

## **Request Form**

# For Major External Funding Proposals: Request for Cash Support from the HSS Dean's Office and/or the Office of the Vice-President (Research)

See end of form for instructions and submission procedures

1. HSS Applicant & Role						
Name:						
Department:	Email:					
Project role: Principal Applicant (PI)	Co-Applicant (CoA)	Other				
2. Proposed Project and Team Summ	ary					
Project title:						
Start date (MM/YYYY):	End date (MM/YYYY):					
Funding agency & program:						
ROMEO / RP ID:						
<b>Project summary:</b> 350 characters [c. 50 words] max						
If you are not the PI, provide the PI's name and their affiliation:						
Principal Investigator/Applicant:						
Memorial Department/Faculty or external institution:						

# Project team composition

Role in Project	Anticipated Number	Role	Anticipated Number
Co-Applicants		Partner institutions/	
Collaborators		organizations/etc.	
Trainees RAs, Students, Postdocs		Others	

## 3. Project Financial Requirements & Agency Request

Total amount requested from funding agency for entire project:

Do not include cash/in-kind contributions

If applicant is not the PI, will any funds be transferred to Memorial?:

Yes

No

Attach correspondence from the PI confirming amounts

If applicant is the PI, will any funds be transferred out of Memorial?:

Yes

No

Indicate the anticipated total annual amount of funds to be administered by Memorial:

Years	Total value per year (\$)	Year	Total value per year (\$)	
1		5		
2		6		
3		7		
4		Attach a separate sheet, if necessary		
Overall Memorial-Administered Total:		\$		

Does the funding program require matching funds?

Yes N

No If yes, how much (%)?

No

Does the funding program allow indirect costs/overhead?

Yes No

If yes, is the rate different from Memorial's policy of 25%?

Yes

N/A

(see policy here: https://www.mun.ca/policy/site/policy.php?id=329)

If so, what is the allowed overhead rate?

%

**Total anticipated overhead for Memorial?** 

\$

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# 4. Other Anticipated Cash/In-Kind Support for Project

**Mandatory:** Please answer the questions and complete the chart to provide details regarding all in-kind and/or cash confirmed or anticipated contributions from all sources, including internal to Memorial as well as external sources.

#### List total value of all anticipated and/or confirmed matching support from all sources:

Attach a separate sheet, if necessary.

Source of contribution  Name the unit/institution providing the cash funds or in-kind support	ame the unit/institution providing type of expenditure, e.g. GAs, travel,			Confirmed yes/no
Totals		\$	\$	

## 5. Cash Request Rationale

Briefly describe: if contributions are required/mandatory in order to secure funding and the details of these requirements; if contributions are part of assessment criteria (but not necessarily required/mandatory for the program); how the cash support will enhance research activities and training at Memorial; how the support will strengthen the application and project overall; and how the project aligns with HSS and Memorial's Research strategy, themes and priorities. If you require additional space, please attach a Word document.

## 6. HSS Support Request Details & Signatures

If you wish to request support from the Office of the Dean of HSS, please complete this table. Attach a separate sheet if space in this table is not sufficient. Please provide requested totals per year of the grant for each expenditure.

Category of support type of expenditure, e.g. RAs, travel, hosting, etc.	Year 1 request \$ value	Year 2 request \$ value	Year 3 request \$ value	Year 4 request \$ value	Year 5 request \$ value	Year 6 request \$ value	Year 7 request \$ value
Annual Totals \$							
Overall Total \$							

# 7. Request Details for the Office of the Vice-President (Research)

The following table will form the basis of a request from the HSS Dean's Office to the Office of the Vice-President (Research) on behalf of the Memorial applicant. Please be advised it may require revision in discussion with the HSS Dean's Office and following the final result of the HSS Dean's Office request. Attach a separate sheet if more space is needed. Please provide requested totals per year of the grant.

Category of support type of expenditure, e.g. RAs, travel, hosting, etc.	Year 1 request \$ value	Year 2 request \$ value	Year 3 request \$ value	Year 4 request \$ value	Year 5 request \$ value	Year 6 request \$ value	Year 7 request \$ value
Annual Totals \$							
Overall Total \$							

## 8. Signatures

Applicant:	Date:
Heads or delegates please review within the context of your department. Questions can required.	be addressed to an HSS Grant Facilitator, as
Head (or delegate):	Date:
Dean (or delegate):	Date:
Comments regarding HSS support indicated in Section 6, above (if appl	icable):

### Instructions and Submission Procedures

#### When to use this form:

1) For HSS faculty members requesting cash contributions to leverage major, external research grants or agreements, from the HSS Dean's Office (DO) and the Office of the Vice-President (Research) (OVPR).

#### Who completes this form:

- 2) HSS Principal Applicants or Co-Applicants only.
- 3) HSS Approvers/Signatories for this form are the applicant, Department Heads (or delegates), and HSS Dean's Office. Note that the OVPR will email their approval/response.

#### Submission procedure for this form:

- 1) Requests *should be submitted well in advance* (6 weeks recommended) of the HSS internal deadline for the relevant competition. The HSS Research Funding Tracker provides submission information, including HSS internal deadlines.
- Submit the completed Cash Request form by emailing it to the Grants Facilitation Officer (GFO) handling your file: Heather C. O'Brien (<u>HSSResearchAdmin@mun.ca</u> 864-8603) or Matthew Milner (<u>HSSResearchGrants@mun.ca</u> 864-8050). The GFO will review and may request or suggest revisions.
- 3) Once reviewed and revised, the applicant requests departmental signature.
- 4) Next, begin a Memorial Researcher Portal (RP) file and add the GFOs as team members. An RIS Grants and/or Contracts officer will be assigned to your file. Relevant documents such as the project proposal, project budget, Agreement in Principle, and a draft OVPR Letter of Support (if applicable), must be uploaded to the RP. For grants with Principal Investigators external to Memorial, also include documentation confirming the totals to be transferred to Memorial.
- 5) The GFO will submit the form to the DO; the DO will sign the form and then forward it to the OVPR if cash is being requested from that office. The OVPR will review the request by also referring to the documents in the RP file.
- 6) Confirmation of cash contributions will be communicated to the faculty member via email from each office; the form along with these emails form the back-up documentation required to confirm the cash contribution.

#### Additional guidelines:

- The DO only must submit cash requests to the OVPR and can do so only after consideration of its own contribution to the project following review by Department Heads.
- OVPR funding may be committed up to 10% of the total amount that is anticipated to be received and spent at Memorial, if the application is successful.
- Applicants are expected to pursue additional internal and external options to secure matching support (cash and/or in-kind) *before* using this form. See HSS's <u>Cash and In-kind Contributions Guide</u> for more information.
- Requests for <u>baseline</u> (as cash contribution), <u>course releases</u>, or <u>additional space</u> (as in-kind contributions) are not requested through this form. Please contact the GFO handling your file with questions and to obtain the correct form.