

**Faculty of Arts Approval Form
Signatory Page for Grant Applications**

To facilitate the approval process, this form must be completed by the applicant or co-applicant before approval and signature is given by the Department Head and the Associate Dean of Arts (Research and Graduate Programs).

Any co-applicants at Memorial must also complete a separate approval form. If the co-applicant is not from Arts, s/he can use the appropriate form from his/her unit instead of this one.

Name of Applicant or Co-applicant:

Department:

For information purposes, provide the names and departments/units of any Memorial (co)-applicants involved with this grant application:

Funding Agency: _____

Type of Grant or Program: _____

Competition Deadline: _____

Title of Proposal: _____

| | |
|--|-----------------|
| Policies: Is the investigator acquainted with relevant policies of the granting agency? (SSHRC , Memorial , NSERC , CIHR) | Please initial: |
| Is the investigator acquainted with the policies concerning eligible and non-eligible expenses ? | Please initial: |
| Is the investigator acquainted with the policies concerning Research Integrity? SSHRC , Memorial (website 1) , Memorial (website 2) , NSERC , TCPS | Please initial: |
| Does the research involve human or animal subjects? | Y N |
| If yes, is the investigator acquainted with policies and procedures? TCPS/SSHRC , Memorial (website 1) , Memorial (website 2) , NSERC | Y N |
| Does the research involve hazardous materials (biological or radiological)? | Y N |
| If yes, is the investigator acquainted with relevant policies and procedures? | Please initial |
| Intellectual property Is the investigator acquainted with the policies of the granting agency? SSHRC , NSERC , CIHR , TCPS | Please Initial |
| Are there any restrictions on intellectual property? | Y N |

CASH AND IN-KIND CONTRIBUTIONS

| Does your proposal make new commitments from the Faculty of Arts or from Memorial for: | | | Have these been documented and approved? | | If yes, indicate page # in the proposal | Indicate amount |
|--|---|---|--|---|---|-----------------|
| Space or infrastructure? | Y | N | Y | N | | |
| In-kind contributions? | Y | N | Y | N | | |
| Cash contributions? | Y | N | Y | N | | |
| RTS contributions? | Y | N | Y | N | | |
| Graduate student stipends? | Y | N | Y | N | | |
| Teaching Assistantships? | Y | N | Y | N | | |

Note: Documentation of the above commitments MUST BE INCLUDED WITH THIS FORM, and must accompany all grant applications submitted to the Office of Research Services.

SIGNATURES:

Applicant or Co-applicant

Date

Department Head

Date

Associate Dean of Arts (Research and Graduate)

Date