UNIVERSITY OF CALGARY

Research Funding Application Approvals for Training Awards

Project Details

Funding Agency _____   Agency Deadline __/__/__
                                                     dd   mm   yy

Funding Program Name _____

Postdoctoral Fellow/ Student Name _____

Supervisor Name _____

Dept/Faculty _____

Project Title (if applicable) _____

Overhead rate (If applicable) _____ %

Certifications

Please complete this section only in cases where a research allowance is provided.

Does this research involve human subjects?   No   Yes   _____
                                                            Certification Number(s), if known

Animal Care?   No   Yes   _____   Biohazard? No   Yes
                             Certification Number(s), if known

Special Requirements*

Please indicate any **special requirements** (as known at the time of application)

	No	Yes	If yes, provide details (attach additional pages if necessary)
Additional space or facilities			
Faculty/Dept. contributions (financial or in-kind)			
Grant of IP rights to a sponsor/agency			

*Note: Identify all incremental resources required. Institutional approval may be withdrawn if it is determined the University of Calgary cannot provide resources above.

University of Calgary Authorizing Signatures

Signatures indicate approval and acceptance of any **special requirements** described above. Ensure you are aware of what your signature means: http://ucalgary.ca/research/researchers/apply-grants/grant-application-signatures.

The signatures below are not required in cases where they are already provided on the attached application unless there are special requirements as noted above.

UofC Postdoctoral Fellow/Student		
Name	Signature	Date
UofC PDF/Student Supervisor		
Name	Signature	Date
UofC Department Head		
Name	Signature	Date
UofC Dean/ADR (all Faculties except Cumming School of Medicine)		
Name	Signature	Date
UofC Faculty Representative (Cumming School of Medicine)		
Name	Signature	Date
UofC Research Services		
Name	Signature	Date

Ensure that a complete copy of the application accompanies this signed form when submitted to Research Services (the only exception is tri-council competitions using e-approval).

Check with your Department/Faculty ADR or Faculty Representative (Cumming School of Medicine only) regarding their requirements for review and signoff.