




**FORM 101**  
**Application for a Grant**  
**PART I**

Institutional Identifier		Date	
System-ID (for NSERC use only)		Date	
Family name of applicant	Given name	Initial(s) of all given names	Personal identification no. (PIN)
Institution that will administer the grant		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 the Research Topic; for Strategic Networks and Strategic Workshops indicate the Target Area.	

Title of proposal

Provide a maximum of 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 or college's 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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I certify that this project will involve only industry partners with whom no prior research partnership has taken place (ENGAGE):

**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.

_____ Applicant Applicant's department, institution, tel. and fax nos., and e-mail	_____ Head of department
_____ _____ _____	_____ Dean of faculty
_____ _____	_____ President of institution (or representative)

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.

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

**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.

<b>Family name and given name of signing officer, title of position, and name of organization</b>	<b>Signature</b>

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions for the definition of collaborators in the Eligibility Criteria section of the Program Guide for Professors.

**COLLABORATORS**

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

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):

**Other Language Version of Summary (optional).**

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

**PROPOSED EXPENDITURES**

	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						
a) Publication costs						
b)						
6) Technology transfer activities						
a) Field trials						
b) Prototypes						
c)						
<b>TOTAL PROPOSED EXPENDITURES</b>						
<b>Total support from industry</b>						
<b>Total support from university</b>						
<b>Total support from other sources</b>						
<b>AMOUNT REQUESTED FROM NSERC</b>						

Personal identification no. (PIN)

Family name of applicant

See instructions for further details.

**PROPOSED EXPENDITURES**

	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					
a) Publication costs					
b)					
6) Technology transfer activities					
a) Field trials					
b) Prototypes					
c)					
<b>TOTAL PROPOSED EXPENDITURES</b>					
<b>Total support from industry</b>					
<b>Total support from university</b>					
<b>Total support from other sources</b>					
<b>AMOUNT REQUESTED FROM NSERC</b>					

Personal identification no. (PIN)

Family name of applicant

Before completing this section, read the instructions for contributions from supporting organizations and consult the *Use of Grant Funds* 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 *Guidelines for Evaluating Cost-Sharing Ratios and In-Kind Contributions in University-Industry Collaborations* regarding the eligibility of in-kind contributions.

Name of supporting organization

**CONTRIBUTIONS FROM SUPPORTING ORGANIZATIONS**

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>Cash contributions to direct costs of research (Transfer amounts to page five (5); except those for the Ship Time program.)</b>					
<b>In-kind contributions to direct costs of research</b>					
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)					
<b>Total of in-kind contributions to direct costs of research</b>					
<b>In-kind contributions to indirect costs of research (not leveraged)</b>					
1) Use of organization's facilities					
2) Salaries of managerial and administrative staff					
3)					
<b>Total of all in-kind contributions</b>					
<b>Contribution to university overhead</b>					



**SEND ONE  
ORIGINAL ONLY  
DO NOT PHOTOCOPY**

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

Date

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





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

Date

Family name of applicant		Given name		Initial(s) of all given names		Personal identification no. (PIN)	
Title of proposal							
6		Area(s) of expertise		6		PIN	
						Lang.	
7		Area(s) of expertise		7		PIN	
						Lang.	
8		Area(s) of expertise		8		PIN	
						Lang.	
9		Area(s) of expertise		9		PIN	
						Lang.	
10		Area(s) of expertise		10		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)	



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

Date

Family name of applicant		Given name		Initial(s) of all given names		Personal identification no. (PIN)	
Title of proposal							
11		Area(s) of expertise		11		PIN	
						Lang.	
12		Area(s) of expertise		12		PIN	
						Lang.	
13		Area(s) of expertise		13		PIN	
						Lang.	
14		Area(s) of expertise		14		PIN	
						Lang.	
15		Area(s) of expertise		15		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)	



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

Date

Family name of applicant		Given name		Initial(s) of all given names		Personal identification no. (PIN)	
Title of proposal							
16		Area(s) of expertise		16			
						PIN	
17		Area(s) of expertise		17			
						PIN	
18		Area(s) of expertise		18			
						PIN	
19		Area(s) of expertise		19			
						PIN	
20		Area(s) of expertise		20			
						PIN	
NSERC reviewing committee		1st committee reviewer				Personal identification no. (PIN)	
		2nd committee reviewer				Personal identification no. (PIN)	
		3rd committee reviewer				Personal identification no. (PIN)	