulting in harmful alteration, disruption or destruction of fish habitat (including the removal or damaging of aquatic vegetation)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Destruction of fish other than by fishing	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sampling or prospecting for ores or minerals	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disposal of a prescribed nuclear substance other than in a laboratory equipped for such disposal	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deposit of a deleterious or other substance into the environment (in the earth, air, or water)	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any kind of remediation of contaminated land	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Deposit of oil, wastes or any other substances harmful to migratory birds in waters or in areas frequented by migratory birds	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Killing or removal of migratory birds, their nests, eggs, or carcasses or other physical activities that may require a permit or other authorisation under the <i>Migratory Birds Regulations</i> or <i>Migratory Bird Sanctuary Regulations</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The removal or damaging of vegetation and/or the carrying on of agricultural activities or the disturbance or removal of soil in a wildlife area that requires a permit under section 4 of the <i>Wildlife Area Regulations</i> under the <i>Canada Wildlife Act</i>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physical activities that are carried on in Canada and that are intended to threaten the continued existence of a biological population in an ecodistrict, either directly or through the alteration of its habitat	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Establishment or operation of a field camp in a single location that will be used for 200 person-days or more within a calendar year	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Seismic surveying involving more than 50 kg of chemical explosive in a single blast; or marine or freshwater seismic surveying, if during the survey the air pressure measured at a distance of one metre from the source would be greater than 275.79 kPa (40 lbs/sq in)	

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APPENDIX B (Form 101) continued

Are any authorizations, permits, or licences required to undertake any activity for any phase of the proposal? If **yes**, list them below, along with the name of the issuing agency(ies). If **no**, please state "None required" and submit this page with the rest of your proposal.

Empty response area for listing authorizations, permits, or licences.



SEND ONE ORIGINAL ONLY DO NOT PHOTOCOPY

**APPENDIX C
 Referee Suggestions
 (Form 101)**

Complete Appendix C for all types of grants (except Discovery Grants, Research Tools and Instruments - Category 1 and Major Facilities Access Grants). Read the instructions before completing the appendix.

Date

Family name of applicant		Given name	Initial(s) of all given names	Personal identification no. (PIN)	
Title of proposal					
A		Area(s) of expertise	1		
				PIN	Lang.
B		Area(s) of expertise	2		
				PIN	Lang.
C		Area(s) of expertise	3		
				PIN	Lang.
D		Area(s) of expertise	4		
				PIN	Lang.
E		Area(s) of expertise	5		
				PIN	Lang.
NSERC reviewing committee	1st committee reviewer			Personal identification no. (PIN)	
	2nd committee reviewer			Personal identification no. (PIN)	
	3rd committee reviewer			Personal identification no. (PIN)	