

SIMON FRASER UNIVERSITY

RESEARCH SEMESTER RESEARCH GRANT APPLICATION

1. _____ Name
2. _____ Department, School or Faculty

3. Start and end date of research semester: From: _____ To: _____

4. Title of Project: _____

5. Certification Requirements: Indicate if this proposal involves one of the following and, if yes, indicate whether the protocol has been submitted to the appropriate University Committee.

Human Subjects: ___Yes ___No ___Protocol submitted to University Committee
Animals: ___Yes ___No ___Protocol submitted to University Committee
Biohazardous Materials: ___Yes ___No ___Protocol submitted to University Committee

6. Budget Summary

<u>Item</u>	<u>Amount Requested</u>
Research Assistants' salaries	_____
Equipment/Materials and supplies	_____
Travel to the place of research	_____
Field trip travel and subsistence	_____
Other	_____
Total	\$ _____

The information on this form is collected under general authority of the University Act (R.S.B.C. 1979, c.419) and according to the Guidelines and Terms of Reference of the President's Research Grants Fund. This information is directly related to and needed for the University's President's Research Grants program and will be used to review and make a decision about applications, administer grants and generate grants reports from an electronic database. If you have any questions about the collection and use of this information, contact the Director, Research Services at 778-782-3842.

Submit this form (no copies required) to the Research Grants Manager, Office of Research Services, Room 230, Multi-Tenant Facility

7. Project Summary

8. State the research problem to be examined over the 3-month period and show how this problem is related to your overall research.

9. Budget Justification:

a) Provide a statement which will justify the need for travel costs with respect to the research project. (Note: The need for conference travel must also be justified with respect to the research project.)

b) If applying for the purchase of a computer, provide a statement about the need for the computer in terms of the research project.

9. Detailed Budget (Refer to Guidelines and to Attachment A on page 9))

a. Salaries, including benefits

Position Benefits	Name* (if known)	Total Hours or Weeks	Rate	Total Pay
*Note whether this person is related to the applicant			Subtotal	

b. Equipment, materials, supplies, etc.

Item (Unit cost, # of units, etc.)	Cost	
		Subtotal

c. Travel to and from place of research

Date of travel	Destination	Means (plane/car)	Transportation Costs
			Subtotal

d. Field Trips

Destination	No. of Days	Means of Transportation	Cost of Transportation	Meals & Lodging
				Subtotal

e. Other expenses (be specific)

Description	Cost
Subtotal	

Total amount requested \$

Note: The total of the research grant must allow the grantee to receive sufficient salary in order to pay the employee's contribution of the full fringe benefit costs.

10. Identify all agencies (external to the University and other SFU funding sources):
 a) to which you have applied, or plan to apply for funding for this and related projects;
 b) from which you have current support for any project.

Date of Application	Agency and Project Title	Amount Applied For
a)		

Date of Application	Agency and Project Title	Amount Applied For	Amount Received
b)			

I declare the information contained in this application is accurate and complete to the best of my knowledge and that the funds are required to support my research. I do not anticipate being reimbursed from any other source for the expenses outlined in the budget and I understand that if I am reimbursed from another source, then the expenses cannot also be claimed against the Research Semester Research Grant.

 Signature of Applicant

 Date

Your Chair or Director should be asked to complete the evaluation form on page 8. If you, the applicant, are the Chair or Director, the Dean should complete this form.

Attachment A

PAYMENT OF RESEARCH ASSISTANTS

Effective Spring, 1995

The following minimum and maximum hourly rates for research assistants shall apply to those grants applied for and awarded by the President's Research Grants Committee and the SSHRC Small Grants Committee. The maximum rate is the equivalent of the hourly rate of a teaching assistant.

I. HOURLY RATES FOR STUDENT ASSISTANTS

i) UNDERGRADUATE OR EXTERNAL ASSISTANTS:

MINIMUM HOURLY RATE	MAXIMUM HOURLY RATE	BUDGET TOTAL
\$10.00	\$18.48	For budgeting purposes, add 12% benefits to the rate paid*

ii) MASTERS:

MINIMUM HOURLY RATE	MAXIMUM HOURLY RATE	BUDGET TOTAL
\$10.00	\$20.95	For budgeting purposes, add 12% benefits to the rate paid*

li) PhD:

MINIMUM HOURLY RATE	MAXIMUM HOURLY RATE	BUDGET TOTAL
\$12.00	\$24.75	For budgeting purposes, add 12% benefits to the rate paid*

*Note that the term "benefits" includes statutory welfare benefits estimated to be approximately 8% of salary and statutory holiday pay at a fixed rate of 4%. Either one of these percentages may be increased by law, or in the case of welfare benefits, may vary by individual. Nevertheless, for budgeting purposes, the 12% figure should be used.

II. NON-STUDENT ASSISTANTS

Rates for non-student assistants will be those listed above, depending on their academic qualifications.