

Vice-Principal (Research and Innovation)

Office of Sponsored Research McGill University

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Request for Access to Residual Funds McGill's SSHRC General Research Fund (GRF) and NSERC GRF

1. Applicant Info: McGill ID:	<u></u>
Name:	Email:
Faculty: Dept/S	
2. Enter information related to the research application:	
Agency: SSHRC NSERC	
Agency Reference No:	Grant End Date:
McGill Fund No:	
3. Reason for delay of research progress:	
Administrative duties (acting as Chair, Dean, etc.)	
P.I. was on leave during the grant	
Type of Leave:	Duration of Leave:
Problems with methodology/recruitment of staff or s	tudents
Othor	
Other	
period will be for one year. Grantees will be obligated to spend at date.	NSERC grant or 33 % of the total awarded SSHRC grant. The grant least 50% of the awarded funds within six months of the awarded be returned to McGill's SSHRC/NSERC GRF and will not be considered lations and conditions set forth in the original grant.
Amount requested: Complete	e Budget Information below.
Ethical/Safety Requirements: Human Participants	Animals Biohazard Materials None Require

•Research involving human participants, animals, or the use of biohazard materials shall not be undertaken without appropriate approvals and certificates.

Please provide copies of appropriate approvals and certificates.

Budget Information:

ONE-YEAR PROJECT: APRIL 1	TO MARCH 31	

BUDGET DETAILS	Amount
Salaries for Research Assistants	
Stipends to graduate students & postdoctoral fellows	
Fringe Benefits / Government Contributions	
Equipment Purchase or Rental	
Materials and Supplies	
Travel	
Computing Costs	
Others (please specify)	
GRAND TOTAL	

JUSTIFICATION FOR ACCESS TO RESIDUAL FUNDS:	

4. SIGNATURES All requests must be signed by the Applicant and the Departmental Chair and sent to OSR for final signature on behalf of the University. 1) This request is submitted and will be performed in compliance with the Sponsor's terms and conditions and University policies and procedures.

	Date	
Signature of Applicant		
2) The Chair (of all Depts.) must approve this request, his/he	er signature should appear <i>here</i> .	
	Date	
Signature of Chair Please PRINT Name:		
For Internal Use Only: This request has been approved by the	Office of Sponsored Research (OSR):	
	Date	

Signature of Office of Sponsored Research