

**Memorial University of Newfoundland - Research Grant and Contract Services (RGCS)**



**Research Grant and Contract Services  
Memorial University of Newfoundland  
Departmental/Faculty Approval Form  
For Grant Applications**

This is to confirm that the faculty approves the below application for submission to the upcoming competition:

Name of Applicant and/or Co-Applicant: \_\_\_\_\_ e-mail: \_\_\_\_\_

Faculty: \_\_\_\_\_ Division/Discipline: \_\_\_\_\_

Agency: \_\_\_\_\_ Grant Application Deadline Date: \_\_\_\_\_

Program: Operating Grant  New Investigator Award  Masters Award  Doctoral Award

Other  \_\_\_\_\_

New Space Required: No  Yes  **If yes, please provide documentation to support the allocation of new space from the Chair of the Space Committee**

**Title of Proposal:** Understanding the relationship between the environment, Quality of Life and the use of formal support services for community-dwelling seniors with mild to moderate dementia towards the creation of a sustainable action plan

**The signatures confirm that department head/director/dean is aware of and agrees to provide time, space, administrative support and financial resources (where noted) to carry out the proposed research should the grant application receive funding.**

SIGNATURES:

_____	_____	
<b>Applicant / Co-applicant (if applicable)</b>	<b>Date</b>	
_____	_____	_____
<b>Department Head / Discipline Chair</b>	<b>Date</b>	<b>Commitments (please specify, cash or in-kind)</b>
_____	_____	
<b>Dean / Assoc. Dean (Research)</b>	<b>Date</b>	

NOTE: The Research Grants and Contract Services Office must be in receipt of a signed copy of this internal approval form before electronic sign-off by the Director, Research Grant and Contract Services. **Fax: 864-4612; mail; hand carry –Rm 2015, Bruneau Centre; scan as an e-mail attachment to a Grants Coordinator –[ygill@mun.ca](mailto:ygill@mun.ca);**

*Access to Information and Protection of Privacy*  
The information on this form is collected under the authority of the Memorial University Act (RSNL 1990 Chapter M-7) and is needed for and will be used to administer your grant application. If you have any questions about the collection and use of this information contact the Research Grants Coordinator, Research Grant Contract Services, at 709-864-4745, 864-4076, 864-3045.

*Confirmation of Receipt - For Office of Research Services use only:*

_____	_____	_____
<b>Grants Coordinator</b>	<b>Date received</b>	<b>Admin. Review Requested (Y/N)</b>
<b>Final Version Confirmed w/Applicant:</b> _____	<b>Recommended for E-Signature:</b> _____	