**Minor Research Grant Application**

1. **IDENTIFICATION**

**NAME:** Click here to enter your name

**UNIT:** Click here to enter your unit

**EMAIL:** Click here to enter your email

**CAMPUS ADDRESS:** Click here to enter your campus address

**ACADEMIC RANK:** Choose an item.

**TENURE STATUS:** Choose an item.

**TITLE OF RESEARCH PROJECT:** Click here to enter the title of your research project

**TOTAL AMOUNT REQUESTED:** Click here to enter the amount you are requesting

**APPLICANT’S SIGNATURE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **DATE:** Click here to enter a date.

1. **OTHER FUNDING**

**Please list all other grants current held (internal & external), applied for, or anticipated, and indicate their relationship (if any) to this project.**

[ ] If none, click here

|  |
| --- |
| **Source:** Click here to enter text. |
| **Title:** Click here to enter text. |
| **Period:** Click here to enter text. |
| **Amount Requested:** Click here to enter text. |
| **Granted:** Click here to enter text. |
| **Relationship to current project:** Click here to enter text. |

|  |
| --- |
| **Source:** Click here to enter text. |
| **Title:** Click here to enter text. |
| **Period:** Click here to enter text. |
| **Amount Requested:** Click here to enter text. |
| **Granted:** Click here to enter text. |
| **Relationship to current project:** Click here to enter text. |

|  |
| --- |
| **Other:** Click here to enter text. |

1. **RESEARCH ETHICS**
2. **Will the research for this project involve clearance from the office of research ethics (e.g. human participant research)?**

[ ] YES

[ ] NO

1. **If you responded “yes” to question 1, please indicate the status of your application with the office of research ethics:**

[ ] Approval from the office of research ethics has been acquired, and a copy of the approval certificate is attached to this application.

[ ] Approval from the office of research ethics is in process. Should LA&PS funding be granted, a copy of the Committee’s letter will be supplied to the Secretary of Council.

**NOTE: If this application seeks funding for an aspect of a larger project or a strongly-related one that has already revived approval from the office of research ethics, then a copy of that approval memo is sufficient. Should you be granted the MRG, you funds will not be released until your ethics clearance has been submitted to** **lapscrpp@yorku.ca**

1. **PROJECT PROPOSAL**

**Please provide a detailed summary of the project by outlining the following areas:**

1. **Objectives of the study**
2. **Significance of the project**
3. **Relationship to existing research**
4. **Research plan and methods**
5. **Sources of research material**
6. **Work already completed or progress report on this project**

|  |
| --- |
| Click here to enter your full project proposal |

1. **BUDGET**

**Please include all professional services below e.g. transcription, interpretation. Please refer to the** [**ORS Research Cost Table**](http://laps.yorku.ca/office-of-the-faculty-council/minor-research-grant/) **concerning Graduate Assistants and Research Assistants.**

**PERSONNEL**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Employee Title** | **Task Type (s)** | **Hourly Wage** | **Number of Hours** | **Total Salary** | **Vacation Pay** | **Benefits** | **Cost** |
| 1 | Employee Title | Task Type | Hourly Wage | Number of Hours | $ | % | % | $ |
| 2 | Employee Title | Task Type | Hourly Wage | Number of Hours | $ | % | % | $ |
| 3 | Employee Title | Task Type | Hourly Wage | Number of Hours | $ | % | % | $ |
| 4 | Employee Title | Task Type | Hourly Wage | Number of Hours | $ | % | % | $ |
| 5 | Employee Title | Task Type | Hourly Wage | Number of Hours | $ | % | % | $ |
|  | **TOTAL** | $ |

|  |
| --- |
| **Please describe in detail the duties that will be assigned to each of the listed personnel. Justify the amount of time that has been estimated for the completion of the duties associated with each individual.**Click here to enter text. |

|  |
| --- |
| **Please justify the hourly pay rates proposed:**Click here to enter text. |

**RESEARCH TRAVEL: TRANSPORTATION**

**Vehicle allowance rate at York is $0.45/kilometer.**<http://www.yorku.ca/secretariat/policies/document.php?document=60>

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Departure Point** | **Destination** | **Departure Date or Estimate** | **Number of Days** | **Method(s) of Transportation** | **Cost (Lowest available rate)** |
| 1 | Departure Point | Destination | Departure Date | # | Method of Transportation | $ |
| 2 | Departure Point | Destination | Departure Date | # | Method of Transportation | $ |
| 3 | Departure Point | Destination | Departure Date | # | Method of Transportation | $ |
| 4 | Departure Point | Destination | Departure Date | # | Method of Transportation | $ |
| 5 | Departure Point | Destination | Departure Date | # | Method of Transportation | $ |
|  | **TOTAL** | $ |

|  |
| --- |
| **Travel Justification (must be completed):**Click here to enter text. |

**RESEARCH TRAVEL: RESEARCH AND ACCOMMODATION**

**Meal rates and accommodation at York is $65/day.**<http://www.yorku.ca/secretariat/policies/document.php?document=60>

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Destination** | **Number of Days** | **Per Diem Rate (meals only)($65/day as per York Policy)** | **Accommodation Cost (Lowest available rate)** | **Total per Trip** |
| 1 | Destination | Number of Days | $ | $ | $ |
| 2 | Destination | Number of Days | $ | $ | $ |
| 3 | Destination | Number of Days | $ | $ | $ |
| 4 | Destination | Number of Days | $ | $ | $ |
| 5 | Destination | Number of Days | $ | $ | $ |
| 6 | Destination | Number of Days | $ | $ | $ |
|  | **TOTAL** | $ |

|  |
| --- |
| **Justification (must be completed):**Click here to enter text. |

**SUPPLIES, SERVICES, AND EQUIPMENT**<http://www.yorku.ca/secretariat/policies/document.php?document=60>

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Item** | **Purchase Date (estimate is fine)** | **Cost in Canadian Dollars** | **Research Project Justification** |
| 1 | Item | Purchase Date | $ | Justification |
| 2 | Item | Purchase Date | $ | Justification |
| 3 | Item | Purchase Date | $ | Justification |
| 4 | Item | Purchase Date | $ | Justification |
| 5 | Item | Purchase Date | $ | Justification |
|  | **TOTAL** | $ |  |

1. **CURRICULUM VITAE**

**Please attach as a separate document your Curriculum Vitae (C.V.) in one of the tri-council grant formats (SSHRC, NSERC or CIHR) covering the past six years (materials related to research and publications, teaching and supervision, and university and professional service. Include your educational history as well).**

**NOTE: Junior Faculty (untenured faculty) are not required to complete SECTION F of this application.**

1. **PROGRESS REPORT**

**Please indicate the status of any project for which you previously received funding through this program in the last 6 years, including any publications, conference papers or other outcomes of research.**

Click here to enter text.